STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

1 Sunnyside Dr LLC
1 SUNNYSIDE DR LLC
122 Sunnyside Dr
Centralia, WA 98531

RE: 1 SUNNYSIDE DR LLC License # 757622

Dear Provider:

This letter addresses Compliance Determination(s) 52561 (Completion Date 01/06/2025) and 49798 (Completion Date 11/08/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/06/2025 and found that you have corrected the violations listed in the Complaint report dated 11/08/2024. Your home is back in compliance as of 12/23/2024 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 388-76-10198-4, WAC 388-76-10405, WAC 388-76-10405-1, WAC 388-76-10405-2, WAC 388-76-10430-2-d, WAC 388-76-10475-1, WAC 388-76-10485-1

The Department staff who did the on-site verification:
Jonel Tuckett, AFH Complaint Investigator

If you have any questions, please contact me at (360)746-4675.

Sincerely,

Clinton Fridley

Clinton Fridley, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 757622	Compliance Determination # 49798
Plan of Correction	1 SUNNYSIDE DR LLC	Completion Date
Page 1 of 8	Licensee: 1 Sunnyside Dr LLC	11/08/2024

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 11/05/2024 and 11/05/2024 of:

1 SUNNYSIDE DR LLC
122 Sunnyside Dr
Centralia, WA 98531

This document references the following complaint number(s): 154004, 154144, 152528

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jonel Tuckett, AFH Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jody Just
Residential Care Services

11/20/2024
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.

Provider (or Representative) Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep documents related to staff in a place readily accessible to authorized department staff for 2 of 3 staff members (Provider and Caregiver A [CGA]). This failure placed all residents at risk for receiving care from unqualified staff.

Findings included...

During an interview on 11/05/2024 at 1:16 PM, the Provider stated that they had completed the Washington State Name and Date of Birth (WANDB) and National Fingerprint Background Checks for all staff, and all had no records, but they could not locate their reports and would need to request copies.

During a record review on 11/05/2024 at 1:16 PM, the Provider was unable to provide any of their own background checks when requested.

During a record review on 11/05/2024 at 1:16 PM, the Provider was unable to provide any background checks for CGA when requested.

During an interview on 11/07/2024 at 3:36 PM, the Provider stated that the department background check system had been down, and they had not been able to get copies of any background checks for themselves or CGA, but they would try again today after they served the clients dinner and both persons have clear background checks with no records.

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, 1 SUNNYSIDE DR 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

WAC 388-76-10405 Nursing care. If the adult family home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must:

(1) Contract with a nurse currently licensed in the state of Washington to provide the nursing care and service; or

(2) Hire or contract with a nurse to provide nurse delegation.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to contract with a nurse to provide nursing care or nurse delegation services (the process for a nurse to direct another person to perform nursing tasks and activities) for 2 of 4 residents that required nursing care (Resident 1[R1] and Resident 2[R2]). This failure placed residents at risk for not receiving nursing care as required.

Findings included...

During an interview on 11/05/2024 at 11:30 AM, the Provider stated that they were nurse-delegated, and their nurse delegator was Registered Nurse Delegator 1(RND1).

A record review on 11/05/2024 at 2:56 PM of R1's Assessment dated 10/17/2024 showed that R1 was assessed as needing medication administration (giving resident medications by a person legally authorized to do so) and required nurse delegation.

A record review on 11/07/2024 at 9:36 AM, of R1's nurse delegation records, showed that the AFH had established the required nurse delegation services with RND1 for R1 on 10/23/2024. RND1 rescinded their nurse delegation services for R1 on 11/04/2024. The AFH had not contracted with an alternative nurse to provide nursing care or nurse delegation services for R1.

A record review on 11/05/2024 at 3:00 PM of R2's Assessment dated 10/17/2024 showed that R2 was assessed as needing medication administration (giving resident

medications by a person legally authorized to do so) and required nurse delegation.

A record review on 11/07/2024 at 9:36 AM, of R2's nurse delegation records, showed that the AFH had established the required nurse delegation services with RND1 for R2 on 10/23/2024. RND1 rescinded their nurse delegation services for R2 on 11/04/2024. The AFH had not contracted with an alternative nurse to provide nursing care or nurse delegation services for R1.

During an interview on 11/07/2024 at 10:35 AM, RND1 stated that they rescinded all nurse delegation services for R1 and R2 at the AFH, effective immediately, on 11/04/2024, and emailed notices to the AFH provider.

During an interview on 11/07/2024 at 3:36 PM, the provider stated that the new Registered Nurse Delegator (RND2) was currently at the AFH delegating for all the residents today.

During an interview on 11/07/2024 at 3:45 PM, RND2 stated that they had completed teaching at the AFH and were currently checking Medication Administration Records, Physician's Orders, and medication supply on hand to make sure everything lined up and would be delegating AFH staff as of today.

