



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

Islandview Adult Family Home LLC
Islandview Adult Family Home LLC
3011 Islandview Ct
Gig Harbor, WA 98335

RE: Islandview Adult Family Home LLC License # 756331

Dear Provider:

This letter addresses Compliance Determination(s) 33479 (Completion Date 12/05/2023) and 30863 (Completion Date 10/12/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/05/2023 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 10/10/2023 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 388-76-10400-2, WAC 388-76-10400-3-a, WAC 388-76-10400-3-b, WAC 388-76-10510-4, WAC 388-76-10510-6, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-6-b, WAC 388-76-10355-6-c

The Department staff who did the on-site verification:
Angela Conklin, 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: Islandview Adult Family Home LLC

License/Cert.#: 756331

Compliance Determination #: 30863

Investigator: Lisa Cramer

Investigation Date(s): 10/11/2023 through 10/12/2023

Complainant Contact Date(s):

Provider Type: Adult Family Home

Intake ID: 101516

Region/Unit #: RCS Region 3 / Unit A

Allegation(s):

Reporter states that the Identified Resident (IR) who is a [REDACTED] is not;

1. Being turned every two hours.
2. Is not being allowed to get up into his wheelchair more than once per week even though he wants to get up daily.
3. Is not being showered more than once per week.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 3 Closed records sample size: 3
Observations:	General tour Resident to caregiver interaction
Interviews:	Residents Caregiver Case manager
Record Reviews:	Admission agreement Negotiated Care Plans

Investigation Summary:

1. Based on interviews and record reviews, the Identified Resident (IR) was being turned every two hours. No failed practice identified.
2. Based on interviews and record reviews, the IR was not being allowed to get up out of bed as the IR was requesting. Failed practice identified.
3. Based on interviews and record reviews, the IR was not being showered as the IR was requesting. Failed practice identified.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A



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PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 756331	Compliance Determination # 30863
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 1 of 5	Licensee: Islandview Adult Family 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 an unannounced on-site complaint investigation on 10/11/2023 and 10/17/2023 of:

Islandview Adult Family Home LLC
3011 Islandview Ct
Gig Harbor, WA 98335

This document references the following complaint number(s): 101516

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

The department staff that investigated the Adult Family Home:

Angela Conklin, 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

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.

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

10.18.2023 10:17:38

State of Washington

7/11

Statement of Deficiencies	License #: 756331	Compliance Determination # 30863
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
Page 2 of 5	Licensee: Islandview Adult Family Home LLC	10/12/2023



Provider (or Representative)

10/18/23
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

(3) The care and services in a manner and in an environment that:

(a) Actively supports, maintains or improves each resident's quality of life;

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on interviews and record reviews, the adult family home (AFH) failed to ensure that 1 of 6 residents (Resident 1) was provided assistance needed to get out of bed at the frequency the resident requested. This failure placed Resident 1 at risk for injury and a decline in health.

Findings included...

During an interview on 10/11/2023 at 11:00 AM, the Provider stated that there was an agreement reached that would result in Resident 1 getting out of bed and sitting in their wheelchair more frequently. During the interview, the Provider stated that Resident 1 needed a [REDACTED] and that the [REDACTED] required two staff to use properly.

During an interview on 10/11/2023 at 10:30 AM, Resident 1 was noted to be sitting in bed. When asked if they wanted to get out of bed, Resident 1 stated that the Provider stated there needed to be two staff available to use the [REDACTED] to get them out of bed which was why they were still in bed.

Attestation Statement

10.18.2023 10:17:38

State of Washington

8/11

Statement of Deficiencies	License #: 758331	Compliance Determination # 30863
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
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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, Islandview Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 10/10/23.

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

[Signature]
Provider (or Representative)

10/19/23
Date

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(4) Has the opportunity to exercise control over life decisions, such as making the resident's own choices about daily life, participation in services or activities, care, and privacy;

(6) Is cared for in a manner that enhances or maintains the resident's quality of life;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the AFH failed to ensure that 1 of 6 residents (Resident 1) received showers at the frequency the resident requested. This failure violated Resident 1's rights and placed them at risk for decreased health.

Findings included...

During an interview on 10/11/2023 at 11:00 AM, the Provider stated that Resident 1 required total assistance and the use of a [REDACTED] to shower. The Provider stated that Resident 1 was getting a shower once a week. The Provider stated that Resident 1 requested a shower every day. The Provider stated that there was a negotiation between the Provider and Resident 1 for a shower a couple times or three times per week.

This statement is not accurate.

During an interview on 10/11/2023 at 10:30 AM, Resident 1 stated that they would normally shower daily, but the Provider provided them a shower once a week. Resident 1 stated that they believed that showering daily decreased the risk of getting abscesses on their body.

This statement is not accurate.

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

10.18.2023 10:17:38

State of Washington

9/11

Statement of Deficiencies	License #: 756331	Compliance Determination # 30863
Plan of Correction	Islandview Adult Family Home LLC	Completion Date
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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, Islandview Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 10/10/23

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

[Signature]
Provider (or Representative)

10/7/23
Date

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;
- (2) Identification of who will provide the care and services;
- (3) When and how the care and services will be provided;
- (6) Other preferences and choices about issues important to the resident, including, but not limited to:
 - (b) Daily routine;
 - (c) Grooming; and

This requirement was not met as evidenced by:

Based on interviews and record review, the adult family home failed to ensure 1 out of 6 residents (Resident 1) had a Negotiated Care Plan (NCP) that included a plan on how the Resident's preferences were to be addressed and included in the care provided. This failure placed Resident 1 at risk for a decline in physical and mental health.

Findings included...

On 10/11/2023 the record review of the NCP showed there was no documentation or plan regarding how to address Resident 1's request for getting up out of bed daily or for daily showers.

During an interview on 10/11/2023 at 11:00 AM, the Provider stated that Resident 1 required total assistance and the use of a [redacted] to get out of bed and to shower. The Provider stated that the use of a [redacted] required two staff to use properly. The Provider said there was an agreement reached that would result in Resident 1 getting out of bed

This statement is not accurate.

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

10.18.2023 10:17:38

State of Washington

10/11

Statement of Deficiencies	License #: 756331	Compliance Determination # 30863
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and sitting in wheelchair more frequently and showering more often.

During an interview on 10/11/2023 at 10:30 AM, Resident 1 was noted to be sitting in bed. When asked if they wanted to get out of bed, Resident 1 said that the Provider stated there needed to be two staff available to use the [REDACTED] to get them out of bed which was why they were still in bed. Resident 1 stated that they would normally shower daily and that they believed that showering daily decreased the risk of abscesses developing on their body.

This statement is not accurate.

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, Islandview Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 10/10/23

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

10/12/23
Provider (or Representative)

10/18/23
Date