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

Sesina Social Purpose Corporation
Sesina Adult Family Home
13226 4th Ave SW
Burien, WA 98146

RE: Sesina Adult Family Home License # 753763

Dear Provider:

This letter addresses Compliance Determination(s) 46891 (Completion Date 09/10/2024) and 44365 (Completion Date 07/30/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/10/2024 and found that you have corrected the violations listed in the Full report dated 07/30/2024. Your home is back in compliance as of 08/30/2024 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 388-76-10890, WAC 388-76-10890-1, WAC 388-76-10890-2, WAC 388-76-10146-2-e, WAC 388-112A-0610-1-a-i, WAC 388-76-10285-2, WAC 388-76-10265-1-d, WAC 388-76-10290-2, WAC 388-76-10036, WAC 388-76-10036-1, WAC 388-76-10036-2, WAC 388-76-10036-3

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor

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

Sincerely,

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 753763	Compliance Determination # 44365
Plan of Correction	Sesina Adult Family Home	Completion Date
Page 1 of 7	Licensee: Sesina Social Purpose Corporation	07/30/2024

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 07/17/2024 and 07/17/2024 of:

Sesina Adult Family Home
13226 4th Ave SW
Burien, WA 98146

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 inspected the Adult Family Home:

Lyra Ouano, AFH Licensor

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 — 08/01/204

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 #: 753763	Compliance Determination # 44365
Plan of Correction	Sesina Adult Family Home	Completion Date
Page 2 of 7	Licensee: Sesina Social Purpose Corporation	07/30/2024

Provider (or Representative)

08/12/2024
Date

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to display in a visible location an updated emergency evacuation floor plan that included 4 of 8 resident bedrooms (Bedroom [redacted], [occupied by Resident 5] Bedroom [redacted], [occupied by Resident 3] Bedroom [redacted], [vacant] and Bedroom H, [vacant]) and 1 of 3 bathrooms (Bathroom 3). This placed the residents at risk of confusion and harm in the event the home needed to evacuate.

Findings included...

During the environmental tour with Staff A, Entity Representative, at 12:45 PM, observation of the posted emergency evacuation floor plan of the AFH showed on the west side, two bathrooms (Bathroom 1 and Bathroom 2), four resident bedrooms (Bedrooms A, C, D, and E), and a caregiver bedroom (Bedroom B). Bedroom E was not observed during the environmental tour. Additional observations showed the designated Bedroom E was now a bathroom and there was a new bedroom behind it. The posted evacuation floor plan did not show the bedrooms currently occupied by Resident 3 and Resident 5, a third bathroom and two vacant bedrooms on the east side of the home.

Record review of the environmental tour of bedrooms dated 09/13/2019 showed Bedrooms A and E were double occupancy resident bedrooms, Bedrooms C and D were single occupancy, and Bedroom B was an unlicensed (not measured by a licensor) bedroom.

In an interview on 07/17/2024 at 4:40 PM, Staff A said that they had not updated the emergency evacuation floor plan since they added new bedrooms and bathroom, but would do so as soon as possible.

Attestation Statement

Provider (or Representative) Date

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

(2) Illustrate the evacuation route from the rooms on that floor to the designated safe location outside the home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to display in a visible location an updated emergency evacuation floor plan that included 4 of 8 resident bedrooms (Bedroom [redacted], [occupied by Resident 5] Bedroom [redacted], [occupied by Resident 3] Bedroom [redacted], [vacant] and Bedroom H, [vacant]) and 1 of 3 bathrooms (Bathroom 3). This placed the residents at risk of confusion and harm in the event the home needed to evacuate.

Findings included...

During the environmental tour with Staff A, Entity Representative, at 12:45 PM, observation of the posted emergency evacuation floor plan of the AFH showed on the west side, two bathrooms (Bathroom 1 and Bathroom 2), four resident bedrooms (Bedrooms A, C, D, and E), and a caregiver bedroom (Bedroom B). Bedroom E was not observed during the environmental tour. Additional observations showed the designated Bedroom E was now a bathroom and there was a new bedroom behind it. The posted evacuation floor plan did not show the bedrooms currently occupied by Resident 3 and Resident 5, a third bathroom and two vacant bedrooms on the east side of the home.

Record review of the environmental tour of bedrooms dated 09/13/2019 showed Bedrooms A and E were double occupancy resident bedrooms, Bedrooms C and D were single occupancy, and Bedroom B was an unlicensed (not measured by a licensor) bedroom.

