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

Lake Hills Living LLC

Lake Hills Living LLC
136 164th Ave NE
Bellevue, WA 98008

RE: Lake Hills Living LLC License # 754429

Dear Provider:

This letter addresses Compliance Determination(s) 49655 (Completion Date 10/31/2024) and 45845 (Completion Date 09/17/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/31/2024 and found that you have corrected the violations listed in the Full report dated 09/17/2024. 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 388-76-10290, WAC 388-76-10290-1, WAC 388-76-10290-2, WAC 388-76-10290-3, WAC 388-76-10530-2

The Department staff who did the off-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Field Manager
Region 2, Unit K
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 08/21/2024 and 08/21/2024 of:

Lake Hills Living LLC
136 164th Ave NE
Bellevue, WA 98008

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:

Jimmie Jordan, NCI
Nicholette Flynn, AFH Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
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' Bourque
Residential Care Services

10/14/2024
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.

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Provider (or Representative) Date

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(1) Ensure that the person has a chest X-ray within seven days;

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

(3) Follow the recommendation of the person's health care provider.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 5 staff (Staff E (Caregiver)) received a chest X-ray within seven days of a positive tuberculosis (TB) test, was evaluated for signs and symptoms of TB, and received recommendations from their health care provider. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk of contracting a communicable disease.

Findings included...

Record review of the AFH personnel files showed Staff E, Caregiver, was hired 08/11/2022. Staff E had a TB test read on 08/15/2022 showing results of 5 millimeters. No record of Staff E receiving a 2nd TB test within 1-3 weeks following the first TB test. Staff E had an additional TB test read on 08/04/2023 showing positive results of 10 millimeters. The AFH had no record of a chest x-ray being performed on Staff E, no records of Staff E being evaluated for signs and symptoms of TB, and no recommendations from Staff E's health care provider.

During an interview, on 08/21/2024 at 4:40 PM, Staff A, Provider, stated that they didn't review Staff E's TB test results close enough to send them for a chest x-ray.

IDR has been sent in on September 30th

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, Lake Hills Living 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.

This document was prepared by Residential Care Services for the Locator website.

Provider (or Representative) 10/18/2024 Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the resident representative for 1 of 2 sampled residents (Resident 1) had signed and dated the Notice of Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 1 and their representative at risk of not being aware of the rules of the home, resident rights, the care, and services available in the home, and the charges associated with the care services.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2021 with multiple disabling diagnoses. Resident 1's Admission Agreement was signed and dated by their representative on 12/15/2021.

During an interview on 08/21/2024 at 1:45 PM, Staff A, Co-Provider stated that they do not have any other signed Notice of Services for Resident 1.

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, Lake Hills Living LLC is or will be in compliance with this law and / or regulation on (Date) 10/07/2024 .

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

Provider (or Representative) 10/18/2024 Date

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

AMENDED
10/14/2024

Lake Hills Living LLC
Lake Hills Living LLC
136 164th Ave NE
Bellevue, WA 98008

RE: Lake Hills Living LLC # 754429

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/17/2024 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 K
20311 52nd Ave W, Suite 100

This document was prepared by Residential Care Services for the Locator website.

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 388-76-10805 Automatic smoke alarms.

(1) The adult family home must ensure approved automatic smoke alarms are installed and maintained according to manufacturer instructions;

The Adult Family Home (AFH) failed to ensure the smoke detectors for 1 of 6 resident bedrooms (Bedroom A) and in the hallway outside of Bedroom E had a battery properly installed. This failure placed the Resident 1, 2, 3, 4, 5 and 6 at risk for potential harm related to the smoke alarm not being properly installed. Staff A, Provider, replaced the batteries. This deficiency was corrected on-site at the time of the visit.

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 K
Residential Care Services

Enclosure

Plan

This document was prepared by Residential Care Services for the Locator website.

(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 K
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

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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 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

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