STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Sunset Care Home LLC

Sunset Care Home LLC
1609 S Jackson Ave
Tacoma, WA 98465

RE: Sunset Care Home LLC License # 755350

Dear Provider:

This letter addresses Compliance Determination(s) 33592 (Completion Date 12/06/2023) and 30994 (Completion Date 10/12/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/06/2023 and found that you have corrected the violations listed in the Full report dated 10/12/2023. Your home is back in compliance as of 11/25/2023 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 388-76-10165-1-a, WAC 388-76-10280-2, WAC 388-76-10255-1

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 755350	Compliance Determination # 30994
Plan of Correction	Sunset Care Home LLC	Completion Date
Page 1 of 4	Licensee: Sunset Care Home 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 the unannounced on-site full inspection on 10/10/2023 and 10/11/2023 of:
Sunset Care Home LLC
1609 S Jackson Ave
Tacoma, WA 98465

The following sample was selected for review during the unannounced on site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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 — 10/17/2023 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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Sunset Care Home LLC
1609 S Jackson Ave
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The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

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From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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.

Statement of Deficiencies	License #: 755350	Compliance Determination # 30984
Plan of Correction	Sunset Care Home LLC	Completion Date
Page 2 of 4	Licensee: Sunset Care Home LLC	10/12/2023

Provider (or Representative) — Date: 11/25/23

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 1 of 4 staff (Provider) submitted a new Department of Social and Health Services (DSHS) background authorization form every two years. This failure placed all residents at risk of being care for by an unqualified staff member.

Findings included...

On 10/10/10/2023, record review showed the Washington State Background Check for the Provider expired on 07/28/2023. There was no documentation of it being renewed.

On 10/11/2023 at 10:45 am, when asked why the Washington State Background Check was not renewed, the Provider replied they forgot.

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, Sunset Care Home LLC is or will be in compliance with this law and / or regulation on (Date) 11/25/23.

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

Provider (or Representative) — Date: 11/25/23

Provider (or Representative) Date

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

Provider (or Representative) Date

WAC 388-76-10280 Tuberculosis One test. The adult family home is only required to have a person take one test if the person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to have documentation that 3 of 3 caregivers (Caregiver A, Caregiver B, and Caregiver C) completed a one step Tuberculosis (TB, infectious disease) test three days after hire. This failure placed all residents at risk of being exposed to an infectious disease.

Findings included...

On 10/10/2023, record review showed Caregiver A (CG A) was hired on 04/10/2023. Documentation showed a history of a completed TB skin test on 08/11/2022, and another TB skin test on 04/05/2023. There was no documentation of a one step TB test completed after hire.

On 10/10/2023, record review showed Caregiver B (CG B) was hired on 09/02/2023. Documentation showed a history of a completed one step TB test on 08/24/2023. There was no documentation of a one step TB test completed after hire.

On 10/10/2023, record review showed Caregiver C (CG C) was hired on 09/02/2023. Documentation showed a history of a completed one step TB test on 08/24/2023. There was no documentation of a one step TB test completed after hire.

On 10/11/2023, at 10:45 am, when asked why CG A, CG B, and CG C did not complete a TB skin test after their hire date, the Provider replied they thought the TB tests were okay.

Attestation Statement

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

[redacted] Suy — 11/25/23

Provider (or Representative) — Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

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Based on interview and record review, the adult family home (AFH) failed to have documentation that 3 of 3 caregivers (Caregiver A, Caregiver B, and Caregiver C) completed a one step Tuberculosis (TB, infectious disease) test three days after hire. This failure placed all residents at risk of being exposed to an infectious disease.

Findings included…

On 10/10/2023, record review showed Caregiver A (CG A) was hired on 04/10/2023. Documentation showed a history of a completed TB skin test on 08/11/2022, and another TB skin test on 04/05/2023. There was no documentation of a one step TB test completed after hire.

On 10/10/2023, record review showed Caregiver B (CG B) was hired on 09/02/2023. Documentation showed a history of a completed one step TB test on 08/24/2023. There was no documentation of a one step TB test completed after hire.

On 10/10/2023, record review showed Caregiver C (CG C) was hired on 09/02/2023. Documentation showed a history of a completed one step TB test on 08/24/2023. There was no documentation of a one step TB test completed after hire.

On 10/11/2023, at 10:45 am, when asked why CG A, CG B, and CG C did not complete a TB skin test after their hire date, the Provider replied they thought the TB tests were okay.

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Statement of Deficiencies	License #: 755350	Compliance Determination # 30994
Plan of Correction	Sunset Care Home LLC	Completion Date
Page 4 of 4	Licensee: Sunset Care Home LLC	10/12/2023

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 4 of 4 AFH Staff (Provider, Caregiver A, Caregiver B, and Caregiver C) had documentation of a fit test for an N95 (respirator mask) mask within the last 12 months. This failure placed all five residents at risk of being cared for by staff without the proper personal protection equipment (PPE) during an infectious disease outbreak.

Findings included:.

On 10/11/2023, record review of the AFH's respiratory protection plan did not show any documentation of staff being fit tested with an N95 mask.

On 10/11/2023 at 10:45 am, when asked why there was no documentation of fit tests, the Provider replied they were not aware it was needed.

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