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 # 755350

Dear Provider:

This document references Compliance Determination 26421 (07/18/2023), which included complaint number(s) 87941.

The Department completed a complaint investigation of your Adult Family Home on 07/18/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Angela Conklin, 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 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

(b) If the medication was refused and the reason for the refusal; and

The adult family home did not document medications given or refused for 1 of 4 residents (Resident 4) on 06/30/2023. The Provider stated they were unaware of the missing documentation on 06/30/2023 and would correct the document immediately.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit A
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: Sunset Care Home LLC
Provider Type: Adult Family Home
License/Cert.#: 755350
Compliance Determination #: 26421
Intake ID: 87941
Investigator: Angela Conklin
Region/Unit #: RCS Region 3 / Unit A
Investigation Date(s): 07/13/2023 through 07/18/2023
Complainant Contact Date(s): 07/12/2023

Allegation(s):

The reporter stated that the Identified Resident (IR) did not have medications documented as being given for 3 days.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 2 Closed records sample size: 2
Observations:	General environment Resident Provider
Interviews:	Residents Care givers Provider
Record Reviews:	Medication administration records Negotiated care plan Employee training

Investigation Summary:

Based on interviews and record reviews, the adult family home (AFH) did not document medications given or refused on 1 of 4 residents (Resident 4) on June 30, 2023. Failed practice identified.

Conclusion / Action:

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