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

Cedar Grove Adult Family Home LLC
Cedar Grove Adult Family Home LLC
914 205th Pl SE
Bothell, WA 98012

RE: Cedar Grove Adult Family Home LLC # 754714

Dear Provider:

This document references Compliance Determination 37544 (03/07/2024), which included complaint number(s) 120103.

The Department completed a complaint investigation of your Adult Family Home on 03/07/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Theresia Karundeng, NCI

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

(3) The provider must promote the health, safety, and well-being of each resident residing

in each licensed adult family home.

The Adult Family Home (AFH) failed to have a medical test site waver license for performing COVID-19 test (Infectious respiratory disease) on 5 out of 5 residents (Resident 1, 2, 3, 4 and 5) at the AFH. This failure placed residents living in the AFH at risk of infection, illnesses, and unmet care needs. The AFH plans to apply for the medical test site waiver license.

WAC 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(4) At least every twelve months.

The Adult Family Home (AFH) failed to review and update the assessment for 1 out of 3 residents (Resident 1) at least every 12 months. This failure placed Resident 1 at risk for unmet care needs. On 03/07/2024 the provider stated that the Registered Nurse Assessor had completed the assessment for Resident 1.

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.

The Adult Family Home (AFH) failed to review and update the negotiated care plan for 1 out of 3 residents (Resident 1) at least every 12 months. This failure placed Resident 1 at risk for unmet care needs. On 03/07/2024 the provider stated that Resident 1's negotiated care plan has been updated and reviewed.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Cedar Grove Adult Family Home LLC
Provider Type: Adult Family Home
License/Cert.#: 754714
Intake ID: 120103
Compliance Determination #: 37544
Region/Unit #: RCS Region 2 / Unit I
Investigator: Theresia Karundeng
Investigation Date(s): 02/29/2024 through 03/07/2024
Complainant Contact Date(s):

Allegation(s):

1. Reporter states that the named resident (NR) tested [redacted] with COVID-19 (an infectious respiratory disease) at the hospital and passed away.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 2 Closed records sample size: 1
Observations:	Residents Activities Resident rooms Staff to resident interactions
Interviews:	Nursing staff Residents Family members
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Personnel files

Investigation Summary:

1.Interview and record review showed that the Adult Family Home (AFH) identified NR's symptoms, treated as ordered, notified collateral contacts, tested for COVID-19, and sent NR to the hospital when there was a decline in symptoms. The AFH followed their protocol after being aware NR tested [redacted] for COVID. The AFH immediately tested all residents and staff for COVID-19 and notified appropriate authorities. The provider stated that they disinfected the affected room. Observation showed that home environment was clean, there was sufficient PPE supplies and COVID-19 testing kits. Infection control policies and personnel records were reviewed with no issues. Interview with sampled resident and collateral contact showed that residents were well taken care of at the home and had no care concerns. Provider stated that they did not have a medical test site waiver and planned to apply for one. Review of records showed

that sampled resident negotiated care plan and assessment was not up to date at time of visit. Provider stated that the negotiated care plan and assessment had been completed and was up to date as of 03/07/2024. Please see consult dated 03/14/2024.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A