STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Abundant Hills Afh LLC

Abundant Hills AFH LLC
9827 124TH AVE SE
RENTON, WA 98056

RE: Abundant Hills AFH LLC License # 754719

Dear Provider:

This letter addresses Compliance Determination(s) 51709 (Completion Date 12/11/2024) and 49076 (Completion Date 10/29/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/11/2024 and found that you have corrected the violations listed in the Full report dated 10/29/2024. Your home is back in compliance as of 11/09/2024 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 388-76-10380-4, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-e, WAC 388-76-10530-2, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10355-7-a, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10805-3, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E

Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 10/21/2024 and 10/21/2024 of:

Abundant Hills AFH LLC
9827 124TH AVE SE
RENTON, WA 98056

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

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) Date

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 observation, interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 2 of 2 sampled residents (Residents 1 and 2) at least every twelve months. This failure placed Residents 1 and 2 at risk for unmet care needs.

Findings included…

During an unannounced visit on 10/21/2024 between 9:59 AM to 6:10 PM, observation showed Staff A, Entity Representative, and Staff C, Caregiver, interacted with and provided care to Residents 1 and 2.

RESIDENT 1

Review of Resident 1's records included an NCP that was signed and dated by the AFH and Resident 1's Representative, on 07/27/2023. Further record review showed no 2024 NCP (86 days overdue) in the resident's file.

In an interview on 10/21/2024 at 5:38 PM, Staff A stated that Resident 1's NCP was not done because they missed it.

RESIDENT 2

Review of Resident 2's records included an NCP that was last signed and dated by the AFH on 08/19/2022 and Resident 2's representative on 07/10/2021. Further record review showed there were no 2023 and 2024 NCP (429 days overdue) in the resident's file.

In an interview on 10/21/2024 at 5:41 PM, Staff A stated that Resident 2's NCP was not reviewed and signed timely because they forgot to ask Resident 2's representative when they visited.

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, Abundant Hills AFH 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 388-76-10530 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;

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

(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 observation, interview, and record review, the Adult Family Home (AFH) failed to provide and ensure 1 of 2 sampled residents (Resident 2) signed and dated the written notice of the house rules, resident rights, services, and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Resident 2 and/or their representative at risk of being unaware of the current house rules, resident's rights, services, and costs.

Findings included…

During an unannounced visit on 10/21/2024 between 9:59 AM to 6:10 PM, observation showed Staff A, Entity Representative, and Staff C, Caregiver, interacted with and provided care to Resident 2.

Review of records showed the AFH admitted Resident 2 on [redacted]/2020. Further record review showed Resident 2 and/or its representative and the AFH last reviewed and signed the notice of services on 11/21/2020 (700 days overdue).

In an interview on 10/21/2024 at 5:49 PM, Staff A stated that they did not know that the notice of services had to be reviewed and signed every twenty-four months.

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, Abundant Hills AFH 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 388-76-10320 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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a current personal belongings inventory (PBI) filled out for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk of personal belongings being lost and not being accounted for.

Findings included…

During an unannounced visit on 10/21/2024 between 9:59 AM to 6:10 PM, observation showed Resident 2 in the home.

Record review showed, the AFH admitted Resident 2 on [redacted]/2020. The resident's records included a PBI that was blank, and no item was written on it.

In an interview on 10/21/2024 at 5:54 PM, Staff A, Entity Representative, stated that Resident 2 had a PBI filled out by the previous owner of the AFH but could not find it.

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, Abundant Hills AFH 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 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not ensure 1 of 2 sampled residents (Resident 2) Negotiated Care Plan (NCP) included care directives about Resident 2's seizure (a burst of uncontrolled electrical activity between brain cells that causes temporary abnormalities in muscle tone or movements, behaviors, sensations or state of awareness). This failure placed the resident at risk of not receiving proper care and services if the resident experienced seizure attack.

Findings included…

During an unannounced visit on 10/21/2024 between 9:59 AM to 6:10 PM, observation showed Staff A, Entity Representative, and Staff C, Caregiver, interacted with and provided care to Resident 2.

Record review of Resident 2's assessment, dated 09/06/2022, 09/25/2023 and 09/12/2024, included but not limited to a diagnosis of [redacted].

Record review of Resident 2's NCP dated 08/19/2022 (the Resident did not have a 2023 and 2024 NCP) did not include staff directives on what to do if Resident 2 had a seizure attack.

In an interview on 10/21/2024 at 5:59 PM, Staff A stated that they already discussed with staff on what to do if the resident had seizures. Staff A further stated that the seizure care directives were not in the NCP because Resident 2 did not start taking a seizure medication until 2023.

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, Abundant Hills AFH 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 388-76-10650 Medical devices.

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

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the use of medical devices ([redacted] and wheelchair [redacted]) were assessed,

included in Negotiated Care Plan (NCP) and information about safety risks associated with their use was provided for 1 of 1 resident (Resident 1) that used the devices. These failures placed the resident at risk for injury or death due to entrapment and inadequate monitoring of the medical devices.

