STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Sunset Heights AFH, LLC

Sunset Heights AFH, LLC
8517 W 9th Ave
Kennewick, WA 99336

RE: Sunset Heights AFH, LLC License # 757167

Dear Provider:

This letter addresses Compliance Determination(s) 52134 (Completion Date 12/20/2024) and 49961 (Completion Date 11/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/20/2024 and found that you have corrected the violations listed in the Full report dated 11/18/2024. Your home is back in compliance as of 12/11/2024 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 388-76-10135-4, WAC 388-76-10135-7, WAC 388-76-10135-8, WAC 388-76-10176-2, WAC 388-76-10265-1-d

The Department staff who did the off-site verification:
Melanie Hopkins, NHI-AFH Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 the unannounced on-site full inspection on 11/06/2024 and 11/06/2024 of:
Sunset Heights AFH, LLC
8517 W 9th Ave
Kennewick, WA 99336

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Selena Clemons
Residential Care Services

11/19/2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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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) 11/22/2024 Date

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure training and certification requirements were completed for CPR (cardiopulmonary resuscitation)/First Aid training and continuing education (CE) for 1 of 9 caregiving staff (Staff E). This failure resulted in residents receiving care from an unqualified caregiver.

Findings included . . .

On 11/06/2024 from 11:15 AM to 3:45 PM, Staff E, Caregiver, was observed providing care to residents in the AFH.

Administrative record review on 11/06/2024 showed Staff E was hired on 05/20/2024., Review of training records showed their CPR/First-Aid credentials had expired on 10/31/2024 (seven days prior) and they had not completed 11 of 12 CE hours from 08/07/2023 through 08/07/2024 required for their Nursing Assistant license.

In an interview on 11/06/2024 at 1:00 PM, Staff E stated they were not aware that their CPR/First-Aid credential had expired and would look for documentation of completed CE hours.

In an interview on 11/12/2024 at 6:36 PM, Staff A, Provider, stated that Staff E had contacted their previous employer and was unable to access records of previously completed CE hours. Staff A reported they did not know if Staff E had completed additional CE hours for the time of 08/07/2023 through 08/07/2024.

Provider (or Representative) Date

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(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure training and certification requirements were completed for CPR (cardiopulmonary resuscitation)/First Aid training and continuing education (CE) for 1 of 9 caregiving staff (Staff E). This failure resulted in residents receiving care from an unqualified caregiver.

Findings included . . .

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In an interview on 11/06/2024 at 1:00 PM, Staff E stated they were not aware that their CPR/First-Aid credential had expired and would look for documentation of completed CE hours.

In an interview on 11/12/2024 at 6:36 PM, Staff A, Provider, stated that Staff E had contacted their previous employer and was unable to access records of previously completed CE hours. Staff A reported they did not know if Staff E had completed additional CE hours for the time of 08/07/2023 through 08/07/2024.

Statement of Deficiencies	License #: 757167	Compliance Determination # 49961
Plan of Correction	Sunset Heights AFH, LLC	Completion Date
Page 3 of 5	Licensee: Sunset Heights AFH, LLC	11/18/2024

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 Heights AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 12/11/2024 .

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

Provider (or Representative) [signature] Date 11/22/2024

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete a fingerprint background check within 120 days of hire for 2 of 9 caregiving staff (Staff F & J). This failure placed residents at risk from disqualified individuals.

Findings included . . .

Administrative record review on 11/06/2024 showed the following:

Staff F, Caregiver, was hired 04/13/2024. A fingerprint background check was not completed until 10/09/2024 (179 days after date of hire).

Staff J, Caregiver, was hired 03/27/2024. A fingerprint background check was not completed until 08/28/2024 (154 days after date of hire).

In an interview at 1:00 PM on 11/06/2024, Staff A, Provider, stated that did not realize the fingerprint background checks had not been completed.

Attestation Statement

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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, Sunset Heights 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

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(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to complete a fingerprint background check within 120 days of hire for 2 of 9 caregiving staff (Staff F & J). This failure placed residents at risk from disqualified individuals.

Findings included . . .

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Staff J, Caregiver, was hired 03/27/2024. A fingerprint background check was not completed until 08/28/2024 (154 days after date of hire).

In an interview at 1:00 PM on 11/06/2024, Staff A, Provider, stated that did not realize the fingerprint background checks had not been completed.

Attestation Statement

Statement of Deficiencies	License #: 757167	Compliance Determination # 49961
Plan of Correction	Sunset Heights AFH, LLC	Completion Date
Page 4 of 5	Licensee: Sunset Heights AFH, LLC	11/18/2024

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 Heights AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 10/9/2024 .

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

Provider (or Representative) 11/22/2024 Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing was completed within three days of hire for 1 of 9 caregiving staff (Staff F). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

Record review on 11/06/2024 showed Staff F was hired on 04/13/2024. There was no documentation to show that any TB testing had been completed within three days of hire at the current AFH.

In an interview on 11/06/2024 at 1:15 PM, Staff A, Provider, stated Staff F had TB testing done five months prior to date of hire and believed this met the requirement for TB testing.

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 Heights AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 11/25/2024 .

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

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 Heights 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

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This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (TB) testing was completed within three days of hire for 1 of 9 caregiving staff (Staff F). This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

Record review on 11/06/2024 showed Staff F was hired on 04/13/2024. There was no documentation to show that any TB testing had been completed within three days of hire at the current AFH.

In an interview on 11/06/2024 at 1:15 PM, Staff A, Provider, stated Staff F had TB testing done five months prior to date of hire and believed this met the requirement for TB testing.

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

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Plan of Correction	Sunset Heights AFH, LLC	Completion Date
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Provider (or Representative)

11/22/2024
Date

[redacted]

Provider (or Representative) _____ Date _____