STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Nurse Lavinia's Care Home , LLC
Nurse Lavinia's Care Home LLC
4437 Soundview Dr W
University Place, WA 98466

RE: Nurse Lavinia's Care Home LLC # 753854

Dear Provider:

This document references Compliance Determination 56553 (Completion Date 03/18/2025).

The Department completed a full inspection of your Adult Family Home on 03/18/2025 and found that your home does not meet the Adult Family Home licensing requirements.

The department staff who did the inspection and provided consultation:

Lindsay Trent, Adult Family Home Licensor

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10350 Assessment Updates required.

(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.

Review of Resident 1's current assessment dated 01/11/2024, showed the assessment had not been reviewed and updated with the resident's ongoing needs and preferences at least every 12 months. The Adult Family Home sent documentation, via email, showing Resident 1's assessment was reviewed and updated 03/17/2025, prior to the completion of the inspection to correct the deficiency.

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

Observations on 03/17/2025 at 9:00AM and 9:25AM, showed Resident 1's bed had a [redacted] in use, in the upright and locked position on the left side of the bed. Review of Resident 1's records showed an assessment for the use of the [redacted] had not been completed, and the [redacted] was not included in Resident 1's negotiated care plan (NCP) dated 01/13/2024. The Adult Family Home sent documentation via email showing the [redacted] was assessed and added to Resident 1's NCP prior to completion of the inspection to correct the deficiency.

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:

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

Review of Resident 1's current negotiated care plan (NCP) dated 01/13/2024, showed it had not been reviewed and revised at least every twelve (12) months. The Adult Family Home sent documentation via email showing Resident 1's NCP was reviewed and revised 03/17/2025, prior to the completion of the inspection to correct the deficiency.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

Observations on 03/17/2025 at 9:45AM, showed toxic substances and hazardous cleaning materials were stored in an unlocked cabinet and on the floor of a resident use bathroom, and stored in an unlocked cabinet the Adult Family Home's laundry room which was accessible to residents. The Provider immediately removed the toxic substances and hazardous cleaning materials and placed them in locked storage prior to the completion of the inspection to correct the deficiency.

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

Observations on 03/17/2025 at 9:30 AM and 12:25PM, showed a fireplace was in use in the Adult Family Home's (AFH) dining room. At 1:40PM, the metal frame of the fireplace was hot to the touch and there was no stable flame-resistant barrier, that did not get hot to the touch, in place to prevent contact by residents. The Provider temporarily turned off the fireplace until a barrier was installed, and immediately ordered a flame resistant barrier online to correct the deficiency prior to completion of the inspection.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the home to determine if you have corrected all deficiencies.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Adult Family Home Field Manager
Region 3, Unit A
Residential Care Services

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days

after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225