STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

11/20/2023

Harmony Adult Family Home LLC

Harmony Adult Family Home LLC
22906 GREENOUGH LANE
SEDRO WOOLLEY, WA 98284

RE: Harmony Adult Family Home LLC License # 753411

Dear Provider:

This letter addresses Compliance Determination(s) 32425 (Completion Date 11/13/2023) and 30308 (Completion Date 09/29/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/13/2023 and found that you have corrected the violations listed in the Complaint report dated 09/29/2023. Your home is back in compliance as of 10/22/2023 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 388-76-10165-1-a, WAC 388-76-10670-3

The Department staff who did the on-site verification:
Jennifer Nichols, Community Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Harmony Adult Family Home LLC
Provider Type: Adult Family Home
License/Cert.#: 753411
Intake ID: 98742
Compliance Determination #: 30308
Region/Unit #: RCS Region 2 / Unit B
Investigator: Jennifer Nichols
Investigation Date(s): 09/29/2023 through 09/29/2023
Complainant Contact Date(s): 09/28/2023, 10/05/2023

Allegation(s):

1) The Adult Family Home (AFH) staff did not have required credentials or training.
2) The AFH was unclean.
3) The AFH served food to residents that did not meet standards.
4) The AFH had a fill in staff member that did not always answer family phone calls.
5) The AFH residents were intimidated by a fill in staff member.

Investigation Methods:

Sample:
Total residents: 6
Resident sample size: 6
Closed records sample size: 0

Observations:
Identified resident
Residents
Activities
Dining
Resident rooms
Staff to resident interactions
Kitchen
Food preparation

Interviews:
Identified resident
Nursing staff
Residents

Record Reviews:
State reporting log
Facility policies
Personnel files
Staff training records
Medical records

Investigation Summary:

1) AFH staff records showed they met training requirements.
2) Observed AFH to be clean. Sampled residents reported they had no concerns of the cleanliness of the AFH.

3) Observed food supply, menu and food preparation that met regulations. Sampled residents reported they did not have a concern with food at the AFH.
4) Sampled AFH staff reported the AFH phone was working and all calls were answered as they were able.
5) Sampled residents reported they felt safe and had no concerns of abuse or neglect in the AFH. The AFH had an abuse policy. The Department and ombuds hotline numbers were posted in a common area. Background checks showed staff met requirements to care for vulnerable adults. One staff background was not completed every 2 years.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Harmony Adult Family Home LLC
Provider Type: Adult Family Home
License/Cert.#: 753411
Intake ID: 99581
Compliance Determination #: 30308
Region/Unit #: RCS Region 2 / Unit B
Investigator: Jennifer Nichols
Investigation Date(s): 09/29/2023 through 09/29/2023
Complainant Contact Date(s): 10/05/2023

Allegation(s):
A named Adult Family Home (AFH) staff member financially exploited a named resident.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 6 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Resident rooms Staff to resident interactions Kitchen Food preparation
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	Incident investigation Facility policies Personnel files Staff training records Medical records

Investigation Summary:
The named AFH staff did not work at the AFH during the onsite investigation. Record review showed the named staff member did financially exploit the named resident. The named resident reported the named staff did financially exploit them. Other sampled residents reported they were not financially exploited. The AFH logged the incident and reported it to the required parties. Record review showed the alleged perpetrator documented they financially exploited the named resident. Record review showed the named resident was paid back the money that was taken from them. The AFH failed to

protect the residents from further financial exploitation when they allowed the named staff to remain working with vulnerable adults at the AFH until the next day after they were made aware of the financial exploitation.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Harmony Adult Family Home LLC
Provider Type: Adult Family Home
License/Cert.#: 753411
Intake ID: 99853
Compliance Determination #: 30308
Region/Unit #: RCS Region 2 / Unit B
Investigator: Jennifer Nichols
Investigation Date(s): 09/29/2023 through 09/29/2023
Complainant Contact Date(s): 09/28/2023, 10/05/2023

Allegation(s):
A named Adult Family Home (AFH) staff member financially exploited a named resident.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 6 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Resident rooms Staff to resident interactions Kitchen Food preparation
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	Facility policies Personnel files Staff training records Medical records

Investigation Summary:
The named AFH staff did not work at the AFH during the onsite investigation. Record review showed the named staff member did financially exploit the named resident. The named resident reported the named staff did financially exploit them. Other sampled residents reported they were not financially exploited. The AFH logged the incident and reported it to the required parties. Record review showed the alleged perpetrator documented they financially exploited the named resident. Record review showed the named resident was paid back the money that was taken from them. The AFH failed to protect the residents from further financial exploitation when they allowed the named

staff to remain working with vulnerable adults at the AFH until the next day after they were made aware of the financial exploitation.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 09/29/2023 and 09/29/2023 of:

Harmony Adult Family Home LLC
22906 GREENOUGH LANE
SEDRO WOOLLEY, WA 98284

This document references the following complaint number(s): 98742, 98752, 99581, 99853

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

10/16/2023
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.

Provider (or Representative) Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure a new Washington state name and date of birth background check (BGC) was submitted to the department's background check central unit every two years for 1 of 5 staff (Staff A, Entity Representative). This failure placed residents at risk of being cared for and having unsupervised access by someone with a disqualifying criminal background.

Findings included...

Record review of Staff A's BGC, dated 04/08/2021, was five months and three weeks overdue at the time of the investigation on 09/29/2023.

In an interview, on 09/29/2023 at 11:16 AM, Staff A stated that they worked at the AFH in addition to other caregivers. At 12:53 PM, Staff A stated that they forgot to submit their BGC at the two-year time frame.

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, Harmony Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10-22-23 .

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

Provider (or Representative) Date 10-22-23

WAC 388-76-10670 Prevention of abuse. The adult family home must:

(3) Protect each resident who is an alleged victim of abandonment, verbal, sexual, physical and mental abuse, exploitation, financial exploitation, neglect, and involuntary seclusion; and

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to protect 1 of 6 residents (Resident 1) who was an alleged victim of exploitation. This failure placed Resident 1 at risk for further exploitation.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2023 with multiple [redacted] health diagnoses.

In an interview, on 09/29/2023 at 10:40 AM, Resident 1 reported that Staff E, Caregiver, had asked Resident 1 for money since Staff E's family member was sick. Resident 1 reported that they agreed and gave Staff E $800.00 cash one day and $400.00 cash the next day.

In an interview, on 09/29/2023 at 12:54 PM, Staff A, Entity Representative, reported that they were made aware on the afternoon of 09/25/2023 of Resident 1's allegation that Staff E took Resident 1's money. Staff A stated that they spoke with Staff E on 09/25/2023, Staff E confirmed they did take Resident 1's money in the amount of $1200.00 total.

Record review of the facility's incident report, dated 09/25/2023, showed Staff E documented that they borrowed $1200.00 from Resident 1.

Record review of Staff E's orientation checklist, dated 05/05/2023, showed documentation that they stopped working 09/26/2023.

In an interview, on 09/29/2023 at 12:54 PM, Staff A reported that they kept Staff E on duty in the afternoon, evening and night as the morning of 09/26/2023 until 9:00 AM. Staff A reported that they did not remove Staff E from the AFH immediately because they wanted to make sure that Staff E returned the money to Resident 1.

Attestation Statement

Statement of Deficiencies	License #: 753411	Compliance Determination # 30308
Plan of Correction	Harmony Adult Family Home LLC	Completion Date
Page 4 of 4	Licensee: Harmony Adult Family Home LLC	09/29/2023

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, Harmony Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10-22-2023

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

Provider (or Representative) 10-22-23 Date