STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Sunshine Park Adult Family Home LLC 3

Sunshine Park Adult Family Home LLC 3
11110 NE 164th Place
Bothell, WA 98011

RE: Sunshine Park Adult Family Home LLC 3 License # 753506

Dear Provider:

This letter addresses Compliance Determination(s) 49375 (Completion Date 10/25/2024) and 45265 (Completion Date 09/06/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/25/2024 and found that you have corrected the violations listed in the Full report dated 09/06/2024. Your home is back in compliance as of 10/21/2024 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 388-112A-0610-1-a-iii, WAC 388-76-10685-2-b, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-2, WAC 388-76-10530, WAC 388-76-10380-1, WAC 388-76-10380-2, WAC 388-76-10375-1, WAC 388-76-10350-1, WAC 388-76-10350-2-d, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10165-1, WAC 388-76-101632-1

The Department staff who did the on-site verification:
Rivi Stella Perez

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

Sincerely,
Alfredo Brown

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 the unannounced on-site full inspection on 08/07/2024, 08/08/2024 and 08/08/2024 of:

Sunshine Park Adult Family Home LLC 3
11818 NE 143rd St
Kirkland, WA 98034

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 inspected the Adult Family Home:

Rivi Stella Perez

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Alfredo Brown
Residential Care Services

09/19/2024
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 #: 753506	Compliance Determination # 45265
Plan of Correction	Sunshine Park Adult Family Home LLC 3	Completion Date
Page 2 of 15	Licensee: Sunshine Park Adult Family Home LLC	09/06/2024

Jainaba Drammeh (Oct 3, 2024 17:32 PDT)
Provider (or Representative)

10/03/2024
Date

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and *when must they be completed?*

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

This requirement was *not met* as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Resident Manager) had completed their 12 hours of continuing education by their birthday each year. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of receiving care which may not be within the current standards of care.

Findings included...

Review of Staff B's personnel record showed birthday of [redacted]

Review of Staff B's Nursing Assistant Certificate (NAC) showed a review date of 08/08/2024.

Review of Staff B's continue education certificate on 08/08/2024 showed an expired continue education certificate dated for July 2023. The continue education certificate dated July 2023 was valid for the [redacted] 2023, birthday. There was no current continue education certificate for the [redacted] 2024 birthday.

During an interview on 08/08/2024 at 1:14 PM, Staff O, AFH Consultant, stated that they would do the continue education certificate from birthday to birthday. Staff O stated that continue education certificate was dated for July 2023.

During an interview on 08/08/2024 at 2:20 PM, Staff B stated that they had no current copy of a continued education certificate. Staff B stated that they had not completed a

Provider (or Representative) _____ Date _____

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff B, Resident Manager) had completed their 12 hours of continuing education by their birthday each year. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of receiving care which may not be within the current standards of care.

Findings included…

Review of Staff B's personnel record showed birthday of [redacted].

Review of Staff B's Nursing Assistant Certificate (NAC) showed a review date of 08/08/2024.

Review of Staff B's continue education certificate on 08/08/2024 showed an expired continue education certificate dated for July 2023. The continue education certificate dated July 2023 was valid for the [redacted] 2023, birthday. There was no current continue education certificate for the [redacted], 2024, birthday.

During an interview on 08/08/2024 at 1:14 PM, Staff O, AFH Consultant, stated that they would do the continue education certificate from birthday to birthday. Staff O stated that continue education certificate was dated for July 2023.

During an interview on 08/08/2024 at 2:20 PM, Staff B stated that they had no current copy of a continued education certificate. Staff B stated that they had not completed a

Statement of Deficiencies	License #: 753505	Compliance Determination # 45265
Plan of Correction	Sunshine Park Adult Family Home LLC 3	Completion Date
Page 3 of 15	Licensee: Sunshine Park Adult Family Home LLC	09/06/2024

continue education certificate for this year. Staff B stated that a continued education certificate was not required by the Department of Health when they renewed their NAC certification for their 2024 birthday.

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, Sunshine Park Adult Family Home LLC 3 is or will be in compliance with this law and / or regulation on (Date) 10/21/2024 .

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

Jainaba Drammeh (Oct 3, 2024 17:32 PDT) 10/03/2024

Provider (or Representative) Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH) failed to ensure a screen was in place for a window in 1 of 6 bedrooms (Bedroom [redacted] and close 1 of 1 screen door (screen door exiting toward the backyard deck area) to prevent the entrance of flies, insects, or animals. This failure placed all 6 Residents at risk for exposure to flies and other insects.