A record review on 11/08/2024 at 9:06 AM, of email and nurse delegation records from RND2, showed that RND2 delegated the required nursing care to the AFH provider for all residents in the AFH effective 11/07/2024.

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, 1 SUNNYSIDE DR LLC is or will be in compliance with this law and / or regulation on (Date) 12/23/2024

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

Provider (or Representative) — Date: 12/10/24

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

medications by a person legally authorized to do so) and required nurse delegation.

A record review on 11/07/2024 at 9:36 AM, of R2's nurse delegation records, showed that the AFH had established the required nurse delegation services with RND1 for R2 on 10/23/2024. RND1 rescinded their nurse delegation services for R2 on 11/04/2024. The AFH had not contracted with an alternative nurse to provide nursing care or nurse delegation services for R1.

During an interview on 11/07/2024 at 10:35 AM, RND1 stated that they rescinded all nurse delegation services for R1 and R2 at the AFH, effective immediately, on 11/04/2024, and emailed notices to the AFH provider.

During an interview on 11/07/2024 at 3:36 PM, the provider stated that the new Registered Nurse Delegator (RND2) was currently at the AFH delegating for all the residents today.

During an interview on 11/07/2024 at 3:45 PM, RND2 stated that they had completed teaching at the AFH and were currently checking Medication Administration Records, Physician's Orders, and medication supply on hand to make sure everything lined up and would be delegating AFH staff as of today.

A record review on 11/08/2024 at 9:06 AM, of email and nurse delegation records from RND2, showed that RND2 delegated the required nursing care to the AFH provider for all residents in the AFH effective 11/07/2024.

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, 1 SUNNYSIDE DR 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 _____

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that residents received medication as required for 2 of 4 residents (Resident 3[R3] and Resident 4[R4]). This failure resulted in R3 and R4 not receiving medications as required.

Findings included...

During an interview on 11/05/2024 at 11:36 AM, R3 stated that they were not getting all of their medications yet as the AFH was having trouble getting them from the pharmacy. R3 stated that they were not sure which medications were missing, but they didn't have everything.

During an interview on 11/05/2024 at 1:55 PM, the Provider stated that R3 was missing several medications that they did not have when they admitted to the AFH on [redacted]/2024. The provider stated that R3's family said they would bring the missing medications yesterday, but they did not, so the Provider is working with R3's doctor and pharmacy to obtain R3's medications.

A record review on 11/05/2024 at 1:55 PM, of R3's November 2024 Medication Administration Record/Physician's Orders, showed that the AFH failed to have acetaminophen (pain reliever), cetirizine (allergy medicine), Vitamin B-12 (supplement), Dulcolax (stool softener), Fleet enema (constipation treatment), Loperamide (antidiarrheal medication), Magox 400 (supplement), Melatonin (sleep aid), Metformin (blood sugar regulator), Methotrexate (arthritis medication), Milk of Magnesia (constipation medication), MiraLAX (constipation medication), or Omeprazole (stomach medication) on hand as ordered for R3. R3 had not received any of the missing medications since admission to the AFH on [redacted]/2024.

An observation on 11/05/2024 at 1:41 PM showed empty medication containers for Furosemide (diuretic), Metformin (blood sugar regulator), and Omega XL (supplement) in R4's medication bin.

During an interview on 11/05/2024 at 1:41 PM, the Provider stated that R4 ran out of some of their medication two or three days ago, not all at once, the Provider was not sure which medications, and there were empty packs in R4's bin. The Provider stated that they had been working with a nurse to fix everything and the nurse was coming today.

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, 1 SUNNYSIDE DR LLC is or will be in compliance with this law and / or regulation on (Date) 12/10/24.

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

Provider (or Representative) — Date: 12/10/24

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep an up-to-date daily medication log for each resident, as required, for 3 of 4 residents (Resident 1[R1], Resident 2[R2], and Resident 4[R4]). This failure placed residents at risk for medication errors.

Findings included...

During an interview on 11/05/2024 at 12:08 PM, the Provider stated that R1, R2, and R4 all admitted to the AFH on [redacted]/2024.

During a record review on 11/05/2024 at 2:26 PM, the Provider was unable to provide any of R1's Medication Administration Records (MAR)s when requested.

During an interview on 11/05/2024 at 2:26 PM, the Provider stated that R1 only took one medication and they had been working to switch pharmacies and obtain a MAR. The Provider stated that they knew they were wrong, they had been giving R1's medication themselves but not logging it, and they have no MAR but are trying to fix it.

During a record review on 11/05/2024 at 2:33 PM, the Provider was unable to provide any of R2's MARs when requested.

During an interview on 11/05/2024 at 2:33 PM, the Provider stated that R2 admitted to the AFH with no medications but was prescribed one medication since admission, which the Provider had been giving every night. The provider stated that they did not have a MAR for R2, they knew they were wrong, and they were trying to fix it.

