STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Sunset Loving Care LLC

Sunset Loving Care LLC
6233 LAKE WASHINGTON BLVD SE
BELLEVUE, WA 98006

RE: Sunset Loving Care LLC License # 756665

Dear Provider:

This letter addresses Compliance Determination(s) 53237 (Completion Date 01/17/2025) and 50181 (Completion Date 11/27/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/17/2025 and found that you have corrected the violations listed in the Complaint report dated 11/27/2024. Your home is back in compliance as of 01/09/2025 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 388-76-10355-7, WAC 388-76-10355-7-c

The Department staff who did the on-site verification:
Alina Zaharie, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Allied Health Field Manager
Region 2, Unit K
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 756665	Compliance Determination # 50181
Plan of Correction	Sunset Loving Care LLC	Completion Date
Page 1 of 4	Licensee: Sunset Loving Care LLC	11/27/2024

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 11/13/2024 and 11/13/2024 of:

Sunset Loving Care LLC
6233 LAKE WASHINGTON BLVD SE
BELLEVUE, WA 98006

This document references the following complaint number(s): 153674, 155048, 153414

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Alina Zaharie, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Alfredo Brown
Residential Care Services

12/09/2024
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.

Statement of Deficiencies	License #: 756665	Compliance Determination # 50181
Plan of Correction	Sunset Loving Care LLC	Completion Date
Page 2 of 4	Licensee: Sunset Loving Care LLC	11/27/2024

Provider (or Representative) Azeb Gebreyes Date 11/28/2024

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:

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to develop a Negotiated Care Plan (NCP) based on the assessment for 2 of 5 Residents (Resident 1 and Resident 2). This failure resulted in a physical injury for Resident 1 and Resident 2 after they both sustained a fall in the AFH resulting in bruises for Resident 1 and back and leg pain for Resident 2.

Findings included...

Resident #1
Observation on 11/13/2024 at 10:04 AM, showed Resident 1's upper face from their tip of the nose to their frontal scalp including the eye area had a purple bruise with some yellow spots scattered on their face. Observation showed a lump on Resident 1's head. The lump on Resident 1 head was the size of a golf ball.

Review of AFH records showed Resident 1 admitted to the AFH on [redacted] 2024 with multiple diagnoses, including [redacted].

Review of Incident log dated 11/03/2024 showed Resident 1 had a witnessed fall in the bathroom. Incident log showed that Resident 1 hit the front of their head on the bathroom floor.

Review of Resident 1's Assessment, dated 05/02/2024, indicated under the muscle/skeletal section that Resident 1 had history of falls and was a high fall risk due to their weak and poor weight bearing. Assessment showed Resident 1 was dependent for their bed mobility and transfer.

Provider (or Representative) 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:

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to develop a Negotiated Care Plan (NCP) based on the assessment for 2 of 5 Residents (Resident 1 and Resident 2). This failure resulted in a physical injury for Resident 1 and Resident 2 after they both sustained a fall in the AFH resulting in bruises for Resident 1 and back and leg pain for Resident 2.

Findings included...

Resident #1
Observation on 11/13/2024 at 10:04 AM, showed Resident 1's upper face from their tip of the nose to their frontal scalp including the eye area had a purple bruise with some yellow spots scattered on their face. Observation showed a lump on Resident 1's head. The lump on Resident 1 head was the size of a golf ball.

Review of AFH records showed Resident 1 admitted to the AFH on [redacted]/2024 with multiple diagnoses, including [redacted].

Review of Incident log dated 11/03/2024 showed Resident 1 had a witnessed fall in the bathroom. Incident log showed that Resident 1 hit the front of their head on the bathroom floor.

Review of Resident 1's Assessment, dated 05/02/2024, indicated under the muscle/skeletal section that Resident 1 had history of falls and was a high fall risk due to their weak and poor weight bearing. Assessment showed Resident 1 was dependent for their bed mobility and transfer.

Review of Resident 1's Negotiated Care Plan (NCP), dated 07/01/2024, showed no information regarding Resident 1 being a high fall risk or any intervention strategies for caregivers on how they were to support Resident 1 with their mobility, bed mobility or transferring.

During an interview on 11/13/2024 at 10:04 AM, Resident 1 stated that they were left alone in the bathroom. Resident 1 stated that after a while they became tired. Resident 1 stated that they tried to reach for their walker while seating on the toilet. Resident 1 stated that they wanted to rest their head on their walker. Resident 1 stated that they missed the walker and fell on the floor. Resident 1 stated that the fall resulted with them hitting their head on the floor. Resident 1 stated that they had their all button with them and was aware of how and when to use it. Resident 1 stated that they did not call for help.

During an interview on 11/13/2024 at 10:30 AM, Staff A, Caregiver, stated that Resident 1 was on the bathroom sitting on the toilet. Staff A stated that they were with Resident 1 in the bathroom. Staff A stated that Resident 1 refused to be helped after they finish using the toilet and that Resident 1 fell forward, hitting the bathroom floor. Staff A stated that they were not able to catch Resident 1 and prevent Resident 1 from hitting the bathroom floor.

During an interview on 11/19/2024 at 3:03 PM, Collateral Contact 1 (CC1), Hospice Nurse stated that Resident 1 had told them different stories regarding their fall. The CC1 stated that Staff A mentioned to them that Resident 1 had not called for help and that Resident 1 fel1 forward and hit their head. The CC1 stated that Resident 1 was confused at times and easily forgetful due their medical conditions. The CC1 stated that they had given verbal instructions to the AFH staff to not let Resident 1 alone in the bathroom at any time.

During an interview, on 11/19/2024 at 3:46 PM, Staff B, Provider, stated that Staff A told them that they were providing perineal care (practice of keeping the genital and rectal areas clean) to Resident 1 when Resident 1 lost their balance and fell on the floor. Staff B stated that Resident 1 stated to them that they do not remember the details of the incident.

Resident # 2
Record review of Adult Family Home Incident Log, dated 07/20/2024, showed that Resident 2 sustained a fall in the AFH that resulted in resident having back pain and leg pain. Incident Log showed that emergency services had been called for Resident 2.

Record review of Resident 2's Negotiated Care Plan (NCP), dated 05/27/2024 showed Resident 2 admitted to the AFH on [redacted]/2024. Resident 2's NCP showed no information regarding Resident 2 high fall risk or any intervention strategies for a fall prevention plan.

Record review of Resident 2's Assessment dated 05/01/2024, showed Resident 2 with diagnosis of [redacted] Assessment showed Resident 2 had recent falls with no major injuries. Assessment showed Resident 2 at high fall risk due to them being weak, poor weight bearing and with poor balance.

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, Sunset Loving Care 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

Sunset Loving Care
6233 Lake Washington Blvd SE, Bellevue, US, Washington 98006
Phone: (619) 757-5625
Fax: (425) 484-1183
December 15, 2024

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060.

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June,2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

The Adult Family Home (AFH) failed to pay the annual licensing fee of $ 1,350 before the due date on 09/15/2024. This placed AFH residents at risk for receiving care and services in an unlicensed AFH. The Entity Representative stated that in the future they will pay the annual license before the due date. A review of the Department records on 11/27/2024 showed the annual license fee had now been paid.

Sunset Loving care has paid the annual license fee on 11/27/2024

Resolved On 11/27/2024

Signature _____

Date 12/12/2024

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:

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

Plan of correction action

- **Sunset loving AFH has reviewed client's charts**
- **Sunset loving AFH will update the negotiated care plans on** 01/09/2025