Findings included...

Bedroom A
Observation on 08/07/2024 at 12:17 PM showed no screen for the window in Bedroom [redacted] Staff D, Caregiver, opened the side of the window where Resident 1 would sit and could access the window to open it.

During an in interview on 08/07/2024 at 12:53 PM, Resident 1, who resides in Bedroom [redacted] stated that they could open the window sometimes. Resident 1 stated that they had not seen any bugs come inside the room. Resident 1 stated they had once seen a squirrel enter through the unscreened window. The squirrel then exited the bedroom through the bedroom door.

continue education certificate for this year. Staff B stated that a continued education certificate was not required by the Department of Health when they renewed their NAC certification for their 2024 birthday.

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Provider (or Representative) Date

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(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and record review, the Adult Family Home (AFH) failed to ensure a screen was in place for a window in 1 of 6 bedrooms (Bedroom [redacted]) and close 1 of 1 screen door (screen door exiting toward the backyard deck area) to prevent the entrance of flies, insects, or animals. This failure placed all 6 Residents at risk for exposure to flies and other insects.

Findings included…

Bedroom A
Observation on 08/07/2024 at 12:17 PM showed no screen for the window in Bedroom [redacted]. Staff D, Caregiver, opened the side of the window where Resident 1 would sit and could access the window to open it.

During an in interview on 08/07/2024 at 12:53 PM, Resident 1, who resides in Bedroom [redacted], stated that they could open the window sometimes. Resident 1 stated that they had not seen any bugs come inside the room. Resident 1 stated they had once seen a squirrel enter through the unscreened window. The squirrel then exited the bedroom through the bedroom door.

Observation on 08/07/2024 at 12:52 PM showed there was no screen for the whole window of Bedroom [redacted] when checked from the outside.

Joint observation on 08/07/2024 at 1:53 PM, with Staff D, showed there was no screen outside the whole window of Bedroom [redacted].

During an interview on 08/07/2024 at 1:53 PM, Staff D stated since they started worked at the AFH in January 2024, the window in Bedroom [redacted] had no screen.

Observation on 08/08/2024 at 1:54 PM, with Staff B, Resident Manager and Staff D, showed the whole window had no screen. There was no screen on the side where the air conditioner unit was placed and, on the other side, where Resident 1 would open when seated on their recliner. Observed Staff B talking to Staff D about the squirrel incident.

During an interview on 08/08/2024 at 1:54 PM, Staff B stated there was no screen on the window of Bedroom [redacted].

During an interview on 08/08/2024 at 4:02 PM, Staff B stated they need a screen for the window to prevent the flies or insects from coming in, if Resident 1 wanted to open the window for fresh air.

During an interview, on 08/09/2024 at 11:46 AM, Staff A, Entity Representative stated the staff may have taken out the window screen to place the air conditioner unit following receipt of the picture for lack of screen for the window for Bedroom [redacted].

Screen Door
Joint observation on 08/07/2024 at 1:53 PM, with Staff D showed the screen door by the deck area was left wide open, leaving an open space for insects to come in.

Observation on 08/07/024 at the following times showed:
• At 12:30 PM the screen door had been left wide open.
• At 2:23 PM an insect inside Bedroom F (Vacant), Staff B tried to swat the insect but was not successful.
• At 2:37 PM the screen door had been left wide open.

During an interview on 08/07/2024 at 2:54 PM, Staff C, Caregiver, stated the screen door had been left wide open because the residents were going to the deck for activities.

Observation on 08/07/2024 at 2:55 PM, showed Staff C closing the screen door.

Observation on 08/08/2024 at 3:40 PM showed a fly flying the kitchen area and Staff D trying to shove the fly away.

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, Sunshine Park Adult Family Home LLC 3 is or will be in compliance with this law and / or regulation on (Date) 10/21/2024

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

Jainaba Drammeh (Oct 3, 2024 17:32 PDT) 10/03/2024

Provider (or Representative) Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Observation on 08/08/2024 at 3:40 PM showed a fly flying the kitchen area and Staff D trying to shove the fly away.

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, Sunshine Park Adult Family Home LLC 3 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.

