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

Cider Creast AFH LLC

Cider Creast AFH LLC
1301 E Cedar Ave
Montesano, WA 98563

RE: Cider Creast AFH LLC License # 755075

Dear Provider:

This letter addresses Compliance Determination(s) 31674 (Completion Date 10/27/2023) and 30031 (Completion Date 10/12/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/27/2023 and found that you have corrected the violations listed in the Complaint report dated 10/12/2023. Your home is back in compliance as of 10/24/2023 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 388-76-10620-2-c

The Department staff who did the on-site verification:
Laura Newberry

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: Cider Creast AFH LLC
Provider Type: Adult Family Home
License/Cert.#: 755075
Compliance Determination #: 30031
Intake ID: 96077
Investigator: Laura Newberry
Region/Unit #: RCS Region 3 / Unit G
Investigation Date(s): 09/27/2023 through 10/12/2023
Complainant Contact Date(s): 10/12/2023

Allegation(s):

1. Quality of care/treatment – The named resident (NR) was not allowed to buy a cellphone.
2. Resident/Patient/Client rights – The NR was not allowed to leave the adult family home (AFH) without AFH staff escorting them or use a transportation company.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 3 Closed records sample size: 0
Observations:	NR and other AFH residents, AFH staff, AFH environment
Interviews:	NR and other AFH resident, AFH staff
Record Reviews:	NR and other AFH resident negotiated care plan (NCP), NR assessment, NR progress notes, AFH house rules, admission agreement

Investigation Summary:

1. Quality of care/treatment – The unannounced on-site investigation was conducted in relation to allegations and/or incidents identified in the intake. Based on observations, interviews, and records reviewed, no failed facility practice was substantiated in relation to original reported allegations and/or incidents. Additional residents reviewed for safety, care and services, with no concerns. No failed practice identified.
2. Resident/Patient/Client rights – Interview with NR stated was not allowed to leave the AFH without AFH staff with them. Interview with other AFH resident stated unable to leave AFH without AFH staff. Interview with AFH staff stated residents who leave the AFH must have AFH with them. Review of records showed AFH house rules state residents will be accompanied by AFH staff when leaving the AFH. Failed practice was identified.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Cider Creast AFH LLC
Provider Type: Adult Family Home
License/Cert.#: 755075
Compliance Determination #: 30031
Intake ID: 100142
Investigator: Laura Newberry
Region/Unit #: RCS Region 3 / Unit G
Investigation Date(s): 09/27/2023 through 10/12/2023
Complainant Contact Date(s): 10/12/2023

Allegation(s):

1. Abuse - Resident/Patient/Client rights- Adult family home (AFH) staff shaved all the residents hair off their heads.
2. State Licensure- The AFH required posting of licensing documents were out of date.
3. Other Services – The AFH survey book was out of reach.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 3 Closed records sample size: 0
Observations:	NR and other AFH residents, AFH staff, AFH environment
Interviews:	NR and other AFH residents, AFH staff, AFH environment
Record Reviews:	NR and other AFH resident negotiated care plan (NCP), NR assessment, NR progress notes, AFH house rules, admission agreement

Investigation Summary:

1. Abuse - Resident/Patient/Client rights – Observations showed AFH residents with shorter hair styles. Interview with AFH resident stated requested shorter hair style and no concerns with care and service. Interview with AFH resident responsible party stated no concerns with hair styling or care and service. Interview with AFH staff stated provided hair care services on AFH resident request and needs. No failed practice was found.
2. State licensure – Observations showed AFH required posting met requirements. No failed practice was found.
3. Other services – Observations showed AFH survey book was located in a visible and accessible location in the AFH. Interview with AFH staff stated survey book located on wall and placed in an accessible location while onsite. No failed practice was found.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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Statement of Deficiencies	License #: 755075	Compliance Determination # 30031
Plan of Correction	Cider Creast AFH LLC	Completion Date
Page 1 of 3	Licensee: Cider Creast AFH LLC	10/12/2023

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 09/27/2023 and 10/04/2023 of:

Cider Creast AFH LLC
1301 E Cedar Ave
Montesano, WA 98563

This document references the following complaint number(s): 96077, 100142

The following sample was selected for review during the unannounced on-site visit: 3 of 6 current residents and 0 former residents.

The department staff that nvestigated the Adult Family Home:

Laura Newberry

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

10/12/2023
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 #: 755075	Compliance Determination # 30031
Plan of Correction	Cider Creast AFH LLC	Completion Date
Page 2 of 3	Licensee: Cider Creast AFH LLC	10/12/2023

Provider (or Representative) 10/22/2023 Date

WAC 388-76-10620 Resident rights Quality of life General.

(2) The home may design home rules that protect the rights and quality of life of residents. Within these rules, the home must ensure the resident's right to:

(c) Make choices about aspects of life in the home that are significant to the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home's (AFH) house rules failed to promote the rights of residents to make life choices significant to them. This failure restricted and violated the rights of 6 of 6 residents (Resident 1 [R1], Resident 2 [R2], Resident 3 [R3], Resident 4 [R4], Resident 5 [R5] and Resident 6 [R6]).

Findings included...

Review of AFH record, titled "House Rules", showed, "Residents will be accompanied by the caregiver whenever they go outside the facility building for safety purposes."

On 09/27/2023 at 01:18 PM, interviewed Provider, who stated that if an AFH resident leaves the property they are required to have an AFH staff member with them and that policy is listed in their house rules.

On 09/27/2023 at 01:30 PM, interviewed Caregiver 1 (CG1), who stated that residents are not allowed to leave the AFH by themselves.

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, Cider Creast AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/24/2023

10/24/2023 verified via phone with provider -sm

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

Provider (or Representative) Date

Statement of Deficiencies	License #: 755075	Compliance Determination # 30031
Plan of Correction	Cider Creast AFH LLC	Completion Date
Page 3 of 3	Licensee: Cider Creast AFH LLC	10/12/2023

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Cider Creast AFH LLC
Cider Creast AFH LLC
1301 E Cedar Ave
Montesano, WA 98563

RE: Cider Creast AFH LLC # 755075

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 10/12/2023 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 any 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jennifer LeMaster, Field Manager
Residential Care Services

Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

• 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 388-76-10355 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:

(1) A list of the care and services to be provided;

The adult family home (AFH) failed to include Resident 1's one-to-one hours on their negotiated care plan. The AFH made corrective action immediately to update their plan of care. Consultation was provided.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
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:
Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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