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) 33159 (Completion Date 12/01/2023) and 30304 (Completion Date 10/18/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/01/2023 and found that you have corrected the violations listed in the Complaint report dated 10/18/2023. Your home is back in compliance as of 10/31/2023 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 388-76-10220-1, WAC 388-76-10220-2, WAC 388-76-10220-3, WAC 388-76-10220, WAC 388-76-10400-2, WAC 388-76-10400-3-a, WAC 388-76-10400-3-b

The Department staff who did the on-site verification:
Angela Conklin, AFH Complaint Investigator

If you have any questions, please contact me at (253)983-3826.

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Soundview Adult Family Home, LLC
License/Cert.#: 753912
Compliance Determination #: 30304
Investigator: Angela Conklin
Provider Type: Adult Family Home
Intake ID: 100088
Region/Unit #: RCS Region 3 / Unit A
Investigation Date(s): 10/05/2023 through 10/18/2023
Complainant Contact Date(s):

Allegation(s):

Reporter states that the Identified Resident is requesting to move to a new adult family home (AFH) due to the following issues:
1. Recent food poisoning at the AFH.
2. The AFH is requesting more money for care than what Medicaid pays.
3. The adult family home does not have a Incident Log.
4. The adult family home is not providing showers routinely.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 3 Closed records sample size: 3
Observations:	General tour Caregiver to resident interaction Resident to resident interaction
Interviews:	Residents Caregivers Providers Family
Record Reviews:	Incident log Service Agreement Admission Agreement Negotiated Care Plan

Investigation Summary:

1. Based on interviews and record reviews, the allegation that the Identified Resident (IR) had food poisoning at the adult family home (AFH) is unsubstantiated. No failed practice identified.
2. Based on interviews and record reviews, the allegation that the IR was being asked for more money for care outside of what the AFH is paid by Medicare is unsubstantiated. No failed practice identified.
3. Based on interviews and record reviews, the allegation that the AFH does not have an Incident Log is substantiated. Failed practice identified.

4. Based on interviews and record reviews, the allegation that the AFH is not providing showers routinely is substantiated. Failed practice identified.

Conclusion / Action:

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

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PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 753912	Compliance Determination # 30304
Plan of Correction	Soundview Adult Family Home, LLC	Completion Date
Page 1 of 4	Licensee: Soundview Adult Family Home, LLC	10/18/2023

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 10/05/2023 and 10/18/2023 of:

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

This document references the following complaint number(s): 100088, 101197, 101790, 101882

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 3 former residents.

The department staff that investigated the Adult Family Home:

Angela Conklin, AFH Complaint Investigator

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.

Residential Care Services — 10/26/2023 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.

Usha Mccarrum
Provider (or Representative)

11/2/2023
Date

WAC 388-76-10220 Incident log. The adult family home must keep a log of:

(1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;

(2) Accidents or incidents affecting a resident's welfare; and

(3) Any injury to a resident.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure that 1 of 6 residents (Resident 1) incident alleging neglect was documented on the AFH's incident log. This failure placed Resident 1 at risk for a decline in physical and mental health as patterns were not able to be tracked.

Findings included...

During an interview on 10/05/2023 at 11:55 AM, Staff A (Caregiver), stated that staff document on caregiver notes and not on an Incident Log.

During an interview on 10/05/2023 at 12:10 PM, the Provider reported that they documented on the caregiver notes and not on an Incident Log.

Record review on 10/12/2023 at 11:10 AM, showed the caregiver notes identified that Resident 1 was transported to the hospital on 10/09/2023, due to medical issues.

Record review on 10/05/2023 at 12:15 PM, and 10/12/2023 at 11:10 AM, showed the AFH's Incident Log was, and remained blank.

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) 10/28/2023 per T/C to Provider LC,

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

Leslie McGilvra — Provider (or Representative)

11/2/2023 — Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

(3) The care and services in a manner and in an environment that:

(a) Actively supports, maintains or improves each resident's quality of life;

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure that 1 of 6 residents (Resident 1) was provided showers on a routine basis. This failure placed Resident 1 at risk for a decline in physical and mental health.

Findings included...

Record review on 10/05/2023 at 12:15 PM, showed Resident 1's Negotiated Care Plan (NCP) dated 08/16/2023, identified that Resident 1 preferred to shower in the bathroom and wanted their own shower chair.

During an interview on 10/12/2023 at 10:10 AM, the Staff B, (Caregiver) reported that Resident 1 received bed baths once per week. Staff B reported that Resident 1 stated the shower chair the AFH had was uncomfortable, and the resident did not want to sit in it. Staff B reported that they no longer offered the resident showers since they refused them.

During an interview on 10/12/2023 at 10:25 AM, the Provider reported that the AFH had a shower chair but Resident 1 did not like it.

Attestation Statement

Statement of Deficiencies	License #: 753912	Compliance Determination # 30304
Plan of Correction	Soundview Adult Family Home, LLC	Completion Date
Page 4 of 4	Licensee: Soundview Adult Family Home, LLC	10/18/2023

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) 10/31/2023 per tc by Provider LC.

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

Usha McCollum
Provider (or Representative)

11/2/2023
Date

Date: 11/02/2023

To;
Lisa Cramer
Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood WA 98496

Subject: Plan of correction

Hello Lisa,

AS per your complaint investigator had conducted compliant investigation on 10/18/2023, home is not compliance with the licensing laws and regulations.

1. WAC 388-7610220 incident log. The adult family home must keep a log of.....
   ➔ Separate Incident log has been placed on 10/28/2023 and will note in the future if any incident happened.
2. WAC 388-76-10400 Care and Services, The adult family home must ensure each resident receives.....
   ➔ New Foam Padded Shower chair has been purchased on 10/31/2023 and placed in the bathroom.

For your kind information, we have already rectified the problem and it is in order.

Best regards,

Usha McCollum

Provider

Soundview AFH

5917 Soundview Dr

Gig Harbor, WA 98335