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

Bonney Lake Adult Family Home LLC
Bonney Lake Prestige Adult Family Home
7720 190th Ave E
Bonney Lake, WA 98391

RE: Bonney Lake Prestige Adult Family Home License # 755876

Dear Provider:

This letter addresses Compliance Determination(s) 35398 (Completion Date 01/19/2024) and 30734 (Completion Date 10/31/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/19/2024 and found that you have corrected the violations listed in the Complaint report dated 10/31/2023. Your home is back in compliance as of 12/22/2023 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 388-76-10225-1-a, WAC 388-76-10225-1-a-i, WAC 388-76-10225-1-a-ii, WAC 388-76-10225-1-a-iii

The Department staff who did the on-site verification:
Lisa Charette, NCI AFH Complaint Investigator

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Bonney Lake Prestige Adult Family Home
Provider Type: Adult Family Home
License/Cert.#: 755876
Intake ID: 101149
Compliance Determination #: 30734
Region/Unit #: RCS Region 3 / Unit A
Investigator: Lisa Charette
Investigation Date(s): 10/10/2023 through 10/31/2023
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident made an allegation that a caregiver used their shampoo and coat hangers.
2. The Named Resident made an allegation that the Provider used their elbow to touch them inappropriately while visiting the library and at church.
3. The Named Resident made an allegation that a caregiver touched them inappropriately.
4. The Named Resident made an allegation that a caregiver asked them out on a date.
5. The Named Resident made an allegation that a caregiver flirted with them.
6. The Named Resident made an allegation that their family member had handcuffed them and tried to drown them on a boat.
7. The Named Resident made an allegation that their parent had financially exploited them.
8. The Named Resident and a resident from another home touched each other in a sexual way.
9. The AFH did not report the allegations to the Department's Hotline.

Investigation Methods:

Sample:
Total residents: 4
Resident sample size: 1
Closed records sample size: 0

Observations:
Residents
Identified resident
Activities
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions
Kitchen

Interviews:
Nursing staff
Residents
Family members
Social Workers

Record Reviews:
Medical records

Hospital records
State reporting log
Incident investigation
Facility policies
Personnel files
Staff training records
Service Episode Records (SER)

Investigation Summary:

1. The Caregiver denied using the Named Resident's shampoo or coat hangers. There was no evidence to substantiate the allegation. No facility failed practice was identified.
2. The Provider denied touching the Named Resident inappropriately. The Named Resident recanted and stated the Provider didn't touch them. No facility failed practice was identified.
3. The Named Resident recanted that the Caregiver touched them inappropriately. There was no facility failed practice identified.
4. The Named Resident recanted and said that the Caregiver did not ask them on a date. There was no facility failed practice identified.
5. The Named Resident recanted and said that the Caregiver did not flirt with them. There was no facility failed practice identified.
6. The Named Resident was handcuffed by their family member over 10 years ago and this incident was previously investigated. The Named Resident had not been out of the AFH on a boat or with the family member. There was no evidence to substantiate the allegation. There was no facility failed practice identified.
7. The Named Resident's parent was previously investigated for financial exploitation and it was inconclusive. There was no facility failed practice identified.
8. There was no evidence to substantiate the allegation. There was no facility failed practice identified.
9. The AFH provider reported allegations to the Case Manager and not to the Department's Hotline. Facility failed practice was identified.

Conclusion / Action:

- [x] 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 #: 755876	Compliance Determination # 30734
Plan of Correction	Bonney Lake Prestige Adult Family Home	Completion Date
Page 1 of 3	Licensee: Bonney Lake Adult Family Home LLC	10/31/2023

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 10/10/2023 and 10/10/2023 of:

Bonney Lake Prestige Adult Family Home
7720 190th Ave E
Bonney Lake, WA 98391

This document references the following complaint number(s): 101149

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Lisa Charette, NCI AFH Complaint Investigator

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

11/02/2023
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.

Provider (or Representative) Date

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

(iii) To the local law enforcement agency when required by RCW 74.34.035 .

This requirement was not met as evidenced by:

Based on interviews and record reviews the Adult Family Home (AFH) failed to report allegations of abuse to the Department's Hotline/Complaint Resolution Unit (CRU) for 1 of 4 residents (Resident 2). This failure resulted in a delay in the Department being able to investigate claims of abuse and placed the resident at risk for unmet care needs.

Findings included...

On 10/10/2023 at 12:21 PM in an interview, the Provider reported they had not reported allegations of abuse to CRU, and reported the allegations to Resident 2's Case Manager and entered the allegations on the incident log.

On 10/10/2023 record review showed CRU had no record of the AFH reporting allegations of abuse related to Resident 2. Record review showed the Incident log had an entry for 10/07/2023, indicating Resident 2 made an allegation of theft. It was not noted as being reported to any agency. The incident log included a second entry for the date of 10/07/2023, noting Resident 2 made an allegation of sexual assault that was reported to the Department's Case Manager. There was no other agency listed that the allegation was reported to.

Attestation Statement

Statement of Deficiencies	License #: 755876	Compliance Determination # 30734
Plan of Correction	Bonney Lake Prestige Adult Family Home	Completion Date
Page 3 of 3	Licensee: Bonney Lake Adult Family Home LLC	10/31/2023

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, Bonney Lake Prestige Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 12/22/2023

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

Provider (or Representative) 12/22/23 Date