STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Mill Creek Adult Family Home LLC

Mill Creek Adult Family Home LLC
14512 28th Dr SE
Mill Creek, WA 98012

RE: Mill Creek Adult Family Home LLC License # 754134

Dear Provider:

This letter addresses Compliance Determination(s) 51298 (Completion Date 12/05/2024) and 48447 (Completion Date 10/24/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/05/2024 and found that you have corrected the violations listed in the Complaint report dated 10/24/2024. Your home is back in compliance as of 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 388-76-10225-1-a-i, WAC 388-76-10225-1-a-ii, WAC 388-76-10510-1, WAC 388-76-10510-4, WAC 388-76-10510-6

The Department staff who did the on-site verification:
Spomenka Hodzic, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 754134	Compliance Determination # 48447
Plan of Correction	Mill Creek Adult Family Home LLC	Completion Date
Page 1 of 7	Licensee: Mill Creek Adult Family Home LLC	10/24/2024

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 an unannounced on-site complaint investigation on 10/09/2024 and 10/21/2024 of:

Mill Creek Adult Family Home LLC
14512 28th Dr SE
Mill Creek, WA 98012

This document references the following complaint number(s): 150309, 151100, 151366

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jeffrey McClellan, Long Term Care Surveyor
Spomenka Hodzic, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 enclosed report.

Renee' Bourque
Residential Care Services

10/28/2024
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.

Provider (or Representative) 11/06/2024 Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a report was made to the Department's centralized reporting unit (CRU) about an incident between AFH Staff and a resident for 1 of 6 residents (Resident 1) and report was made about resident-to-resident incident for 2 of 6 residents (Resident 3 and Resident 5). This failure resulted in delayed management and investigation of potential abuse and neglect and placed Residents 1, 2, 3, 4, 5 and 6 risk of potential abuse and decreased quality of life.

Findings included:...

Observation on 10/09/2024 at 10:40 AM showed AFH was providing various care and services for six residents.

<Resident 1>

Review of Resident 1's demographic records showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple medical diagnoses including [redacted].

Record review of AFH incident report dated, 10/07/2024, showed that there was an incident between Resident 1 and Staff B, Co-Provider. The incident report showed Resident 1 called local police at the time of an incident.

Record review of local police case report, dated 10/08/2024, showed local police

enforcement had responded to an incident that occurred between Resident 1 and Staff B due to "verbal domestic" incident in the AFH without any arrests.

In an interview, on 10/09/2024 at 1:27 PM, Resident 1 stated that they called police because they felt verbally abused by Staff B. Resident 1 stated that Staff B grabbed their arm when they tried to call police.

In an interview, on 10/09/2024 at 11:03 AM, Staff B stated that they had a discussion with Resident 1 about financial issues, but they (Staff B) never grabbed Resident 1 by the arm.

In an interview, on 10/09/2024 at 11:31 AM, Staff C, Caregiver, stated that they were present during an incident between Resident 1 and Staff B and that Staff B did not grab Resident 1 by the arm. Staff C stated that it did not happen.

Record review of emergency 911 call on 10/07/2024 showed Resident 1 told the 911 operator that they were bullied by one of the managers at the AFH and that this manager would not leave their room. Resident 1 stated that they needed someone to come and tell the manager to stay out of their room.

In an interview, on 10/09/2024 at 11:03 AM, Staff B stated that they had not reported the incident to CRU, but they had documented the incident (they wrote an incident report).

In an interview, on 10/09/2024 at 12:10 PM, Staff A, Provider, stated that they called CRU on 10/07/2024 at 12:45 PM. Staff A stated that they left the voicemail with CRU about the incident that happened between Resident 1 and Staff B.

Review of Department's Safety Tracking and Reporting System (STARS) on 10/09/24 at 5:00 PM did not show that the AFH made a reporting about the incident between Resident 1 and Staff B.

Additionally, in an email correspondence with Department's CRU unit, dated 10/10/2024 at 7:25 AM, CRU representative wrote that they had no record of a voice message left by Staff A. They also wrote that on 10/07/2024 at 12:45 PM they would have been taking live calls, but if anyone left a voice message, instead of having a live call with CRU representative, they should have had a confirmation number.

In an additional interview, on 10/11/2024 at 11:10 AM, Staff A was asked to provide a confirmation number given to them by CRU after leaving a voice message about the incident. Staff A stated that they did not have confirmation number.

< Resident 3 and Resident 5 >

Review of Resident 3's demographic records showed Resident 3 was admitted to the AFH on [redacted]/2023 with multiple medical diagnoses including [redacted].