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Provider (or Representative) Date

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(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

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This requirement was not met as evidenced by:

Statement of Deficiencies	License #: 753506	Compliance Determination # 45265
Plan of Correction	Sunshine Park Adult Family Home LLC 3	Completion Date
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Based on record review and interview, the Adult Family Home (AFH) failed to ensure a written copy of the notice of services (Admission Agreement) was available and contained a signature of the resident's representative following a change in pay or source for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 and their representative at risk of not being aware of house rules, rights, costs, and services provided by the AFH.

Findings included...

Record review of Resident 1's notice of services, on 08/07/2024, showed a document titled, "Private Pay Admission Agreement". The document was signed by Resident 1's representative on 12/14/2023.

During an interview on 08/08/2024 at 3:20 PM, Staff B, Resident Manager, stated that Resident 1 was not a private pay client. Staff B stated Resident 1 had converted from private pay [redacted] pay on [redacted] 2024.

Record review of Resident 1's notice of agreement, on 08/08/2024, showed a document titled, "[redacted] Admission Agreement", with a beginning date of [redacted], 2024". The document had an electronic signature of the AFH representative dated 08/08/2024. The signature section for the Resident's Representative was not signed and had a date of [redacted] 2024.

During an interview on 08/08/2024 at 3:30 PM, Staff O, AFH Consultant, stated that they took responsibility for the "[redacted] Admission Agreement" form not being on Resident 1's records and not signed by Resident 1's representative. Staff O stated that they had sent the form by email on 08/08/2024 for Staff A, Entity Representative, to sign. Staff O stated that Resident 1's representative would be in the AFH on 08/09/2024 to sign the "[redacted] Admission Agreement" form.

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, Sunshine Park Adult Family Home LLC 3 is or will be in compliance with this law and / or regulation on (Date) 10/21/2024 .

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

Jainaba Drammeh (Oct 3, 2024 17:32 PDT) 10/03/2024

Provider (or Representative) Date

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a written copy of the notice of services (Admission Agreement) was available and contained a signature of the resident's representative following a change in pay or source for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 and their representative at risk of not being aware of house rules, rights, costs, and services provided by the AFH.

Findings included…

Record review of Resident 1's notice of services, on 08/07/2024, showed a document titled, "Private Pay Admission Agreement". The document was signed by Resident 1's representative on 12/14/2023.

During an interview on 08/08/2024 at 3:20 PM, Staff B, Resident Manager, stated that Resident 1 was not a private pay client. Staff B stated Resident 1 had converted from private pay to [redacted] pay on [redacted]/2024.

Record review of Resident 1's notice of agreement, on 08/08/2024, showed a document titled, [redacted] Admission Agreement", with a beginning date of "[redacted] 2024". The document had an electronic signature of the AFH representative dated 08/08/2024. The signature section for the Resident's Representative was not signed and had a date of [redacted]/2024.

During an interview on 08/08/2024 at 3:30 PM, Staff O, AFH Consultant, stated that they took responsibility for the [redacted] Admission Agreement" form not being on Resident 1's records and not signed by Resident 1's representative. Staff O stated that they had sent the form by email on 08/08/2024 for Staff A, Entity Representative, to sign. Staff O stated that Resident 1's representative would be in the AFH on 08/09/2024 to sign the [redacted] Admission Agreement" form.

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, Sunshine Park Adult Family Home LLC 3 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

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(1) After an assessment for a significant change in the resident's physical or mental condition;

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to review and update the Negotiated care Plan (NCP) to reflect the status and care needs for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk for unrecognized care needs and decreased quality of life.

Findings included…

Record review of Resident 1's records showed they admitted to the AFH on [redacted]/2023 with multiple diagnoses including [redacted]).

Observations on 08/07/2024 at the following times showed Resident 1 receiving the following care:
• At 9:50 AM, in the bedroom, visited by the nurse from hospice care (a service for people with serious illnesses who choose not to get (or continue) treatment to cure or control their illness).
• At 10:03 AM, in the bedroom, transferred by Staff D, Caregiver, and the hospice care nurse from the wheelchair to the bed, using a [redacted]).
• At 10:05 AM, in the bedroom, received a bed bath and wound care from the hospice care nurse.
• At 12:30 PM, in the deck, fed by Staff D for lunch including drinks.

During an interview on 08/07/2024 at 10:51 AM, Staff D stated that Resident 1 had required total assistance with transfers using a [redacted].

