STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

7/5/2023

Comfort Care Adult Family Home LLC
Comfort Care Adult Family Home
13617 48th Dr SE
Snohomish, WA 98296

RE: Comfort Care Adult Family Home License # 754015

Dear Provider:

This letter addresses Compliance Determination(s) 26096 (Completion Date 07/05/2023) and 23606 (Completion Date 05/19/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/05/2023 and found that you have corrected the violations listed in the Complaint report dated 05/19/2023. Your home is back in compliance as of 06/16/2023 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 388-76-10510-2, WAC 388-76-10720-2-a-ii

The Department staff who did the on-site verification:
Patricia Young, Community Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Comfort Care Adult Family Home
Provider Type: Adult Family Home
License/Cert.#: 754015
Intake ID: 78813
Compliance Determination #: 23606
Region/Unit #: RCS Region 2 / Unit B
Investigator: Patricia Young
Investigation Date(s): 05/09/2023 through 05/19/2023
Complainant Contact Date(s): 05/08/2023, 05/18/2023

Allegation(s):

1. The named caregiver did not treat the named resident with dignity and respect.
2. The named caregiver did not help the named resident with personal care.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Resident rooms Staff to resident interactions Resident to resident interactions Kitchen Food preparation
Interviews:	Identified resident Identified staff Residents Family members Therapy staff Resident Manager Provider Caregivers
Record Reviews:	Facility records Resident records Personnel files Staff training records Facility policies

Investigation Summary:

1. Interviews with sampled residents, the Adult Family Home (AFH) provider, and

collateral contacts showed that the named caregiver did not treat the named resident and other residents with dignity and respect. Failed practice cited.
2. The named resident stated they were not helped with personal care sometimes. The AFH provider and two sampled caregivers stated they helped the named resident with personal care as soon as they were available to help. Two sampled residents stated they received the care they needed.

Conclusion / Action:

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 05/09/2023 and 05/09/2023 of:

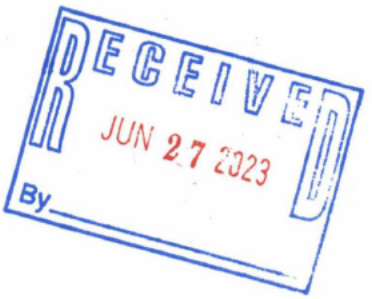
Comfort Care Adult Family Home
13617 48th Dr SE
Snohomish, WA 98296

This document references the following complaint number(s): 78813

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Patricia Young, Community Complaint Investigator



From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

6/6/2023
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.

Provider (or Representative)

6/16/23
Date

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(2) Is treated with courtesy, dignity, and respect;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the staff responded to the needs of 2 of 6 residents (Residents 1 & 3) with courtesy, dignity, and respect. This failure resulted in Residents 1 & 3 experiencing emotional and mental harm when staff were inappropriate by scolding, aggressive, and abrupt with them.

Findings included...

Record review showed Resident 1 was admitted to the AFH, on [redacted]/2022, with multiple health diagnoses that affected mobility, memory, and behavior.

Record review showed Resident 3 was admitted to the AFH, on [redacted]/2023, with multiple health diagnoses that affected mobility, memory, and behavior.

During an interview, on 05/08/2023 at 03:00 PM, Collateral Contact 1 (CC1) (Friend of Resident 1) stated that on 04/13/2023 at 02:30 PM, while they visited Resident 1, they witnessed Staff B (Caregiver) scold Resident 1. CC1 stated that Resident 1 yelled that they had to use the bathroom and Staff B said in a scolding manner that Resident 1 had embarrassed themselves and their friend. CC1 stated that Staff B spoke to Resident 1 like they were a child. CC1 stated that they thought Staff B was inappropriate and disrespectful.

During an interview, on 05/09/2023 at 11:42 AM, Resident 3 stated that a caregiver was not nice and said bad things to them in a mean way that made Resident 3 feel bad. Resident 3 pointed at Staff B and stated that they were the one that was not nice.

During an interview, on 05/10/2023 at 10:04 AM, Staff A (Resident Manager) stated that there had not been any complaints about caregivers or care from residents or their representatives in the last thirty days.

