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

Edmonds Light AFH LLC

Edmonds Light AFH LLC
8121 234th St SW
Edmonds, WA 98026

RE: Edmonds Light AFH LLC License # 754620

Dear Provider:

This letter addresses Compliance Determination(s) 39847 (Completion Date 04/16/2024) and 35966 (Completion Date 03/11/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/16/2024 and found that you have corrected the violations listed in the Full report dated 03/11/2024. Your home is back in compliance as of 03/25/2024 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 388-76-10530-2, WAC 388-76-10530, WAC 388-76-10530-1, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10380-4, WAC 388-76-10810-2-b

The Department staff who did the on-site verification:
Twyla Robinson, AFH 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 #: 754620	Compliance Determination # 35966
Plan of Correction	Edmonds Light AFH LLC	Completion Date
Page 1 of 5	Licensee: Edmonds Light AFH LLC	03/11/2024

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 02/27/2024 and 02/28/2024 of:

Edmonds Light AFH LLC
8121 234th St SW
Edmonds, WA 98026

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Twyla Robinson, AFH 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' Bourque
Residential Care Services

03/14/2024
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.

Provider (or Representative)

03/25/2024.
Date

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

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(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 a written Notice of Services was provided to 1 of 4 sampled residents (Resident 2) every 24 months. This failure placed Resident 2 at risk of being unaware of house rules, services, and costs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]2021. Resident 2's Notices of Services was last signed and dated on 10/24/2021.

In interview, on 02/27/2024 at 1:13 p.m., when asked the about the timeframe to renew the Notice of Services, Staff A (Provider) stated every two years.

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, Edmonds Light AFH LLC is or will be in compliance with this law and / or regulation on (Date) 03/25/24 .

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

Provider (or Representative) — Date: 03/25/24.

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a documented review and update of the Negotiated Care Plan (NCP) for 2 of 4 sampled residents (Resident 2 and 3) at least every 12 months. This failure placed Resident 2 and 3 at risk for unmet care needs.

Findings included...

Record review showed that the AFH admitted Resident 2 on [redacted] 2021 with a diagnosis of [redacted] and [redacted].

Record review of Resident 2's NCP indicated that the AFH would provide medication management and some activities of daily living. Resident 2's NCP was last signed and dated on 06/15/2022.

Resident record review showed the AFH admitted Resident 3 on [redacted] 2020 with a diagnosis of [redacted].

Record review of Resident 3's NCP indicated that the AFH would provide medication

management and some activities of daily living. Resident 3's NCP was last signed and dated on 08/01/2022.

In interview, on 02/27/2024 at 1:10 p.m., when asked how often the NCP should be reviewed and revised, Staff A (Provider) stated "As needed and [for] significant changes. If not, I do it a year or two."

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, Edmonds Light AFH LLC is or will be in compliance with this law and / or regulation on (Date) 03/25/2024.

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

Provider (or Representative) — Date: 03/25/24.

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have a fire extinguisher inspected annually. This failure placed 4 of 4 residents (Resident 1, 2, 3, and 4) at risk of injury in case of a fire.

Findings included...

Observation, on 02/27/2024 at 9:52 a.m., showed 4 residents resided in the AFH.

Observation, on 02/27/2024 at 11:49 a.m., during the environmental tour, showed the fire extinguisher was last inspected and dated in January 2023.

In an interview, on 02/27/2024 at 11:52 a.m., when asked how often the fire extinguisher should be inspected, Staff A (Provider) stated "yearly," and that they misread the due date.

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, Edmonds Light AFH LLC is or will be in compliance with this law and / or regulation on (Date) 04/28/24 .

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

Provider (or Representative)

03/25/24.

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

03/14/2024

Edmonds Light AFH LLC
Edmonds Light AFH LLC
8121 234th St SW
Edmonds, WA 98026

RE: Edmonds Light AFH LLC # 754620

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/11/2024 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 388-76-10532 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:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

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

The Adult Family Home failed to ensure the Department of Social and Health Services' Adult Family Home Disclosure of Charges form was signed and dated by two of the residents. This failure placed the residents at risk of violating their right to know what the facility charged for care and services.

WAC 388-76-10730 Grab bars and hand rails.

(3) Homes licensed after November 1, 2016, must install handrails on each side of the following:

(a) Step or steps; and

(b) Ramps used by residents.

The Adult Family Home failed to install handrails for steps on the backyard deck. This failure may place ambulatory residents at risk of injury and may impact quality of life.

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

The Adult Family Home (AFH) failed to ensure that name and date of birth background checks were completed within one business day of employment for two former staff. This failure placed residents at risk of exposure to staff with unknown backgrounds.

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

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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