During an interview on 08/07/2024 at 10:56 AM, Staff D stated that Resident 1 had behaviors which included hallucinations (a false perception of objects or events involving your senses: sight, sound, smell, touch and taste), paranoia (a way of thinking that involves feelings of distrust and suspicion about others without a good reason) with medication administration and can hit the AFH staff.

During an interview on 08/07/2024 at 08/07/2024 at 10:58 AM, Staff D stated that

Resident 1 was on hospice care.

Record review of Resident 1's NCP, with a review date of 03/11/2024, showed the following information under each section:
• For nutrition and eating, the NCP was marked for "supervision", "eats independently" and "needs assistance with eating/PRN [as needed]".
• For ambulation and transfers, the NCP was marked as "extensive assist" (resident was able to do the care or tasks with assistance from caregivers), "resident is ambulatory". There was a plan statement for "Total [redacted] transfer" on the section but this was not marked for Resident 1.
• For sleep patterns on page 22, the NCP was not marked for "insomnia" (a common sleep disorder that can make it hard to fall asleep or stay asleep). The NCP showed Resident 1 was independent for nighttime toileting using commode (a portable toilet not connected to plumbing).
• For medical treatments or therapies, the NCP was not marked for hospice.
• For behavior, the NCP was marked for "anxious". The NCP was not marked for "hallucination." There was no behavior listed to show Resident 1 can hit the AFH staff and had paranoia with medication administration. The NCP had no information that Resident 1 had a mood disorder (a mental health condition that primarily affects your emotional state), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest), and disorientation (a state of mental confusion) which were the reasons Resident 1 was prescribed psychotropic medications (any drug that affects behavior, mood, thoughts, or perception).

During an interview on 08/08/2024 at 3:37 PM, Staff B, Resident Manager, stated that Resident 1's current NCP had a review date of 03/11/2024. Staff B stated that Resident 1's August 2024 Medication Log showed Resident 1 was taking the following medications:
• Clonazepam (anti-anxiety medication) for anxiety.
• Haloperidol (an antipsychotic medication which are medication to treat psychosis, a collection of symptoms that affect your ability to tell what is real and what is not) for hallucination.

During an interview on 08/08/2024 at 3:39 PM, Staff D stated that Resident 1 was taking the following medications:
• Quetiapine (an antipsychotic medication) for mood disorder.
• Trazodone (an antidepressant or prescription medications that help treat depression) for insomnia.
• Lorazepam (anti-anxiety medication) as needed for mood.
• Haloperidol liquid as needed for agitation.

During an interview on 08/08/2024 at 3:42 PM, Staff B stated the NCP did not list the psychotropic medications that Resident 1 was taking and the reason or diagnosis for use of each of the medication.

During an interview on 08/08/2024 at 3:42 PM, Staff D stated that Resident 1's fingers were stiff and could not hold the spoon. Staff B stated that they must help Resident 1

with eating.

During an interview on 08/08/2024 at 3:43 PM, Staff B stated that Resident 1 does not ambulate. Staff B and Staff D stated that Resident 1 was receiving hospice care. Staff D stated that Resident 1 had been on hospice care since March 2024.

During an interview on 08/08/2024 at 3:55 PM, Staff D stated the AFH caregivers would give Resident 1 a bath if the hospice bath aide will not come to the AFH.

During an interview on 08/08/2024 at the following times, Staff B stated:
- At 3:55 PM, that the NCP for toileting was not current.
- At 3:56 PM, that the NCP did not have the information regarding hospice care services which included the nurse coming in twice per week, the bath aide thrice per week and the chaplain once a week. Staff B stated the bathing care plan did not show information who would be giving bath to Resident 1.

During an interview on 08/30/2024 at the following times, Staff A, Entity Representative stated following review of the NCP:
- At 2:39 PM, that the NCP was updated for hospice and information was put on the first page [under the diagnosis and not the NCP section].
- At 2:46 PM, that there was an issue with Resident 1's fingers and Resident 1 was not independent with eating.
- At 2:50 PM, that the NCP for sleep pattern stating Resident 1 was independent with toileting using a commode was not correct.
- At 2:51 PM, that Resident 1 could get confused and does not hallucinate.
- At 2:56 PM, that some parts of the NCP were not current.

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, Sunshine Park Adult Family Home LLC 3 is or will be in compliance with this law and / or regulation on (Date) 10/21/2024 .