During an interview, on 05/10/2023 at 10:28 AM, Collateral Contact 2 (CC2) (Resident 1's Representative) stated that Staff B seemed to intimidate other staff and was disrespectful to

residents and staff. CC2 stated that Staff B was not responsive to Resident 1's care needs and would do other tasks instead of helping Resident 1 when asked. CC2 stated they reported their concerns about Staff B to Staff A. CC2 stated Staff A's response was to have the other staff member on duty with Staff B provide care to Resident 1.

During an interview, on 05/11/2023 at 08:30 AM, Collateral Contact 3 (CC3) (Occupational Therapist) stated that on 05/03/2023 they asked Staff D (Caregiver) to help Resident 1 use the bathroom. CC3 stated that Staff B yelled at Staff D to stop and wait for the other staff on duty to help Resident 1. Record review showed Staff D was a new caregiver and not allowed to independently provide care to residents. CC3 stated that Staff B did not alert the other staff member that Resident 1 needed help and Staff B did not help Resident 1. CC3 stated that Staff B yelled at them that Staff D was not allowed to help residents alone. CC3 stated that they had to tell Staff B to stop yelling and to have a respectful tone. CC3 stated that Staff B had a bullying, aggressive, disrespectful manner to residents and staff.

During an interview, on 05/11/2023 at 08:46 AM, Collateral Contact 4 (CC4) (Resident 3's Representative) stated that Resident 3 said they did not like Staff B. CC4 stated that Staff B was loud and abrupt with staff and residents. CC4 stated that Staff B had an aggressive manner that was inappropriate.

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, Comfort Care Adult Family Home is or will be in compliance with this law and / or regulation on
(Date) 6/16/2023

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

Raheela Shahzad — Provider (or Representative)
6/16/2023 — Date

WAC 388-76-10720 Electronic monitoring equipment Audio monitoring and video monitoring.

(2) The home may video monitor and video record activities in the home, without an audio component, only in the following areas:

(a) Entrances and exits if the cameras are:

(ii) Not focused on areas where residents gather;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure video monitoring only took place in entrances/exits and in areas where 6 of 6 Residents (Residents 1, 2, 3, 4, 5, & 6) would not gather. This failure resulted in privacy violations for Residents 1, 2, 3, 4, 5, & 6.

Findings included...

Record review of the Department's Facility Management System, on 05/09/2023, showed that the AFH was licensed on 04/05/2019 to provide care and services for 6 residents.
Observation, on 05/09/2023 at 11:15 AM, showed that four cameras were mounted on the ceiling inside the AFH pointed toward where Residents 1, 2, 3, 4, 5, & 6 gather.

Two cameras were mounted on the ceiling in the entry way of the AFH. One of those cameras was pointed at the front door and one camera was pointed toward the living room where residents gathered. One camera was mounted on the ceiling in front of the television in the living room pointed toward the living room, dining table and kitchen where residents gathered. One camera was mounted on the ceiling in the kitchen next to the cabinets and was pointed toward the kitchen where residents gathered.

During an interview, on 05/09/2023 at 12:46 PM, Staff C (Caregiver) stated that the cameras worked but they did not know who monitored them.

During an interview, on 05/10/2023 at 10:04 AM, Staff A (Resident Manager) stated that the cameras worked, were only in common areas, and had been inside the AFH since it opened. Staff A stated they did not know if the cameras monitored both video and audio. Staff A stated that the cameras were there for the residents' safety.

During an interview, on 05/10/2023 at 10:28 AM, Collateral Contact 2 (CC2) (Resident 1's Representative) stated they did not know cameras were inside the AFH. CC2 stated that they did not consent to the use of cameras inside the AFH.

During an interview, on 05/11/2023 at 08:46 AM, Collateral Contact 4 (CC4) (Resident 3's Representative) stated that they knew about the cameras inside the AFH. CC4 stated that they believed they signed a consent for their use.

In an email sent from Staff A to the Department, dated 05/11/2023 at 03:48PM, Staff A stated that the cameras do not record and do not have audio. Staff A stated that Staff E (AFH Provider) had access to the cameras' live feed. Staff A stated that the AFH had a consent form for the cameras.

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, Comfort Care Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/16/23 .

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

Rachelle Shepherd — Provider (or Representative)

6/16/23 — Date