STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Victoria P. Wayne
Taylor Adult Family Home
5015 Hannegan Rd
Bellingham, WA 98226

RE: Taylor Adult Family Home License # 753492

Dear Provider:

This letter addresses Compliance Determination(s) 50841 (Completion Date 11/25/2024) and 47536 (Completion Date 10/01/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/25/2024 and found that you have corrected the violations listed in the Complaint report dated 10/01/2024. Your home is back in compliance as of 09/27/2024 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 388-76-10225-1-b-iii

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

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown, Field Manager
Region 2, Unit B
Residential Care Services

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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 09/20/2024 and 09/20/2024 of:

Taylor Adult Family Home
5015 Hannegan Rd
Bellingham, WA 98226

This document references the following complaint number(s): 146086

The following sample was selected for review during the unannounced on-site visit: 2 of 5 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.

Residential Care Services _____ 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 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(b) Report the following to the department by calling the complaint toll-free hotline number:

(iii) A missing resident.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to report to the department's centralized toll-free telephone number or online incident report when 1 of 6 residents (Resident 1) went missing from the AFH. This failure resulted in delayed management and investigation of Resident 1 missing from the AFH.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses that include [redacted]. Review of Resident 1's assessment, dated 12/15/2023, showed Resident 1 required caregiver assistance with activities of daily living.

Review of the AFH's incident log, dated 09/07/2024, showed Resident 1 left the AFH and was missing. The incident log showed Resident 1 was found outside on the ground by a passerby and taken to the hospital.

In an interview, on 09/20/2024 at 3:25 PM, Staff B (Caregiver) reported that Resident 1 was missing from the AFH on 09/07/2024, found on the ground by a passerby and taken to the hospital. Staff B reported they did not report that Resident 1 was missing on 09/07/2024 to the department's centralized toll-free telephone number or online incident report because there was no major injury.

In an interview, on 10/01/2024 at 12:32 PM, Staff A (Entity Representative) stated they did not know they were required to report Resident 1 was missing to the department's centralized toll-free telephone number or online incident report since there was no injury.

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, Taylor Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date