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

Jainaba Drammeh (Oct 3, 2024 17:32 PDT) 10/03/2024

Provider (or Representative) Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

with eating.

During an interview on 08/08/2024 at 3:43 PM, Staff B stated that Resident 1 does not ambulate. Staff B and Staff D stated that Resident 1 was receiving hospice care. Staff D stated that Resident 1 had been on hospice care since March 2024.

During an interview on 08/08/2024 at 3:55 PM, Staff D stated the AFH caregivers would give Resident 1 a bath if the hospice bath aide will not come to the AFH.

During an interview on 08/08/2024 at the following times, Staff B stated:
• At 3:55 PM, that the NCP for toileting was not current.
• At 3:56 PM, that the NCP did not have the information regarding hospice care services which included the nurse coming in twice per week, the bath aide thrice per week and the chaplain once a week. Staff B stated the bathing care plan did not show information who would be giving bath to Resident 1.

During an interview on 08/30/2024 at the following times, Staff A, Entity Representative stated following review of the NCP:
• At 2:39 PM, that the NCP was updated for hospice and information was put on the first page [under the diagnosis and not the NCP section].
• At 2:46 PM, that there was an issue with Resident 1's fingers and Resident 1 was not independent with eating.
• At 2:50 PM, that the NCP for sleep pattern stating Resident 1 was independent with toileting using a commode was not correct.
• At 2:51 PM, that Resident 1 could get confused and does not hallucinate.
• At 2:56 PM, that some parts of the NCP were not current.

Attestation Statement

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed obtain a resident's representative signature for 1 of 2 sampled residents (Resident 1) Negotiated Care Plan (NCP). This failure placed Resident 1 at risk of receiving care and services not agreed upon by both parties.

Findings included…

Record review of Resident 1's NCP, with a review date of 03/11/2024, showed Resident 1's NCP was not signed or dated by their representative.

During an interview on 08/08/2024 at 3:45 PM, Staff B, Resident Manager, stated that once Staff A, Entity Representative, reviewed the NCP and signed it, the NCP was then supposed to be signed and dated by the resident or their representative.

During an interview on 08/08/2024 at 3:45 PM, Staff O, AFH Consultant, stated Resident 1's NCP with a review date of 03/11/2024, was not signed or dated by Resident 1's representative. Staff O stated that the signature on the NCP dated for 05/27/2024 was Staff A' s signature and not of Resident1's representative.

During a follow-up interview on 08/08/2024 at 3:49 PM, Staff B, stated that Resident 1 was admitted to hospice in March 2024. Staff B stated that they had reviewed Resident 1's NCP in March 2024. Staff B stated there was no signature from Resident 1's representative when the AFH reviewed the NCP in March 2024.

During an interview on 08/30/2024 at 3:09 PM, Staff A stated that they had discussed Resident 1's change to hospice with Resident 1's representative in March 2024. Staff A stated that they were not sure if Resident 1's representative was asked to sign the March 2024 NCP.

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, Sunshine Park Adult Family Home LLC 3 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.

Statement of Deficiencies	License #: 753508	Compliance Determination # 45265
Plan of Correction	Sunshine Park Adult Family Home LLC 3	Completion Date
Page of 15	Licensee: Sunshine Park Adult Family Home LLC	09/06/2024

Jainaba Drammeh (Oct 3, 2024 17:32 PDT)

Provider (or Representative) — Date: 10/03/2024

WAC 388-76-10350 Assessment Updates required.

(1) The department amended portions of this rule from January 18, 2022, through June 8, 2023, in response to the state of emergency related to the COVID-19 pandemic. For requirements in place during that time, see WAC 388-76-10351 .

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to review and update 1 of 2 sampled residents (Resident 2) assessment at least every 12 months. This failure placed Resident 2 at risk for unmet needs.

Findings included ..

Record review of Resident 2's records showed they admitted to the AFH on [redacted]/2022 with multiple diagnoses.

Record review of Resident 2's assessment form showed an assessment that was done, signed and dated by the nurse assessor on [redacted]/2022. The signature page for the assessment showed it was blank and not reviewed after [redacted]/2022. There was no other assessment on file to show the assessment was reviewed and updated at least every 12 months.

