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

AMENDED
03/12/2025

Lakebay AFH LLC

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

RE: Lakebay AFH LLC License # 756498

Dear Provider:

This letter addresses Compliance Determination(s) 55522 (Completion Date 03/07/2025) and 51439 (Completion Date 01/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/07/2025 and found that you have corrected the violations listed in the Complaint report dated 01/08/2025. Your home is back in compliance as of 02/25/2025 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 388-76-10400-1, WAC 388-76-10400-2, WAC 388-76-10400-3-a, WAC 388-76-10400-3-b, WAC 388-76-10400-3-c, WAC 388-76-10400-3

The Department staff who did the on-site verification:

Sophia Brownie-Jarvis, AFH RN Complaint Investigator
Lisa Cramer, Adult Family Home Field Manager

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

Sincerely,

Lisa Cramer, Adult Family Home 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

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 12/12/2024 and 12/12/2024 of:

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

This document references the following complaint number(s): 157433, 157660, 159494

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

The department staff that investigated the Adult Family Home:

Sophia Brownie-Jarvis, AFH RN 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 _____ 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 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(1) The care and services identified in the negotiated care plan.

(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

(c) Reasonably accommodates each resident's individual needs and preferences except when the accommodation endangers the health or safety of the individual or another resident.

This requirement was not met as evidenced by:

Based on observation, interviews, and record reviews, the Adult Family Home (AFH) failed to ensure the safety of 2 of 5 residents [Resident 1, (R1) and Resident 2, (R2)] when caregivers did not provide supervision as written in R1's and R2's Person Centered Service Plans (PCSP)/Assessments and Negotiated Care Plans (NCP) when R1 and R2 were eating. This failure placed R1 and R2 at risk for choking, and resulted in R1 having a choking episode and dying.

Findings included...

On 01/06/2025 at 11:20 am, observation of the inside of the AFH and the AFH's floor plan showed the AFH had an open floor plan concept (there were no walls or doors between the kitchen, the eating nook, and great room). The dining table was in the eating nook area visible from the kitchen unless you were facing the stove. Then, a person's back was turned to the nook's dining table. Observation showed the distance from the nook's dining table to the kitchen was about ten feet.

Record review of R1's PCSP/Assessment dated 07/29/2024 with a plan effective date of 09/11/2024, showed R1 admitted to the AFH on [redacted]/2018, with diagnoses of [redacted] and more recently, [redacted]. It showed R1 required reminders, cues, and supervision in their daily routine. It showed

that R1 "was at risk for choking as [R1] overstuffs their mouth with food and doesn't chew thoroughly." Caregivers were to "sit with [R1] while [R1] eats to ensure they eat bite sized pieces and swallows before taking additional bites to reduce choking risk. [R1] requires more support for eating than in the past as [R1] is experiencing cognitive decline due to dementia." Record review of R1's NCP dated 07/03/2024, showed that caregivers were instructed to monitor, cue R1 throughout their eating, and assist R1 as needed.

Record review of R2's PCSP/Assessment dated 10/29/2024, with a plan effective date of 11/30/2024, showed R2 admitted to the AFH on [redacted]/2012, with diagnosis of [redacted], and [redacted]. It showed R2 required monitoring for choking. It showed R2 required they be fed hand over hand and cued to slow down when eating. Caregivers were to cut food into small pieces, and if R2 had tremors, caregivers were to feed R2 and bring the cup to their mouth to drink. Record review of R2's NCP dated 11/30/2024, showed that caregivers were instructed to "Prepare and set-up meals and snacks; Monitor eating; Assist PRN (as needed)", cut up R2's food and use a pie plate/white bowl to put their food in or use thick handled spoons.

On 12/12/2024 at 1:17 pm, in an interview, Caregiver A said on 11/27/2024, they gave R1 a cut up grilled cheese sandwich in tomato soup and then, returned to the kitchen to prepare lunch for the other residents. Caregiver A said R1 was left unsupervised at the nook's dining table to continue eating. Caregiver A said R1 was slumped over at the table when they turned around and looked into the nook's dining room, "It happened so fast."

On 12/12/2024 at 1:38 pm, during an interview, the Provider said R1 did not have a special diet, swallowing precautions or aspiration (when a solid or liquid accidently enters the lungs or windpipe) issues. The Provider said R1 "tends to eat fast" and "always took large bites" of food. The Provider stated R1 was encouraged to slow down during meals.

On 01/06/2025 at 11:44 AM, in an interview, Caregiver A said they had two residents eating at the same time while they prepared lunch for the next two residents. Caregiver A said R1 and R2 were eating at the table together when Caregiver A turned away from them to go to the kitchen to prepare the next two meals. When asked, Caregiver A said it took three-five minutes to prepare two meals, and they did not hear anything from the table during this time. When asked to describe how residents were monitored and assisted during meals, Caregiver A said, "They (caregivers) usually have lunch with the residents" and were "told by the Provider not to leave residents alone while eating."

On 01/08/2025 at 11:38 AM, in an interview, when asked if other residents had choking risks when eating, the Provider said, "No, not really. Most of them is because they eat so fast." When asked if caregivers knew about R1, R2 or other residents needed eating supports, the Provider said they did. The Provider said they told caregivers to, "make

sure they are watching the guys when they are eating."

On 12/19/2024, record review of R1's certificate of death signed 12/02/2024, showed R1's cause of death on 11/27/2024, was "choked while eating."

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, Lakebay AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date