Review of Resident 5's demographic records showed Resident 5 was admitted to the AFH on [redacted]/2023 with multiple medical diagnoses including [redacted].

In an interview, on 10/09/2024 at 1:27 PM, Resident 1 stated that Resident 5 told them that Resident 3 slapped them across the face.

In an interview, on 10/09/2024 at 2:26 PM, Resident 5 stated that Resident 3 came one day and slapped them across the face. Resident 5 stated that they could not recall exact time of the incident, but that Staff D, Caregiver, saw it when it happened. Resident 5 stated that they did not take this incident against Resident 3 because they had memory issues.

In an interview, on 10/09/2024 at 2:29 PM, Staff D stated that they had not observed the incident between Resident 5 and Resident 3, but that Resident 5 told them about it. Staff D stated that they reported the incident to Staff A and that the incident had happened approximately around July 2024.

In an interview, on 10/09/2024 at 2:50 PM, Staff A stated that they did not have written incident record for an incident between Resident 5 and Resident 3 because "it never happened" and this was also a reason that they did not report it to Department's CRU.

Review of Department's Safety Tracking and Reporting System (STARS) on 10/10/24 at 8:00 AM did not show that the AFH made a reporting about the incident between Resident 5 and Resident 3.

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, Mill Creek Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 12/04/2024

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

Provider (or Representative) [signature] Date 11/06/24

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

(1) Receives appropriate necessary services, as identified in the assessment and negotiated care plan;

(4) Has the opportunity to exercise control over life decisions, such as making the resident's own choices about daily life, participation in services or activities, care, and privacy;

(6) Is cared for in a manner that enhances or maintains the resident's quality of life;

This requirement was not met as evidenced by:

Based on observations, interviews and record review Adult Family Home (AFH) failed to ensure that 6 of 6 residents (Resident 1, 2,3,4, 5, and 6) received appropriate and necessary services identified on their negotiated care plans (NCP) with their nutritional preferences and needs by providing sufficient food supplies, including fresh fruits and vegetables. This failure placed Resident 1, 2,3, 4, 5, and 6 at risk for nutritional deficiency and poor quality of life.

Findings included...

Observation on 10/09/2024 at 10:40 AM showed AFH was providing various care and services for six residents.

Observation, on 10/09/2024 at 11:50 AM, showed that Residents 1, 2,3, 4, 5, and 6 were served only a sandwich for lunch. Some residents had glass of milk, and some had a glass of water.

Observation, on 10/09/2024 at 12:00 PM and 1:00 PM, showed the AFH did not have a supply of fresh fruit and vegetables available for the residents.

Observation also showed that food supplies were insufficient for six residents in the home.

Review of the AFH's "Weekly Menu" showed the AFH would be serving fresh fruits and vegetables.

Review of Resident 1's demographic records showed Resident 1 was admitted to the AFH on [redacted]/2024 with multiple medical diagnoses including [redacted].

Review of Resident 1's negotiated care plan (NCP), dated 02/04/2024, showed that Resident 1 would be provided with at least three servings of fruit and vegetables daily.

In an interview, on 10/09/2024 at 1:27 PM, Resident 1 stated that the AFH was not serving fresh fruits and vegetables per their menu. Resident 1 stated that sometimes it would be days before they had any fruits and vegetables. They also stated that they spoke to the AFH Providers on multiple occasions about not having fruits and vegetable on regular basis. They stated after these conversations with them they would have fresh fruits and vegetables for about two weeks and then provisions of fresh fruit and vegetables would stop again. They stated that the AFH was mostly serving frozen meals.

In an interview, on 10/09/2024 at 2:29 PM, Staff D, Caregiver, stated that they would have to tell Staff A, Provider, that they needed fruits and vegetables for residents and then supplies would be provided. Staff D stated that that AFH was serving frozen dinners for residents three to four times a week.

In an interview, on 10/09/2024 at 12:10 PM, Staff A stated that fresh fruits and vegetables and extra food supplies for the residents were in their car and in the next-door residence because the garage was undergoing renovation.

Observation, on 10/09/2024 from 10:40 AM to 2:50 PM, showed the AFH kitchen and pantry area of the kitchen did not undergo renovation (painting).

Observation also showed that the AFH had a freezer in the garage and kept frozen meals in that freezer.

In an interview, on 10/09/2024 at 12:10 PM, Staff A stated that the clam chowder was not served to the residents during the lunch time as indicated on their menu because residents did not like clam chowder.

Observation, on 10/09/2024 at 11:50 AM, showed that the AFH did not serve an alternative soup that residents might enjoy with their sandwich.

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, Mill Creek Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 12/04/24

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

Provider (or Representative)

11/06/24
Date