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

Bonney Lake Adult Family Home LLC

Bonney Lake Adult Family Home LLC
8407 184th Ave E
Bonney Lake, WA 98391

RE: Bonney Lake Adult Family Home LLC License # 754277

Dear Provider:

This letter addresses Compliance Determination(s) 35411 (Completion Date 01/18/2024) and 33029 (Completion Date 11/29/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/18/2024 and found that you have corrected the violations listed in the Full report dated 11/29/2023. Your home is back in compliance as of 12/07/2023 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 388-76-10505

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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

Sincerely,

Lisa Cramer, 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 #: 754277	Compliance Determination # 33029
Plan of Correction	Bonney Lake Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Bonney Lake Adult Family Home LLC	11/29/2023

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 the unannounced on-site full inspection on 11/20/2023 and 11/27/2023 of:
Bonney Lake Adult Family Home LLC
8407 184th Ave E
Bonney Lake, WA 98391

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

The department staff that inspected the Adult Family Home:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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 — 11/30/2023 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.

Statement of Deficiencies	License #: 754277	Compliance Determination # 33029
Plan of Correction	Bonney Lake Adult Family Home LLC	Completion Date
Page 2 of 3	Licensee: Bonney Lake Adult Family Home LLC	11/29/2023

Provider (or Representative)

12/04/2023
Date

WAC 388-76-10505 Specialty care Admitting and retaining residents. The adult family home must not admit or keep a resident with specialty care needs, such as developmental disability, mental illness, or dementia as defined in WAC 388-76-10000 , if the provider, entity representative, resident manager and staff have not completed the specialty care training required by chapter 388-112A WAC.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure 1 of 5 AFH staff (Resident Manager) had the required developmental disabilities specialty training. This failure placed 1 of 6 residents (Resident 3) with developmental disabilities at risk of being cared for by an unqualified staff member.

Findings included...

On 11/20/2023, record review, showed Resident 3 (R3) had a diagnosis of [redacted] Record review showed the RM did not complete the development disability specialty training.

On 11/20/2023, in a phone interview at 1:30 pm with the Provider who was out of town, when asked if the RM completed the development disability specialty training, the Provider stated they would look for the documentation when they returned.

On 11/29/2023 at 11:54 am, the Department left a voicemail with the Provider about the RM's development disability specialty training. The Department sent an email to the Provider on this topic, too.

On 11/29/2023 at 4:05 pm, the RM replied in an email they were under the impression the RM did not require the development disability specialty training.

Attestation Statement

Statement of Deficiencies	License #: 754277	Compliance Determination # 33029
Plan of Correction	Bonney Lake Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Bonney Lake Adult Family Home LLC	11/29/2023

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, Bonney Lake Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 12/7/2023

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

Provider (or Representative) Date 12/7/2023

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

Bonney Lake Adult Family Home LLC
Bonney Lake Adult Family Home LLC
8407 184th Ave E
Bonney Lake, WA 98391

RE: Bonney Lake Adult Family Home LLC # 754277

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/29/2023 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

On 11/20/2023, record review showed Resident 4 (R4) did not have documentation the Resident or Representative had reviewed and signed the risks and benefits of using [redacted] (a medical device with known safety risks). The Provider was out of the area at the time of inspection. On 11/27/2023, record review showed the Provider submitted a form signed and dated on 11/25/2023 showing the risks and benefits were reviewed by R4. Record review showed all other documentation required for the use of [redacted] were in place.

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(8) Have completed at least one thousand hours of successful direct care experience in the previous sixty months obtained after age eighteen to vulnerable adults in a licensed or contracted setting before operating or managing a home. Individuals holding one of the following professional licenses are exempt from this requirement:

On 11/27/2023, record review showed the Resident Manager (RM) did not have documentation of the Caregiver Experience Attestation that was required of the position. The Provider stated they could not find the original form from 2022, and submitted a new one by the end of inspection. All other documentation required to be an RM was in the employee's file.

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, 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

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