Findings included…

WHEELCHAIR [redacted]

During an unannounced visit on 10/21/2024 between 9:59 AM to 6:10 PM, observation showed Resident 1 sat on a wheelchair that had a [redacted] connected, fastened and wrapped around their abdominal area. Staff C, Caregiver, was observed fastening (connecting the two ends together) the [redacted] and unfastening it when Resident had to used the toilet and ambulated around the house with Staff.

In an interview on 10/21/2024 at 11:27 AM, Staff C stated that they had to fastened and unfastened the [redacted] and had not seen Resident 1 unfastened it on their own.

In an interview on 10/31/2024 at 5:27 PM, Staff A, Entity Representative, stated that they kept the [redacted] fastened around Resident 1's abdomen when the resident was on the wheelchair to prevent them from falling. Staff A stated that Resident 1's representative brought in and set-up the wheelchair with the [redacted] when they arrived upon admission to the home. The resident's doctor and Physical Therapist were aware that the resident was using a [redacted] when on the wheelchair.

Review of Resident 1's records showed no doctor's order or assessment for the used of the wheelchair [redacted]. Further record review showed the AFH did not have a risk and benefits about the used of the device that was provided to Resident 1's representative. There was no NCP on how the resident would use the device and /or caregiver directives on how and when to use it to ensure resident's safety.

In an interview on 10/21/2024 at 5:32 PM, Staff A stated that there was no assessment on the used of the above medical device. Staff A stated that they were not aware they had to provide risk and benefits to the representative. Staff A further stated that the resident's used of the [redacted] while on the wheelchair was not in the NCP because they missed it.

[redacted]

During a guided residents bedroom tour with Staff A on 10/21/2024 at 2:01 PM, observation showed Resident 1's bed had [redacted] on one side of the bed.

Review of Resident 1's records showed a risk and benefits for the used of the [redacted]

was signed by the AFH and representative on 5/31/2024. However, there was no assessment found and no NCP on how the resident would use the device and /or caregiver directives on how and when to use it.

In an interview on 10/21/2024 at 5:27 PM, Staff A stated that it was the resident's representative who set-up the [redacted] and there was no doctor's order or assessment for Resident 1's [redacted] used.

In an interview on 10/21/2024 at 5:34 PM, Staff A stated that they missed to include the [redacted] in Resident 1's NCP.

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, Abundant Hills AFH 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 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure smoke alarms were in good working order and interconnected. This failure placed 4 of 4 current residents (Residents 1, 2, 3, and 4) at risk of harm in the event of a fire.

Findings included…

During unannounced visit to the AFH on 10/21/2024 between 9:59 AM to 6:10 PM, observation showed Residents 1, 2, 3, and 4 were in the home.

During an environmental tour on 10/21/2024 at 1:56 PM with Staff A, Entity

Representative, observation showed the smoke alarm in the dining area did not activate the rest of the smoke alarms in the AFH when pressed and activated by Staff A. Further observation on 10/21/2024 at 2:06 PM, showed the smoke alarm by the hallway next to the residents' bedrooms did not sound when pressed by Staff A. Staff A was unable to figure out why the smoke alarm did not activate and asked Staff B, Co-Provider, to purchase a new one.

In an interview on 10/21/2024 at 1:56 PM, Staff A stated that they were not aware of the smoke alarms requirement to be interconnected.

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, Abundant Hills AFH 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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

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 3 sampled staff (Staff A, Entity Representative) had Tuberculosis (TB- an infectious bacterial disease that affects the lungs) skin testing within 3 days of hire. This failure placed four current residents at risk of exposure to a communicable disease.

Findings included…

During unannounced visit to the AFH on 10/21/2024 between 9:59 AM to 6:10 PM, observation showed Staff A, Entity Representative, interacted with Residents 1, 2, 3, and 4.

Review of the Department records showed Staff A was granted an AFH license to operate on 10/26/2020.

Review of personnel records, on 10/21/2024 at 3:40 PM, showed Staff A had no TB records on file.

In an interview, on 10/21/2024 at 6:06 PM, Staff A stated that they had a TB test but could not find the records.

On 10/23/2024 at 2:04 PM, the AFH sent Staff A's TB testing records via electronic mail to the Department Staff. Review of Staff A's TB testing records, dated 10/23/2024, showed a TB skin testing was initially administered on 04/30/2018 and was read negative on 05/02/2018. The second TB testing was administered on 08/14/2019 and was read negative on 08/16/2019.

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, Abundant Hills AFH 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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

11/07/2024

Abundant Hills Afh LLC
Abundant Hills AFH LLC
9827 124TH AVE SE
RENTON, WA 98056

RE: Abundant Hills AFH LLC # 754719

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/29/2024 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

Review of the Adult Family Home (AFH) records on 10/21/2024, showed they did not have a written plan (succession plan) that outlines how the home would continue to provide care and services to four current residents and future residents in an event Staff A, Entity Representative, was unable to fulfill their duties. Staff A immediately wrote a succession plan.

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)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 IDR**s 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