During an interview on 08/08/2024 at the following times, Staff B, Resident Manager stated:
- At 2:48 PM, that for the initial assessment, the nurse delegator would do it.
- At 2:49 PM, that for the yearly assessment or change in condition assessment, the nurse delegator would do it and review it with Staff A, Entity Representative. Staff B stated that they would always sign and date the assessment form after the completion or review of the assessment.
- At 2: 51 PM, that the assessment on file for Resident 2 was for 2022. Staff B that they did not a see a 2023 assessment. Staff B stated the assessment was reviewed by Staff A.

Record review of Staff A's personnel file showed that Staff A was not a qualified assessor.

Provider (or Representative) Date

WAC 388-76-10350 Assessment Updates required.

(1) The department amended portions of this rule from January 18, 2022, through June 8, 2023, in response to the state of emergency related to the COVID-19 pandemic. For requirements in place during that time, see WAC 388-76-10351 .

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to review and update 1 of 2 sampled residents (Resident 2) assessment at least every 12 months. This failure placed Resident 2 at risk for unmet needs.

Findings included…

Record review of Resident 2's records showed they admitted to the AFH on [redacted]/2022 with multiple diagnoses.

Record review of Resident 2's assessment form showed an assessment that was done, signed and dated by the nurse assessor on [redacted]/2022. The signature page for the assessment showed it was blank and not reviewed after [redacted]/2022. There was no other assessment on file to show the assessment was reviewed and updated at least every 12 months.

During an interview on 08/08/2024 at the following times, Staff B, Resident Manager stated:
• At 2:48 PM, that for the initial assessment, the nurse delegator would do it.
• At 2:49 PM, that for the yearly assessment or change in condition assessment, the nurse delegator would do it and review it with Staff A, Entity Representative. Staff B stated that they would always sign and date the assessment form after the completion or review of the assessment.
• At 2: 51 PM, that the assessment on file for Resident 2 was for 2022. Staff B that they did not a see a 2023 assessment. Staff B stated the assessment was reviewed by Staff A.

Record review of Staff A's personnel file showed that Staff A was not a qualified assessor.

Statement of Deficiencies	License #: 753506	Compliance Determination # 45265
Plan of Correction	Sunshine Park Adult Family Home LLC 3	Completion Date
Page of 15	Licensee: Sunshine Park Adult Family Home LLC	09/06/2024

During an interview on 08/08/2024 at 3:18 PM, Staff O, AFH Consultant, stated that signature page of Resident 2's assessment, dated [redacted]/2022, showed signatures of the nurse assessor, Staff A and Resident 2's representative. Staff O stated that they were only reviewing the Negotiated Care Plan and not the assessment. Staff O stated Resident 2's assessment was not reviewed by a qualified assessor.

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, Sunshine Park Adult Family Home LLC 3 is or will be in compliance with this law and / or regulation on (Date) 10/21/2024 .

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

Jainaba Drammeh (Oct 3, 2024 17:32 PDT)

Provider (or Representative)

10/03/2024

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 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide documentation for a valid Washington State Name and Date of Birth Background Check Inquiry (BGI) report for 1 of 23 staff members (Staff U, former Caregiver). This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of receiving care and possibly being left exposed to someone who may have a disqualifying criminal background.

Findings included .

Record review of Staff U's personnel file showed a date of hire for 07/19/2021 and a date of departure for 09/14/2023

During an interview on 08/08/2024 at 3:18 PM, Staff O, AFH Consultant, stated that signature page of Resident 2's assessment, dated [redacted]/[redacted]/2022, showed signatures of the nurse assessor, Staff A and Resident 2's representative. Staff O stated that they were only reviewing the Negotiated Care Plan and not the assessment. Staff O stated Resident 2's assessment was not reviewed by a qualified assessor.

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

_____ _____

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 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide documentation for a valid Washington State Name and Date of Birth Background Check Inquiry (BGI) report for 1 of 23 staff members (Staff U, former Caregiver). This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of receiving care and possibly being left exposed to someone who may have a disqualifying criminal background.

Findings included…

Record review of Staff U's personnel file showed a date of hire for 07/19/2021 and a date of departure for 09/14/2023.

Statement of Deficiencies	License #: 753506	Compliance Determination # 45285
Plan of Correction	Sunshine Park Adult Family Home LLC 3	Completion Date
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Record review of Staff U's BGI showed a completion date of 07/19/2021. Staff U's BGI had an expiration date of 07/19/2023.

