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

Saron AFH LLC
Saron AFH LLC
5804 178th St SW
Lynnwood, WA 98037

RE: Saron AFH LLC # 754842

Dear Provider:

This document references Compliance Determination 37412 (02/29/2024), which included complaint number(s) 118784.

The Department completed a complaint investigation of your Adult Family Home on 02/29/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Nylay Quist, AFH Complaint Investigator

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 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(b) Report the following to the department by calling the complaint toll-free hotline number:

The Adult Family Home (AFH) failed to report an unwitnessed fall with a significant change in condition and injury for one resident to the Department Complaint Resolution Unit (CRU). The AFH reported to other responsible parties. The AFH stated they would correct their system to include reporting to the CRU.

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, 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: Saron AFH LLC
Provider Type: Adult Family Home
License/Cert.#: 754842
Compliance Determination #: 37412
Intake ID: 118784
Investigator: Nylay Quist
Region/Unit #: RCS Region 2 / Unit I
Investigation Date(s): 02/27/2024 through 02/29/2024
Complainant Contact Date(s): 02/29/2024

Allegation(s):

1.The Named Resident (NR) does not feel safe in the Adult Family Home (AFH).
2.The NR is being physically restrained and stuck in the bathroom for 9 hours.
3.The AFH staff neglect to give care to the NR.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 0
Observations:	Exterior/Interior interaction General Tour Safety system Resident/Staff injury site
Interviews:	AV Sample resident staff Visitor Representative Care team.
Record Reviews:	Resident record Incident/Injury log Abuse& Neglect policy MAR

Investigation Summary:

1.In an interview, the NR stated the AHF staff met their care needs, and they are not afraid of any staff at the AFH. The NR stated they feel somewhat safe in the AFH because they saw lots of people they don't know coming inside the home. In an interview, the AFH staff stated they provide a safe homelike environment and follow the resident's care plan when giving care. In an interview, the NR's representative and friend stated the NR is in a good home and they do not have any concern about care and service. Observation show the AFH staff is attentive and caring toward residents. No fail practices.
2.In an interview, the NR stated they do not recall being locked in the bathroom for an extended period against their will. The NR stated they had injury to their head, elbows, and ribs because someone did Judo hold on them and throw them over their shoulder. In an interview, the AFH Provider stated the NR has injury marks due to 3 falls incidents in past 2 months. Record review show, the AFH staff notified the NR's care team, document in their incident log, and request an update assessment. The AFH staff stated they will prevent more fall by frequent checking on the NR, place a floor alarm, and remind the NR to request help with any activities. In an interview, the NR's care team stated they did evaluation the NR 1 time after the first fall incident only.

Observation show the NR had bruised under their left eye, both knees, and healing abrasion to both elbows. The AFH Provider stated they did not report it to the state reporting hotline because the injuries are minor. Failed practices. See consultation dated 02/29/2024.
3.Observation show the NR looks clean, properly dressed and no foul odor in their room. The AFH staff is attentive to the NR's and other resident's needs. In an interview, the NR stated the AFH staff met their care needs. In an interview, the NR's representative and friend stated the NR is in a good home, cared for, and they do not have any concern about care and service. No fail practices.

Conclusion / Action:

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