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

Soundview Adult Family Home, LLC

Soundview Adult Family Home, LLC
5917 Soundview Dr
Gig Harbor, WA 98335

RE: Soundview Adult Family Home, LLC License # 753912

Dear Provider:

This letter addresses Compliance Determination(s) 45033 (Completion Date 08/01/2024) and 41641 (Completion Date 06/03/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/01/2024 and found that you have corrected the violations listed in the Full report dated 06/03/2024. Your home is back in compliance as of 07/03/2024 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 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d

The Department staff who did the off-site verification:
Emily Vincent, AFH Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

*Lisa Cramer* for

Michael Burdick, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON

# DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***PO Box 99250, Lakewood, WA 98496***

| Statement of Deficiencies | License #: 753912 | Compliance Determination # 41641 |
|---|---|---|
| Plan of Correction | Soundview Adult Family Home, LLC | Completion Date |
| Page 1 of 3 | Licensee: Soundview Adult Family Home, LLC | 06/03/2024 |

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 05/21/2024 and 05/23/2024 of:

Soundview Adult Family Home, LLC
5917 Soundview Dr
Gig Harbor, WA 98335

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:

Emily Vincent, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Lisa Cramer
Residential Care Services

06/03/2024
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.

Usha McCollum
Provider (or Representative)

7/3/2024
Date

**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

(d) Ensure the medical device is properly installed.

**This requirement was not met as evidenced by:**

Based on observations, interviews, and record reviews, the adult family home (AFH) failed to complete a medical device assessment or ensure [redacted] were installed correctly on the beds of 3 of 5 residents (Resident 1, Resident 3, and Resident 4). These failures placed Resident 1, Resident 3, and Resident 4 at risk of injury and/or entrapment.

Findings included...

On 05/21/2024 at 10:40 AM, observations of residents' rooms showed Resident 1, Resident 3, and Resident 4 had two [redacted] on their beds and Resident 3 also had a [redacted]. The [redacted] on Resident 1's bed were dropped down and not in use while Resident 1 was in the bed. Resident 3's [redacted] were observed in the upright position and a [redacted] was located within approximately six inches of Resident 3's left bedside while Resident 3 was in the bed. Resident 4's [redacted] were observed in the upright position while Resident 4 was in the bed.

On 05/21/2024 at 11:00 AM, in an interview, the AFH Provider said Resident 1 did not need or use the [redacted] attached to their bed. The Provider ordered an adjustable bed for Resident 1 because they had complained of pain while sleeping, but caregivers had not removed the [redacted] when the new bed was delivered. The Provider was unsure of whether they had medical device assessments for Resident 3's [redacted] and [redacted] or for Resident 4's [redacted].

Review of Resident 3's and Resident 4's records showed no evidence of a medical device assessment or assessment of whether the [redacted] and [redacted] were safely and securely installed.

Review of Resident 3's negotiated care plan (NCP) dated 08/01/2023, showed no

information about Resident 3's [redacted] or [redacted] and what Resident 3 used the [redacted] and [redacted] for.

Review of Resident 4's NCP dated 11/02/2023, showed no information about Resident 4's [redacted] and what Resident 4 used the [redacted] for.

On 05/23/2024 at 4:00 PM, in an interview, the Provider said they planned to have their nurse delegator complete medical device assessments for Resident 3's [redacted], Resident 3's [redacted] and Resident 4's [redacted], but the Provider was still in the process of obtaining an order for the medical devices from Resident 3's and Resident 4's primary care provider (PCP). The Provider was not aware that they did not need an order to complete a medical device assessment or for Resident 3 and Resident 4 to use the medical devices.

**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, Soundview Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 7/3/2024.

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

Ushee McCollum — Provider (or Representative)

7/3/2024 — Date

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



Soundview Adult Family Home, LLC
Soundview Adult Family Home, LLC
5917 Soundview Dr
Gig Harbor, WA 98335

RE: Soundview Adult Family Home, LLC # 753912

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 06/03/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

**The Department:**

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

**Consultation(s):**
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:**

(1) Uses nationally recognized infection control standards;

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

The adult family home (AFH) had sufficient personal protective equipment (PPE), caregivers had basic knowledge of infection prevention and control practices, and the home had a written Respiratory Protection Program (RPP). Some AFH caregivers were not fit-tested for N-95 respirators as required by the Occupational Health and Safety Administration (OSHA). The AFH Provider ensured all caregivers were fit-tested for respirators before the completion of the licensing inspection.

**WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:**

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The adult family home (AFH) did not have a documented personal belongings inventory in Resident 1's record. The AFH Provider ensured Resident 1's representative completed, signed, and dated their itemized personal belongings inventory for Resident 1 and placed a copy of the form in Resident 1's record before the completion of the licensing inspection.

**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:**

(3) Be provided to all prospective residents, before admission to the home;

(6) Be signed and dated by the resident and kept in the resident record after signature.

The adult family home (AFH) did not ensure Resident 1 and Resident 3 and/or their representatives reviewed and signed the AFH's policy on accepting Medicaid as a payment source before they moved into the home. The AFH Provider ensured Resident 1's representative reviewed and signed the policy before the completion of the licensing

inspection. Resident 3 reviewed and signed the policy, but not for several months after their admission to the home.

**WAC 388-76-10532 Resident rights Department standardized disclosure forms.**

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The adult family home (AFH) did not ensure Resident 3 and/or their representative reviewed and signed the home's standardized Disclosure of Charges form before Resident 3 moved into the home. Resident 3 reviewed and signed the form, but not for several months after their admission to the home.

**WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:**

(1) In locked storage;

A key was left inserted in the lock of the adult family home's (AFH) medication storage drawer without a caregiver present. There were no residents in the immediate area and the caregiver had recently finished the medication pass. The caregiver removed the key as soon as they were made aware of the observation.

**You Are Not:**

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

**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

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

Enclosure

**Plan**
**(Plan of Correction)**

**You Must:**
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

**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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services

PO Box 45600
Olympia, WA 98504-5600