STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Complete Care AFH Inc
Coral Wood AFH
7006 Turquoise Dr SW
Lakewood, WA 98498

RE: Coral Wood AFH License # 754867

Dear Provider:

This letter addresses Compliance Determination(s) 38568 (Completion Date 03/20/2024) and 33845 (Completion Date 02/12/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/20/2024 and found that you have corrected the violations listed in the Complaint report dated 02/12/2024. Your home is back in compliance as of 02/09/2024 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 388-76-10225-1-a-ii, WAC 388-76-10225-1-a-i

The Department staff who did the on-site verification:
Jonel Tuckett, AFH Complaint Investigator

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Coral Wood AFH
Provider Type: Adult Family Home
License/Cert.#: 754867
Compliance Determination #: 33845
Intake ID: 103988
Investigator: Jonel Tuckett
Region/Unit #: RCS Region 3 / Unit G
Investigation Date(s): 12/13/2023 through 02/12/2024
Complainant Contact Date(s): 02/12/2024

Allegation(s):
Quality of Care/Treatment-

1. Adult Family Home (AFH) failed to update Resident 5's (R5)'s Representative that neighbors were taking R5 on unsafe outings.

2. R5 may have been financially exploited by neighbors.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 3 Closed records sample size: 0
Observations:	Caregiver to Resident interactions, care and services, environment, and safety measures.
Interviews:	AFH Residents, Resident Representatives, AFH Caregivers, AFH Provider, Social Services, Other.
Record Reviews:	Resident Assessment, Negotiated Care Plan (NCP), House Policies, AFH Incident Log/Progress Notes, AFH Visitor Log, Department Records, Revised Code of Washington.

Investigation Summary:
Observations, interviews, and record reviews showed that the AFH provided appropriate/individualized resident care, according to the resident's Assessment, NCP, and preferences/choices. Residents and Resident Representatives reported satisfaction with care and services in the home.

1. Insufficient evidence was found to show that the AFH failed to update R5's Representative that neighbors were taking R5 on unsafe outings. R5's Representative denied this allegation. No failed practice was found.

2. Interviews and record reviews showed that the AFH was notified that R5 may have been financially exploited by neighbors. The AFH failed to report this concern to the Department. Failed practice was cited.

Conclusion / Action:

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 754867	Compliance Determination # 33845
Plan of Correction	Coral Wood AFH	Completion Date
Page 1 of 3	Licensee: Complete Care AFH Inc	02/12/2024

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 an unannounced on-site complaint investigation on 12/13/2023 and 12/13/2023 of:

Coral Wood AFH
7413 Coral Lane SW
Lakewood, WA 98498

This document references the following complaint number(s): 103988

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jonel Tuckett, AFH Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

02/14/2024
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.

Statement of Deficiencies	License #: 754867	Compliance Determination # 33845
Plan of Correction	Coral Wood AFH	Completion Date
Page 2 of 3	Licensee: Complete Care AFH Inc	02/12/2024

Provider (or Representative) Jedidiah Mingo Date 02/24/2024

WAC 388-76-10225 Reporting requirement.

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

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number; and

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to report suspected financial exploitation to the Department for 1 of 5 residents (Resident 5 [R5]). This failure resulted in a delay in the Department being able to investigate claims of financial exploitation and placed R5 at risk for ongoing financial exploitation.

Findings included...

A record review on 02/12/2024 at 11:10 am of the Revised Code of Washington 74.34.035 dated 2003 showed that when there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, mandated reporters shall immediately report to the Department.

During an interview on 02/08/2024 at 2:04 pm, the Provider stated that they received a call from R5's doctor around September 2023 with concerns that R5 was being financially exploited. When asked if they reported the suspected financial exploitation, the Provider stated that they thought about reporting to the Department but couldn't say that they had.

A record review on 02/08/2024 at 3:49 pm of Department records showed that the Provider had not reported suspected financial exploitation for R5 to the Department.

A record review on 02/12/2024 at 8:00 am of the AFH Abuse Policy (not dated) showed that AFH Staff are mandated reporters and are to notify the Department within 24 hours of having determined that abuse may have taken place, has taken place, or is likely to have taken place, regardless of who it is committed by.

Attestation Statement

Statement of Deficiencies	License #: 754867	Compliance Determination # 33845
Plan of Correction	Coral Wood AFH	Completion Date
Page 3 of 3	Licensee: Complete Care AFH Inc	02/12/2024

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, Coral Wood AFH is or will be in compliance with this law and / or regulation on (Date) 02|09|2024 .

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

Provider (or Representative) Jedidah Mugo Date 02|29|2024