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

Seaview Caring Adult Family Home LLC

Seaview Caring Adult Family Home LLC
8606 196TH ST SW
EDMONDS, WA 98026

RE: Seaview Caring Adult Family Home LLC License # 754341

Dear Provider:

This letter addresses Compliance Determination(s) 43915 (Completion Date 07/10/2024) and 41662 (Completion Date 05/30/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/10/2024 and found that you have corrected the violations listed in the Full report dated 05/30/2024. Your home is back in compliance as of 07/08/2024 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 388-76-10198-3, WAC 388-76-10750-1

The Department staff who did the on-site verification:
Hang Lu, Licensor

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 #: 754341	Compliance Determination # 41662
Plan of Correction	Seaview Caring Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Seaview Caring Adult Family Home LLC	05/30/2024

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 05/21/2024 and 05/21/2024 of:

Seaview Caring Adult Family Home LLC
8606 196TH ST SW
EDMONDS, WA 98026

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licensor

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 cited deficiencies in the enclosed report.

Renee' Bourgue
Residential Care Services

06/03/2024
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)

6/10/2024
Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(3) Tuberculosis testing results.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the personnel records for 1 of 3 staff (Staff B) was readily accessible for review. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of being cared for by staff who may not have met the qualification requirements.

Findings included...

Review of Staff B's record showed the AFH hired Staff B, Resident Manager, on 01/06/2020. Record review showed Staff B had a negative chest X-ray, dated 02/13/2019. Record review showed Staff B did not have documentation of a positive Tuberculosis (TB) skin test or blood test prior to the chest X-ray on 02/13/2019. Record review showed Staff B did not have documentation of any TB screening within three days of hire.

In an interview, on 05/21/2024 at 2:15 PM, Staff A, Entity Representative, stated that they would look for Staff B's additional TB documents to show Department Staff.

Observation, on 05/21/2024 at 4:45 PM, Staff A was not able to find Staff B's other TB screening documents for review

Review of an email correspondence, dated 05/23/2024, showed Staff A reporting that they had lost Staff B's TB documents from their file. Staff A stated that they would obtain copies of the missing documents when Staff B got back (from out of town).

Attestation Statement

Provider (or Representative) Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(3) Tuberculosis testing results.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the personnel records for 1 of 3 staff (Staff B) was readily accessible for review. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk of being cared for by staff who may not have met the qualification requirements.

Findings included...

Review of Staff B's record showed the AFH hired Staff B, Resident Manager, on 01/06/2020. Record review showed Staff B had a negative chest X-ray, dated 02/13/2019. Record review showed Staff B did not have documentation of a positive Tuberculosis (TB) skin test or blood test prior to the chest X-ray on 02/13/2019. Record review showed Staff B did not have documentation of any TB screening within three days of hire.

In an interview, on 05/21/2024 at 2:15 PM, Staff A, Entity Representative, stated that they would look for Staff B's additional TB documents to show Department Staff.

Observation, on 05/21/2024 at 4:45 PM, Staff A was not able to find Staff B's other TB screening documents for review.

Review of an email correspondence, dated 05/23/2024, showed Staff A reporting that they had lost Staff B's TB documents from their file. Staff A stated that they would obtain copies of the missing documents when Staff B got back (from out of town).

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, Seaview Caring Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 5/28/2024.

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

Provider (or Representative) 6/10/2024 Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain the environment in good repair. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk for a diminished quality of life.

Findings included...

Observation and interview, on 05/21/2024 at 3:30 PM, showed heavy scuff marks on the walls in the hallways. There were also scuff marks on the doors and door frames of the bedrooms (occupied by Resident 2, Resident 3, and Resident 6). Staff A, Entity Representative, stated that the scuff marks were caused by the wheelchairs. Staff A stated that they would hire someone to install panels on the lower parts of the walls and doors in the home to protect them from the wheelchairs.

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, Seaview Caring Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 7/8/2024.

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

Provider (or Representative) 6/10/2024 Date

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, Seaview Caring Adult Family Home LLC 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 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain the environment in good repair. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) at risk for a diminished quality of life.

Findings included...

Observation and interview, on 05/21/2024 at 3:30 PM, showed heavy scuff marks on the walls in the hallways. There were also scuff marks on the doors and door frames of the bedrooms (occupied by Resident 2, Resident 3, and Resident 6). Staff A, Entity Representative, stated that the scuff marks were caused by the wheelchairs. Staff A stated that they would hire someone to install panels on the lower parts of the walls and doors in the home to protect them from the wheelchairs.

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, Seaview Caring Adult Family Home LLC 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
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

06/03/2024

Seaview Caring Adult Family Home LLC
Seaview Caring Adult Family Home LLC
8606 196TH ST SW
EDMONDS, WA 98026

RE: Seaview Caring Adult Family Home LLC # 754341

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/30/2024 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The Adult Family Home did not have current, signed, and dated, Personal Belongings Inventory (PBI) forms for 4 of 6 residents (Residents 1, 3, 4, and 5). Staff A, Entity Representative, sent copies of the residents' updated, signed, and dated PBI forms to the Department the next day.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home did not have copies of signed and dated Disclosure of Charges (DOC) forms on file for 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6). Staff A, Entity Representative, send copies of signed DOC forms to the Department the next day.

WAC 388-76-10250 Medical emergencies Contacting emergency medical services Required.

(3) The home must inform the resident of the requirements in this section.

The Adult Family Home did not have evidence of informing 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) of the home's policy for contacting Emergency Medical Services (EMS). Staff A sent copies of signed and dated EMS policies to the Department the next day.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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