



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

PATRICIA JACKSON
SUMNER COTTAGE
209 Mtn Circle Dr
Sumner, WA 98390

RE: SUMNER COTTAGE License # 337003

Dear Provider:

This letter addresses Compliance Determination(s) 50565 (Completion Date 12/02/2024) and 45009 (Completion Date 07/31/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/02/2024 and found that you have corrected the violations listed in the Full report dated 07/31/2024. Your home is back in compliance as of 10/20/2024 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 388-76-10255, WAC 388-76-10255-1, WAC 388-76-10130, WAC 388-76-10130-3, WAC 388-112A-0610-1-a-ii, WAC 388-112A-0610, WAC 388-112A-0610-1, WAC 388-112A-0610-1-a

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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

Statement of Deficiencies	License #: 337003	Compliance Determination # 45009
Plan of Correction	SUMNER COTTAGE	Completion Date
Page 1 of 4	Licensee: PATRICIA JACKSON	07/31/2024

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 the unannounced on-site full inspection on 07/29/2024 and 07/29/2024 of:

SUMNER COTTAGE
 209 Mtn Circle Dr
 Sumner, WA 98390

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Brian Takagi, Adult Family Home Licensors/Long-Term Care Surveyor

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.

Lisa Cramer

Residential Care Services

08/05/2024

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.

This document was prepared by Residential Care Services for the Locator website.

Provider (or Representative) _____
Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

- (1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interviews, and records review, the adult family home (AFH) failed to ensure 1 of 1 staff (Provider) had documentation of being fitted for an N-95 (respirator mask) within the last twelve (12) months, a supply of medical gowns, a written Infection Prevention Procedure (IPP), and a written Respiratory Protection Program (RPP). This failure placed 3 of 3 residents at risk of being exposed to an infectious disease.

Findings included...

On 07/29/2024, at 9:10 AM, observation showed the Provider did not have a supply of medical gowns in the AFH.

On 07/29/2024 at 9:10 AM, when asked why there were no medical gowns in the AFH, the Provider stated they did not have any.

On 07/29/2024, record review showed the Provider did not have documentation of an N-95 fit test within the last 12 months, a written IPP, and a written RPP.

On 07/29/2024 at 11:45 AM, when asked why there was no documentation of an N-95 fit test within the last 12 months, a written IPP, and a written RPP, the Provider stated they were not aware of these requirements.

<p>Attestation Statement</p> <p>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, SUMNER COTTAGE is or will be in compliance with this law and / or regulation on (Date)_____ .</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>

Provider (or Representative)	Date
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WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to ensure 1 of 1 AFH staff (Provider) had documentation of completed continuing education (CE) hours for 2022, 2023, and 2024. This failure placed all three residents at risk of being cared for by unqualified staff.

Findings included...

On 07/29/2024, at 8:30 AM, observation showed the Provider worked alone.

On 07/29/2024, record review showed the Provider's birthday is [REDACTED]. There was no documentation 12 hours of CEs were completed by their birthday for 2022, 2023, and 2024.

On 07/29/2024 at 11:45 AM, when asked why there was no documentation of CE hours, the Provider stated they will email or fax them.

On 07/31/2024 at 8:00 AM, record review of Department email showed no CEs were faxed or emailed from the Provider.

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, SUMNER COTTAGE 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



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

PATRICIA JACKSON
SUMNER COTTAGE
209 Mtn Circle Dr
Sumner, WA 98390

RE: SUMNER COTTAGE # 337003

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/31/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

SUMNER COTTAGE # 337003

07/31/2024

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Lakewood, WA 98496

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

- (3) Has proof of up-to-date rabies vaccinations.

On 07/29/2024, observation showed a cat on the adult family home property. The Provider did not have documentation of up-to-date rabies vaccinations. All adult family home residents stated they have not had any safety concerns with the cat. The Provider submitted proof the cat has an appointment scheduled with their veterinarian for 08/21/2024.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

Enclosure

This document was prepared by Residential Care Services for the Locator website.

**Plan
(Plan of Correction)**

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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>

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

SUMNER COTTAGE # 337003

07/31/2024

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Olympia, WA 98504-5600