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) 46054 (Completion Date 08/22/2024) and 40702 (Completion Date 05/23/2024).

The Department completed a follow-up inspection of your Adult Family Home on 08/22/2024 and found that you have corrected the violations listed in the Complaint report dated 05/23/2024. Your home is back in compliance as of 05/20/2024 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-b-iii, WAC 388-76-10225-1-b

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

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Field Manager
Region 3, Unit G
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 05/02/2024 and 05/02/2024 of:

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

This document references the following complaint number(s): 126491

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 investigated 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.

Residential Care Services

5/23/2024

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.

This document was prepared by Residential Care Services for the Locator website.

Provider (or Representative)

8/20/2024
Date

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:

(iii) A missing resident.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to report when 1 of 6 Residents (Resident 1 [R1]) went missing overnight from the AFH. This failure placed R1 at risk for harm when they did not return to the AFH and were outside overnight.

Findings included...

Review of R1's record, titled "Negotiated Care Plan", dated 12/02/2023, showed R1 has impaired decision-making abilities and required supervision while outside of the facility.

Review of record, titled "Sheriff's Office Incident", dated [redacted]/2024, showed R1 was found by police on [redacted]/2024 on the side of the road at 5:31 AM two miles from the AFH. Report showed R1 had left the AFH with a family member and went missing around 5:00 PM on [redacted]/2024 (or approximately 12.5 hours overnight in total). Report showed when R1 was found they were wet and not adequately dressed for the cold weather.

Review of AFH record, titled "Note", dated [redacted]/2024, showed R1 left the AFH with family on Wednesday [redacted]/2024 just after dinner.

On 05/10/2024 at 10:30 AM, interviewed caregiver 1 (CG1), who stated that R1's family member picked them up on [redacted]/2024 and stated that they would be gone for an hour or two and did not take any of R1's personal items with them (medications or extra clothes). CG1 stated that it is the AFH policy to ask when residents will be returning to the AFH when they leave. CG1 stated that they believe the Provider was notified when R1 did not return to the AFH but could not recall which caregiver reported it.

On 05/02/2024 at 2:46 PM, interviewed Caregiver 2 (CG2), who stated that R1 went missing from the AFH after leaving with family. CG2 stated that R1 left the store they were at with their family and did not return to the AFH until the following morning. CG2 stated

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they were not on shift when this occurred. CG2 stated it is the AFH policy to call family members they leave with when residents do not return, when they are expected, and to call the Provider.

On 05/02/2024 at 2:52 PM, interviewed Provider, who stated that R1 had never been missing overnight from the AFH. Provider stated that one-time R1 was gone from the AFH, and the police brought them back at 2 AM. Provider stated that they were informed by a caregiver when R1 did not return and informed the police and R1's social worker.

On 05/07/2024 at 4:44 PM, interviewed collateral contact 1 (CC1), who stated that they had not been informed by AFH staff that R1 did not return to the AFH until the following morning on [redacted]/2024.

Review of department records showed the AFH did not make a report to the hotline on [redacted]/2024 when R1 did not return to the AFH.

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) 5/20/2024.

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

Provider (or Representative)

8/20/2024
Date

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