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, 1 SUNNYSIDE DR 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

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep an up-to-date daily medication log for each resident, as required, for 3 of 4 residents (Resident 1[R1], Resident 2[R2], and Resident 4[R4]). This failure placed residents at risk for medication errors.

Findings included...

During an interview on 11/05/2024 at 12:08 PM, the Provider stated that R1, R2, and R4 all admitted to the AFH on [redacted]/2024.

During a record review on 11/05/2024 at 2:26 PM, the Provider was unable to provide any of R1's Medication Administration Records (MAR)s when requested.

During an interview on 11/05/2024 at 2:26 PM, the Provider stated that R1 only took one medication and they had been working to switch pharmacies and obtain a MAR. The Provider stated that they knew they were wrong, they had been giving R1's medication themselves but not logging it, and they have no MAR but are trying to fix it.

During a record review on 11/05/2024 at 2:33 PM, the Provider was unable to provide any of R2's MARs when requested.

During an interview on 11/05/2024 at 2:33 PM, the Provider stated that R2 admitted to the AFH with no medications but was prescribed one medication since admission, which the Provider had been giving every night. The provider stated that they did not have a MAR for R2, they knew they were wrong, and they were trying to fix it.

During a record review on 11/05/2024 at 1:41 PM, the Provider was unable to provide R4's November 2024 MAR when requested.

During an interview on 11/05/224 at 1:41 PM, the Provider stated that they did not have a November 2024 MAR for R4 and they were going to get it once they finished care this morning. The Provider stated that they had been recording R4's November 2024 medication administration on a piece of paper but did not have it.

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, 1 SUNNYSIDE DR LLC is or will be in compliance with this law and / or regulation on (Date) 12/23/2024

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

Provider (or Representative) — Date: 12/10/24

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep medication in locked storage for 1 of 4 residents (Resident 2[R2]). This failure put all residents at risk of harm from taking medication not as intended.

Findings included...

An observation on 11/05/2024 at 11:16 AM showed that R2 was seated in the living area of the AFH watching television and had access to common areas of the AFH.

An observation on 11/05/2024 at 11:21 AM, showed a bottle of Risperidone 1 milligram tablets (mental health medication), prescribed to R2, left unattended on the dining room table.

An observation on 11/05/2024 at 11:30 AM, showed the bottle of Risperidone, that was observed originally at 11:21 AM, was still unattended on the dining room table.

During a record review on 11/05/2024 at 1:41 PM, the Provider was unable to provide R4's November 2024 MAR when requested.

During an interview on 11/05/224 at 1:41 PM, the Provider stated that they did not have a November 2024 MAR for R4 and they were going to get it once they finished care this morning. The Provider stated that they had been recording R4's November 2024 medication administration on a piece of paper but did not have it.

Attestation Statement

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

Provider (or Representative) _____ Date _____

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep medication in locked storage for 1 of 4 residents (Resident 2[R2]). This failure put all residents at risk of harm from taking medication not as intended.

Findings included...

An observation on 11/05/2024 at 11:16 AM showed that R2 was seated in the living area of the AFH watching television and had access to common areas of the AFH.

An observation on 11/05/2024 at 11:21 AM, showed a bottle of Risperidone 1 milligram tablets (mental health medication), prescribed to R2, left unattended on the dining room table.

An observation on 11/05/2024 at 11:30 AM, showed the bottle of Risperidone, that was observed originally at 11:21 AM, was still unattended on the dining room table.

During an interview on 11/05/2024 at 11:30 AM, the Provider stated that they knew the medication needed to be secured and would be a citation but they were going to take care of it right after resident care was completed.

An observation on 11/05/2024 at 11:36 AM, showed that Resident 3 (R3) was seated in their room and had access to common areas of the AFH.

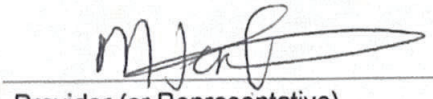
A record review on 11/05/2024 at 3:00 PM of R2's Assessment dated 10/17/2024 showed that R2 was able to bear weight and walk with a cane (assistive device) or a walker (assistive device) but refused.

A record review on 11/08/2024 at 3:50 PM of R3's Assessment dated 10/29/2024 showed that R3 was able to walk with their walker and self-propel (move) themselves with their manual wheelchair (assistive device).

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, 1 SUNNYSIDE DR LLC is or will be in compliance with this law and / or regulation on (Date) 12/23/24 .

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



Provider (or Representative)

12/10/24
Date

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An observation on 11/05/2024 at 11:36 AM, showed that Resident 3 (R3) was seated in their room and had access to common areas of the AFH.

A record review on 11/05/2024 at 3:00 PM of R2's Assessment dated 10/17/2024 showed that R2 was able to bear weight and walk with a cane (assistive device) or a walker (assistive device) but refused.

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

_____ _____

Provider (or Representative) Date