In an interview on 07/17/2024 at 4:40 PM, Staff A said that they had not updated the emergency evacuation floor plan since they added new bedrooms and bathroom, but would do so as soon as possible.

Attestation Statement

Statement of Deficiencies	License #: 753763	Compliance Determination # 44365
Plan of Correction	Sesina Adult Family Home	Completion Date
Page 3 of 7	Licensee: Sesina Social Purpose Corporation	07/30/2024

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, Sesina Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 08/23/2024 .

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

Provider (or Representative) Date 08/12/2024

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

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:

(i) A certified home care aide;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff C, Caregiver) had completed twelve hours of continuing education as required. This placed all residents at risk for their needs not being met according to current care giving standards.

Findings included...

On 07/17/2024 at 12:30 PM interview, Staff A, Entity Representative, said that Staff C worked full-time and live at the home five days per week.

On 07/17/2024, review of Staff C's orientation to the home record dated 12/26/2019 showed a hire date of 12/26/2019, home orientation dates from 12/26/2019 through 01/01/2020, and continuing education (CE) records as follows:
-1 (one) hour from June 2022 birthday to June 2023 birthday

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

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Findings included...

On 07/17/2024 at 12:30 PM interview, Staff A, Entity Representative, said that Staff C worked full-time and live at the home five days per week.

On 07/17/2024, review of Staff C's orientation to the home record dated 12/26/2019 showed a hire date of 12/26/2019, home orientation dates from 12/26/2019 through 01/01/2020, and continuing education (CE) records as follows:
-1 (one) hour from June 2022 birthday to June 2023 birthday

-4 (four) hours from June 2023 to June 2024 birthday.
There was no other CE found for Staff B.

On 07/17/2024 at 3:45 PM interview, Staff A said that they were not aware Staff C was missing CE hours in 2022 and 2023.

Attestation Statement

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Provider (or Representative) — Date: 08/12/2024

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff D, Caregiver) had two-step tuberculosis (TB) skin testing. This placed all five residents at risk of possible exposure to communicable disease.

Findings included...

On 07/17/2024 at 12:30 PM interview, Staff A, Entity Representative, said that Staff D worked part-time shifts at the home two days per week and worked in another AFH owned by Staff A.

Record review of Staff D's orientation to the home dated 03/09/2024 showed the AFH hired them on 03/09/2024. Review of Staff D's TB skin test record dated 03/11/2024 showed a negative test result on 03/13/2024. There was no record of a second skin test done one to three weeks after this test. There was no other TB test record found in any of Staff D's file.

On 07/17/2024 at 3:40 PM interview, Staff A said that they did not find the step-two TB

-4 (four) hours from June 2023 to June 2024 birthday.
There was no other CE found for Staff B.

On 07/17/2024 at 3:45 PM interview, Staff A said that they were not aware Staff C was missing CE hours in 2022 and 2023.

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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 3 staff (Staff D, Caregiver) had two-step tuberculosis (TB) skin testing. This placed all five residents at risk of possible exposure to communicable disease.

Findings included…

On 07/17/2024 at 12:30 PM interview, Staff A, Entity Representative, said that Staff D worked part-time shifts at the home two days per week and worked in another AFH owned by Staff A.

Record review of Staff D's orientation to the home dated 03/09/2024 showed the AFH hired them on 03/09/2024. Review of Staff D's TB skin test record dated 03/11/2024 showed a negative test result on 03/13/2024. There was no record of a second skin test done one to three weeks after this test. There was no other TB test record found in any of Staff D's file.

On 07/17/2024 at 3:40 PM interview, Staff A said that they did not find the step-two TB

skin testing record for Staff D. Staff A said that they would ask Staff D about it and would send to the department when the record was found.

As of 07/29/2024, the department did not receive any TB skin test record for Staff D.

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 08/12/2024

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to ensure 1 of 3 staff (Staff C, Caregiver) had Tuberculosis (TB) testing as required. This placed all residents at risk of possible exposure to communicable disease.

Findings included...

On 07/17/2024 at 12:30 PM interview, Staff A, Entity Representative, said that Staff C worked full-time and live at the home five days per week.

