STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Francis A Soriano
Lady and Sons Adult Family Home
11822 SE 223rd Drive
Kent , WA 98031

RE: Lady and Sons Adult Family Home License # 754240

Dear Provider:

This letter addresses Compliance Determination(s) 49145 (Completion Date 10/22/2024) and 46616 (Completion Date 10/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/22/2024 and found that you have corrected the violations listed in the Full report dated 10/07/2024. Your home is back in compliance as of 10/07/2024 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 388-76-10285-2, WAC 388-76-10161-2-b, WAC 388-76-10230-3

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 754240	Compliance Determination # 45615
Plan of Correction	Lady and Sons Adult Family Home	Completion Date
Page 1 of 5	Licensee: Francis A Soriano	10/07/2024

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 09/03/2024 and 09/03/2024 of:
Lady and Sons Adult Family Home
11822 SE 223rd Drive
Kent , WA 98031

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

The department staff that inspected the Adult Family Home:

Lyra Ouano, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

10.07.2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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Lady and Sons Adult Family Home
11822 SE 223rd Drive
Kent , WA 98031

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

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From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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) Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to ensure 1 of 2 staff (Staff B, Caregiver) had tuberculosis (TB) testing as required. This placed all residents at risk of possible exposure to communicable disease.

Findings included…

On 09/03/2024 review of Staff B's record, showed a hire date of 03/30/2024. The record showed Staff B had TB skin test done on 03/30/2024 and was read negative on 04/02/2024. There was no record of a second TB skin test done one to three weeks after this test. There was no other TB test record found for Staff B.

On 09/03/2024 at 2:30 PM interview, Staff B said that they did not have another TB skin test done after the negative reading on 04/02/2024. Staff B said that they were not aware they needed a second TB skin test.

On 09/03/2024 at 5:25 PM exit interview, Staff A, Provider, said that they would send Staff B for another two-step TB skin testing as soon as possible.

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, Lady and Sons Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 2 of 2 staff (Staff A, Provider and Staff B, Caregiver) hired after January 1, 2012, had the required national fingerprint-based background check (BGC). This placed all residents at risk of harm from caregivers with an unknown national criminal history.

Findings included...

On 09/03/2024 at 12:00 PM interview, Staff A said that they worked full-time shifts at the home beginning September 2019 when the home was licensed. Staff A said that Staff B also worked full-time at the home beginning March 2024.

On 09/03/2024, review of Staff A's record showed they had been the provider of the home since 09/25/2019 and an "IdentoGo" (a written record showing when the fingerprinting date was done) dated 07/31/2019. Review of Staff B's orientation to the home record showed a hire date of 03/30/2024 and an "IdentoGo" dated 03/08/2024. There was no record of a final national fingerprint-based BGC result found for Staff A and Staff B.

In an interview on 09/03/2024 at 4:25 PM, Staff A said that they thought the "IdentoGo" receipt was their proof they completed the fingerprint. Staff A said that they would reach out to the BGC unit to print the result and send it to the department.

As of 10/04/2024, the department had not received Staff A and Staff B's fingerprint-based BGC result.

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, Lady and Sons Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 3 of 3 dogs (Dog 1, Dog 2, and Dog 3) living in the home had up-to-date rabies vaccinations record. This placed all residents at risk of possible disease exposure.

Findings included...

During the environmental tour on 09/03/2024 at 11:50 AM, barking of dogs were heard inside a room by the covered patio.

In an interview on 09/03/2024 at 12:37 PM, Staff A, Provider, said that there were three dogs living in a locked room to the right of the main door by the patio. Staff A said that two of the dogs (Dog 1 and Dog 2) came from their parent's home and one (Dog 3) was from their other home.

On 09/03/2024 administrative files review showed Dog 1 and Dog 2 rabies vaccination record had expired on 04/20/2024 and there was no rabies vaccination record available to review for Dog 3.

On 09/03/2024 at 5:25 PM interview, Staff A said that they would ask their parent to bring in the two dogs' current rabies vaccination record. Staff A said that they would search for the other dog's vaccination record in their other home and send to the department.

As of 10/04/2024, the department had not received the three dogs' current rabies vaccination record.

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, Lady and Sons Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

10/07/2024

Francis A Soriano
Lady and Sons Adult Family Home
11822 SE 223rd Drive
Kent , WA 98031

RE: Lady and Sons Adult Family Home # 754240

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/07/2024 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

(iii) A logged call requesting written verification of the change; and

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

The Adult Family Home (AFH) failed to keep Resident 3's Medication Administration Record (MAR) current, when the dosage of Amlodipine (a medication to lower blood pressure) 10 milligrams (mg) was decreased to five mg on 07/03/2024. The AFH failed to request for a written verification of discontinuance of Amlodipine 10 mg. The AFH followed the new physician's order, by giving Amlodipine 5 mg daily to Resident 3 since it was ordered, and the new supply from pharmacy arrived.

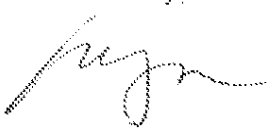
You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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)234-6033.

Sincerely,



Kent, WA 98032

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• 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)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 IDR**s 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