STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***1200 Alder Street, Union Gap, WA 98903***

Sunset Adult Family LLC

Sunset Adult Family LLC
2009 E Alder Street
Walla Walla, WA 99362

RE: Sunset Adult Family LLC License # 753410

Dear Provider:

This letter addresses Compliance Determination(s) 43512 (Completion Date 07/01/2024) and 39820 (Completion Date 06/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/01/2024 and found that you have corrected the violations listed in the Complaint report dated 06/07/2024. Your home is back in compliance as of 06/18/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10673-1, WAC 388-76-10673-1-a, WAC 388-76-10673-1-b, WAC 388-76-10673-2-a

The Department staff who did the on-site verification:
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***1200 Alder Street, Union Gap, WA 98903***



You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 04/16/2024 and 04/16/2024 of:

Sunset Adult Family LLC
2009 E Alder Street
Walla Walla, WA 99362

This document references the following complaint number(s): 127036, 125399, 130058

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Krista Connelly, Community Nurse Consultant

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Michelle Closner — Residential Care Services

06/07/2024 — Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

| Statement of Deficiencies | License #: 753410 | Compliance Determination # 39820 |
|---|---|---|
| Plan of Correction | Sunset Adult Family LLC | Completion Date |
| Page 2 of 4 | Licensee: Sunset Adult Family LLC | 06/07/2024 |

Provider (or Representative) Date 6-18-24

**WAC 388-76-10673 Abuse and neglect reporting Mandated reporting to department Required.**

(1) In accordance with chapter 74.34 RCW, all providers, entity representatives, resident managers, owners, caregivers, staff, and students that provide care and services to residents, are mandated reporters and must immediately report to the department when there is:

(a) A reasonable cause to believe that abandonment, abuse, exploitation, financial exploitation, or neglect of a vulnerable adult has occurred; or

(b) A reason to suspect that sexual assault of a vulnerable adult has occurred.

(2) Reports must be made to:

(a) The centralized toll free telephone number provided by the department; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the adult family home's provider failed to make a report to the department's Complaint Resolution Unit hotline (CRU) when allegations of abuse were made for two of two residents, (Resident 1 & 2). This failure left the residents at risk of additional abuse.

Findings included...

Washington State Administrative Code (WAC) 388-76-10002 defines Vulnerable Adult as any person sixty years of age or older who has the functional, mental, or physical inability to care for themselves; (6) Receiving services from an individual provider.

Resident 1

On 04/15/2024, the department's CRU received an anonymous allegation that Resident 1 was potentially a victim of sexual abuse involving Staff B, anonymous staff member, working in the adult family home.

Resident 1's record review included a care plan dated 11/29/2023 that showed the resident left the home during the daytime and when they returned to the home, they were intoxicated (under the influence of alcohol, impairing movement, mental clarity, and judgment).

Provider (or Representative) _____ Date _____

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Resident 1's record review included a care plan dated 11/29/2023 that showed the resident left the home during the daytime and when they returned to the home, they were intoxicated (under the influence of alcohol, impairing movement, mental clarity, and judgment).

During an interview on 04/16/2024 at 4:08 PM, Resident 1 stated they lived in the home just over a year, and the staff helped them with their medication, meals, and laundry. Resident 1 stated they drank alcohol daily but left the home during the day because they were not allowed to have alcohol in the home. Resident 1 denied the allegations, and stated Staff A, Provider, told them they had to move out because of their drinking.

During an interview on 04/16/2024 at 4:36 PM, Staff A stated the staff were directed to call and make a report to the department's hotline with any allegations of abuse or neglect, and they would investigate any allegations. Staff A stated they were not aware of any allegations of abuse or neglect involving Resident 1. When they were informed of the allegations, they said they had not received any concerns regarding Staff B. Staff A stated some of the staff had found empty beer cans in Resident 1's room and they did not know where it came from. Staff A stated they had told Resident 1 they would need to move out because they did not follow the house rules for alcohol.

Resident 2

On 04/02/2024, the department's CRU received an anonymous allegation that Resident 2 was potentially a victim of verbal and mental abuse involving Staff B that worked in the adult family home.

Resident 2's record review included a care plan dated 02/01/2023, that showed the resident had difficulty remembering, could not remember when they ate last, repeatedly asked when the next meal would be and became anxious about using the TV.

During an interview on 04/16/2024 at 3:08 PM, Resident 2 was lying on their bed, awake and there was a TV across from the bed, that was unplugged. Resident stated the staff helped them to shower, get dressed, cooked for them, and gave them their medications. Resident 2 could not remember the names of the care staff that worked in the home, and was able to identify Staff A by their name. The resident could not recall the times of the meals and was able to give the location of where the snacks were kept and stated they snacked throughout the day. Resident 2 did not remember anyone yelling at or being mean to them. Resident 2 stated there were restrictions with the television for some of the other people that lived there and was not able to elaborate.

During an interview on 04/16/2024 at 4:36 PM, Staff A stated they were not aware of any allegations of abuse or neglect involving Resident 2. Staff A was informed of the allegations involving Resident 2 and Staff B. Staff A stated it was not possible to investigate the allegations involving Resident 2 because they could not remember anything.

During an interview on 05/09/2024 at 10:02 AM, Staff A stated they finished their investigation of the allegations involving both residents and Staff B. Staff A stated they had

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|---|---|---|
| Plan of Correction | Sunset Adult Family LLC | Completion Date |
| Page 4 of 4 | Licensee: Sunset Adult Family LLC | 06/07/2024 |

completed their investigation and the staff member returned to work. Staff A stated they contacted local law enforcement regarding the allegations involving and Resident 1. Staff A stated they did not make a report to the department's CRU because they did not know they had to.

**Attestation Statement**

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) 6-18-24

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) 6-18-24 Date

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_____ _____

Provider (or Representative) Date