STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Island Crest Adult Family Home INC
Island Crest Adult Family Home Inc
3321 72ND AVENUE SE
MERCER ISLAND, WA 98040

RE: Island Crest Adult Family Home Inc License # 753535

Dear Provider:

This letter addresses Compliance Determination(s) 29593 (Completion Date 09/15/2023) and 21219 (Completion Date 07/17/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/15/2023 and found that you have corrected the violations listed in the Complaint report dated 07/17/2023. Your home is back in compliance as of 07/25/2023 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 388-76-10225-1-a-ii

The Department staff who did the on-site verification:
Deborah Ashley, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Island Crest Adult Family Home Inc
Provider Type: Adult Family Home
License/Cert.#: 753535
Intake ID: 72640
Compliance Determination #: 21219
Region/Unit #: RCS Region 2 / Unit E
Investigator: Deborah Ashley
Investigation Date(s): 03/16/2023 through 07/17/2023
Complainant Contact Date(s): 03/10/2023

Allegation(s):

1. Named resident now Former Resident (FR) cried and stated that they were allegedly tortured by Named Staff (NS) in the Adult Family Home (AFH).
2. FR allegedly felt unsafe and wanted to leave the AFH.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 2 Closed records sample size:
Observations:	Identified resident Residents Staff to resident interactions
Interviews:	Identified resident Residents Staff Collateral Contact (CC)
Record Reviews:	Facility policies- Abuse policy Incident log Negotiated Care Plan (NCP)

Investigation Summary:

1. During an unannounced visit, FR lived and received end of life care at the AFH from [redacted]/2023 until [redacted]/2023 when they passed away shortly after Department staff visited.
In an interview, NS stated that they were notified by the local Police department of the abuse allegations made against them. NS added that they informed FR's representatives, investigated and was unable to substantiate the allegations. NS stated that they never abused FR or any other resident in the AFH.
When asked, FR was unable to provide an interview. Sampled resident stated that they felt safe and had no issues with the care provided in the home.
In an interview, CC stated that they had no concerns about resident safety or care in the AFH and that they visited daily. CC stated that the AFH always communicated effectively and in a timely manner about FR's care.

Review of the AFH's undated abuse prevention and reporting policy showed that all staff were required to report any potential abuse in the AFH to the Department hotline.
While speaking with NS, they stated that they did not report the allegations of potential abuse to the Department hotline as stated in their abuse prevention and reporting policy.
Failed practice identified. See Statement of Deficiencies dated 07/17/2023, WAC 388-76-10225 (1)(a)(ii) Reporting requirement.
2. During an unannounced visit, FR lived and received end of life care at the AFH from [redacted]/2023 until [redacted]/2023 when they passed away shortly after Department staff visited.
While in the AFH, FR was unable to provide an interview.
In an interview, CC stated that they had no safety or care concerns about FR's stay in the AFH.
CC stated that they visited the home daily and the AFH communicated with them effectively and provided good care for FR.
When asked, sampled resident stated that they felt safe and had no issues with the care provided.
In an interview, AFH staff stated that they provide care based on resident's care plans and preferences as best as they could.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 753535	Compliance Determination # 21219
Plan of Correction	Island Crest Adult Family Home Inc	Completion Date
Page 1 of 3	Licensee: Island Crest Adult Family Home INC	07/17/2023

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 03/16/2023 and 03/16/2023 of:

Island Crest Adult Family Home Inc
3321 72ND AVENUE SE
MERCER ISLAND, WA 98040

This document references the following complaint number(s): 72640

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Deborah Ashley, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 7/21/2023 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.

Statement of Deficiencies	License #: 753535	Compliance Determination # 21219
Plan of Correction	Island Crest Adult Family Home inc	Completion Date
Page 2 of 3	Licensee: Island Crest Adult Family Home INC	07/17/2023

Provider (or Representative)

07/25/2023
Date

DSHS/ALTSA
Residential Care Services
AUG 0 8 2023
Received

WAC 388-76-10225 Reporting requirement.

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

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(ii) To the department by calling the complaint toll-free hotline number; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to implement their abuse prevention and reporting policy, when they received report of a potential abuse of 1 of 1 resident (Resident 1). This delayed the Department from investigating and determining if current caregivers were knowledgeable about reporting and preventing abuse in the AFH.

Findings included...

On an unannounced visit to the AFH on [redacted]/2023 at 12 PM, Resident 1 was in the home and had lived there since [redacted]/2023 and received end of life care until [redacted]/2023 when they passed away shortly after Department staff visited.

In an interview on 03/16/2023 at 12:05 PM, Staff A, Provider, stated that they were notified of abuse allegations made against them when the local Police department personnel visited the AFH. Staff A stated that they investigated the allegations alongside Resident 1's representative and was unable to substantiate the allegations.

While in the AFH, Resident 1 was unable to provide an interview.

Review of the AFH's undated abuse prevention and reporting policy, showed that all staff were required to report any possible resident abuse of a sexual or physical nature to the Department Hotline.

In an exit interview on 03/16/2023 at 12:15 PM, Staff A stated that they did not report the allegations to the Department hotline as stated in the abuse prevention and reporting policy of the AFH.

Statement of Deficiencies	License #: 753535	Compliance Determination # 21219
Plan of Correction	Island Crest Adult Family Home Inc	Completion Date
Page 3 of 3	Licensee: Island Crest Adult Family Home INC	07/17/2023

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, Island Crest Adult Family Home Inc is or will be in compliance with this law and / or regulation on (Date) 07/25/2023

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

Provider (or Representative) — Date: 07/25/2023

DSHS/ALTSA
Residential Care Services

AUG 03 2023

Received

PLAN OF CORRECTION:

- Based on WAC-76-10225, I (Provider) will ensure that the staff report, and self-report any suspected abuse, neglect, exploitation, or abandonment of a resident to DOH by calling the toll-free hotline number.
- I will also remind the staff where the toll-free number is posted in the home.
- Remind staff to review the abuse policy of the home as well as be vigilant, report and record any form of abuse.