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

Lakebay AFH LLC
Lakebay AFH LLC
15619 53rd St NW KPN
Lakebay, WA 98349

RE: Lakebay AFH LLC # 756498

Dear Provider:

This document references Compliance Determination 33962 (12/18/2023), which included complaint number(s) 110124.

The Department completed a complaint investigation of your Adult Family Home on 12/18/2023 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 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(f) The resident's case manager if the resident is a department client.

Based on interviews and record reviews, the adult family home (AFH) failed to report Resident 3's (R3) fall with injury to the Department case manager. During an interview, the covering Provider stated they did not call the case manager but contacted all other required parties. The Department case manager confirmed they were not notified of the fall and injury.

WAC 388-76-10220 Incident log. The adult family home must keep a log of:

(2) Accidents or incidents affecting a resident's welfare; and

(3) Any injury to a resident.

Based on interviews and record reviews, the home failed to document on the incident log that the personal physician, guardian and case manager were notified of R3's fall and injury. During an interview, the covering Provider stated that the guardian was contacted and did not want R3 transported to the hospital. The covering Provider stated that the personal physician was notified, and no orders were given other than to monitor R3. The report filed and called into the Department stated that the guardian and the personal physician were notified of R3's fall and injury.

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 (253)983-3826.

Sincerely,

Lisa Cramer, 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

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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: Lakebay AFH LLC
Provider Type: Adult Family Home
License/Cert.#: 756498
Compliance Determination #: 33962
Intake ID: 110124
Investigator: Angela Conklin
Region/Unit #: RCS Region 3 / Unit A
Investigation Date(s): 12/15/2023 through 12/18/2023
Complainant Contact Date(s):

Allegation(s):
Reporter states that Identified Resident (IR) fell at the adult family home (AFH) resulting in a small laceration on his head and redness on his face.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 2
Observations:	General tour Caregiver to Resident interaction Resident to resident interaction
Interviews:	Residents Caregiver Provider Family
Record Reviews:	Negotiated care plan Incident log

Investigation Summary:
Based on interviews and record reviews, the Identified Resident (IR) fell at the adult family home (AFH) sustaining a minor injury. The AFH notified the guardian and the personal physician, however failed to document these contacts on the incident log, or incident investigation notes. Consultation written.

Conclusion / Action:

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