On 07/17/2024, review of Staff C's orientation to the home record dated 12/26/2019 showed a hire date of 12/26/2019. Review of TB skin testing record dated 03/23/2019 showed a positive result on 03/25/2019 and a negative chest X-ray (radiographic study)

skin testing record for Staff D. Staff A said that they would ask Staff D about it and would send to the department when the record was found.

As of 07/29/2024, the department did not receive any TB skin test record for Staff D.

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This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to ensure 1 of 3 staff (Staff C, Caregiver) had Tuberculosis (TB) testing as required. This placed all residents at risk of possible exposure to communicable disease.

Findings included...

On 07/17/2024 at 12:30 PM interview, Staff A, Entity Representative, said that Staff C worked full-time and live at the home five days per week.

On 07/17/2024, review of Staff C's orientation to the home record dated 12/26/2019 showed a hire date of 12/26/2019. Review of TB skin testing record dated 03/23/2019 showed a positive result on 03/25/2019 and a negative chest X-ray (radiographic study)

on 03/28/2019. There was no record found the AFH evaluated Staff C for signs and symptoms of TB.

On 07/17/2024 at 3:50 PM interview, Staff A said that they were not aware they could do a TB symptoms questionnaire instead. Staff A said that they would check the CDC (Centers for Disease Control and Prevention) website for a TB signs and symptoms questionnaire.

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Provider (or Representative) — Date: 08/12/2024

WAC 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(1) Each home has one person responsible for managing the overall delivery of care to all residents in the home;

(2) The designated responsible person is the provider, entity representative or a resident manager; and

(3) Each responsible person is designated to manage only one adult family home at a given time.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a Resident Manager (RM) designated to manage the care of 5 of 5 residents (Resident 1, Resident 2, resident 3, Resident 4, and Resident 5) in the home. This placed all five residents at risk of decreased quality of life and of receiving substandard care.

Findings included...

Observation on 07/17/2024 at 11:20 AM observation in the kitchen showed Staff C, Caregiver, preparing lunch for the residents. At 12:05 PM, Staff A, Entity Representative,

on 03/28/2019. There was no record found the AFH evaluated Staff C for signs and symptoms of TB.

On 07/17/2024 at 3:50 PM interview, Staff A said that they were not aware they could do a TB symptoms questionnaire instead. Staff A said that they would check the CDC (Centers for Disease Control and Prevention) website for a TB signs and symptoms questionnaire.

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Provider (or Representative) Date

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Findings included...

Observation on 07/17/2024 at 11:20 AM observation in the kitchen showed Staff C, Caregiver, preparing lunch for the residents. At 12:05 PM, Staff A, Entity Representative,

arrived in the home and greeted Resident 2 and Resident 5 in the living room.

Record review of the AFH summary sheet dated 07/09/2024 showed the AFH started operating on 07/23/2018. The summary sheet showed Staff A as the Entity Representative (ER) and Staff B was the RM. Review of department's database in the Managerial History section, Staff A was the ER since 03/29/2018 with no end date and the RM from 03/29/2018 until 04/15/2021. Since 04/16/2021 with no end date, Staff B was listed RM.

In an interview on 07/17/2024 at 12:05 PM, Staff A said that they opened another AFH a year and a half ago and that their sibling was the RM there. When asked about Staff B, Staff A said that Staff B left employment on 02/22/2022, and since then, they were managing the day-to-day residents' care delivery in the AFH. When asked if they had submitted a RM change of information to the department, Staff A said they had not but will do so as soon as possible.

In another department's database review, as of 07/30/2024 showed an AFH with license number 755006 started operating on 05/19/2021. The Managerial History section showed Staff A was the ER and RM since 04/08/2021 with no end date.

Staff A had been managing two AFHs since 02/23/2022 for 30 months.

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, Sesina Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 08/30/2024

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Provider (or Representative) — Date: 08/12/2024

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In an interview on 07/17/2024 at 12:05 PM, Staff A said that they opened another AFH a year and a half ago and that their sibling was the RM there. When asked about Staff B, Staff A said that Staff B left employment on 02/22/2022, and since then, they were managing the day-to-day residents' care delivery in the AFH. When asked if they had submitted a RM change of information to the department, Staff A said they had not but will do so as soon as possible.

In another department's database review, as of 07/30/2024 showed an AFH with license number 755006 started operating on 05/19/2021. The Managerial History section showed Staff A was the ER and RM since 04/08/2021 with no end date.

Staff A had been managing two AFHs since 02/23/2022 for 30 months.

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