During an interview on 08/30/2024 at 1:44 PM, Staff A, Entity Representative, stated that Staff U was not a permanent worker at the AFH. Staff A stated that Staff U left the country in September 2021 and had come back in February 2023. Staff A stated that Staff U was reminded to get a BGI appointment when they came back to the AFH in February 2023.

During an interview on 09/06/2024 at 11:56 AM, Staff O, AFH Consultant, clarified Staff U's status. Staff O stated that Staff U's return to work in February 2023 was considered a leave of absence and not a re-hire.

During an interview on 09/06/2024 at 12:00 PM, Staff O agreed that there was a system failure for the background check. Staff O stated Staff U's BGI report dated 07/19/2021 had expired on 07/19/2023. Staff O stated Staff U had worked from 07/19/2023 to 09/13/2023 without a valid background report.

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, Sunshine Park Adult Family Home LLC 3 is or will be in compliance with this law and / or regulation on (Date) 10/21/2024 .

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

Jainaba Drammeh (Oct 3, 2024 17:32 PDT)
Provider (or Representative)

10/03/2024
Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a national fingerprint background check was completed for 1 of 23 staff members (Staff U, former Caregiver). This failure placed all 6 residents (Residents 1, 2, 3, 4, 5 and 6) at

Record review of Staff U's BGI showed a completion date of 07/19/2021. Staff U's BGI had an expiration date of 07/19/2023.

During an interview on 08/30/2024 at 1:44 PM, Staff A, Entity Representative, stated that Staff U was not a permanent worker at the AFH. Staff A stated that Staff U left the country in September 2021 and had come back in February 2023. Staff A stated that Staff U was reminded to get a BGI appointment when they came back to the AFH in February 2023.

During an interview on 09/06/2024 at 11:58 AM, Staff O, AFH Consultant, clarified Staff U's status. Staff O stated that Staff U's return to work in February 2023 was considered a leave of absence and not a re-hire.

During an interview on 09/06/2024 at 12:00 PM, Staff O agreed that there was a system failure for the background check. Staff O stated Staff U's BGI report dated 07/19/2021 had expired on 07/19/2023. Staff O stated Staff U had worked from 07/19/2023 to 09/13/2023 without a valid background report.

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, Sunshine Park Adult Family Home LLC 3 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

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a national fingerprint background check was completed for 1 of 23 staff members (Staff U, former Caregiver). This failure placed all 6 residents (Residents 1, 2, 3, 4, 5 and 6) at

risk of receiving care and possibly being left exposed to someone who may have a disqualifying criminal background.

Findings included…

Record review of Staff U's personnel file showed a date of hire for 07/19/021 and a date of departure for 09/14/2023.

Record review of Staff U's personnel file showed no record of a national fingerprint background check report.

During an interview on 08/30/2024 at 1:23 PM, Staff A, Entity Representative, stated that Staff O, AFH Consultant, had scheduled Staff U's national fingerprint background check appointment in July of 2021. Staff A stated that Staff U left the country before they had completed their national fingerprint background appointment. Staff A stated that they had reminded Staff U to schedule their national fingerprint background check when they returned to work in February of 2023.

During an interview on 09/06/2024 at 11:53 AM, Staff O stated that Staff U leaving work and coming back to work made it difficult to get a national fingerprint background check appointment.

During an interview on 09/06/2024 at 11:56 AM, Staff O stated that they looked at the AFH background check files and Staff U was scheduled for a national fingerprint background check appointment on July 21,2021. Staff O stated that Staff U did not show up for their national fingerprint background check appointment.

During an interview on 09/06/2024 at 11:57 AM, Staff O stated that Staff U never completed a national fingerprint background check.

During an interview on 09/06/2024 at 12:05 PM, Staff O stated that it was the AFH's responsibility to ensure that a caregiver working with the residents should have completed national fingerprint background check.

Attestation Statement

Statement of Deficiencies	License #: 753506	Compliance Determination # 45265
Plan of Correction	Sunshine Park Adult Family Home LLC 3	Completion Date
Page of 15	Licensee: Sunshine Park Adult Family Home LLC	09/06/2024

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, Sunshine Park Adult Family Home LLC 3 is or will be in compliance with this law and / or regulation on (Date) 10/21/2024 .

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

Jainaba Dramimeh (Oct 3, 2024 17:32 PDT)

Provider (or Representative)

10/03/2024

Date