



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

May 4, 2016

Jozef T Weltens
Teresita D Weltens
SUNSHINE CARE
13009 13TH Ave NW
SEATTLE, WA 98177

RE: SUNSHINE CARE License #38600

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on May 3, 2016 for the deficiency or deficiencies cited in the report/s dated March 7, 2016 and found no deficiencies.

The Department staff who did the inspection:
Sonia Coleman, Licensors

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 38600	Completion Date
Plan of Correction	SUNSHINE CARE	March 7, 2016
Page 1 of 11	Licensee: JOZEF WELTENS	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of:
 2/25/2016

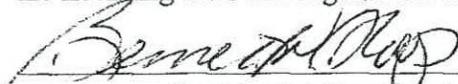
SUNSHINE CARE
 13009 13TH NW
 SEATTLE, WA 98177

The department staff that inspected the adult family home:
 Sonia Coleman, RN, MN, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

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As a result of the on-site full inspection 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

3/19/2016
 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)

3/21/2016
 Date

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WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to ensure two of two residents (#2 and #5) assessments were updated when there were changes in condition, and when parts of the negotiated care plan no longer reflected the resident's current needs. These failures may have resulted in the resident not receiving the appropriate care and services. Findings included:

Observation, interview and record reviews were conducted on 02/25/2016 unless otherwise noted.

Resident #2

Resident #2 was observed in the living room on arrival at 9:35 a.m.. She did not communicate.

In interview, Co-Provider B said the resident took medications whole. She said when the AFH admitted the resident, she took medications crushed.

Record review revealed the home admitted the resident on [REDACTED] with [REDACTED] and other illnesses. Review of the resident's combined assessment and negotiated care plan dated 07/18/2015, found she pocketed foods and staff were to crush her medications, mix with food feed her. It also noted the resident ambulated with a [REDACTED]

The resident's assessment and negotiated care plan were not revised to when she began receiving crushed medications, was using a wheelchair instead of a walker.

Resident #5

Record review revealed the home admitted on [REDACTED] with [REDACTED] and other illnesses. Interview and record review revealed the resident was in the hospital from January 24-30/2016 for respiratory problems. He was discharged to the adult family home with an [REDACTED] orders for crushed medications, nectar thick liquids, puree diet and visiting nurse service. The resident appeared fatigued. Co-Provider B said he had been sleeping more.

Record review revealed on 02/12/2016 the resident began receiving [REDACTED] and continuous [REDACTED]. He was re-admitted to hospice on [REDACTED] (He was discharged on [REDACTED]). Observation and interview with the co-providers and the resident's representative found he required more assistance since admission.

Review of the resident's assessment and negotiated care plan dated 08/29/2015 found it noted the resident was on a toileting program, ate a soft diet and received his medications whole.

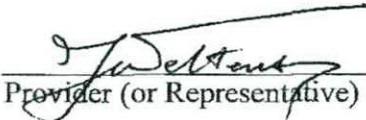
The resident's assessment and negotiated care plan were not revised when the resident began using an [REDACTED] his diet was changed to pureed diet and nectar thick liquid. In interview, Co-Provider B acknowledged the resident's diet changes and the [REDACTED]

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needed to be included on the assessment and care plan.

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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, SUNSHINE CARE is or will be in compliance with this law and / or regulation on (Date) April 23, 2016 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

3/21/2016
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

- (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.
- (4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

This requirement was not met as evidenced by:

Based on observation, interview and record reviews, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents (#2 and #5) medications were crushed, vital signs and weights were monitored weekly. These failures placed the resident at risk for not having his assessed needs met, choking and weight loss. Findings included:

Observation, interview and record reviews were conducted on 02/25/2016 unless otherwise noted.

Resident #2

Observation found resident #2 was a [REDACTED] woman sitting in the living room by herself on arrival at 9:35 a.m., while resident #1, #3, #4 and #5 were eating breakfast at the dining table.

Review of the resident's assessment and care plan dated 07/18/2015 found she was to be weighed monthly and weight loss greater than 5 pounds was to be reported to the doctor. Her blood pressure was to be monitored twice weekly or as directed by the physician and the physician was to be notified if greater than 160/90. Her medications were to be crushed, mixed in apple sauce and fed to her.

In an interview, Co-Provider B said the resident was receiving her medications whole. When asked for the resident's weight log, Co-Provider B said the resident was no longer being weighed because it was too hard to weigh her. When asked for the blood pressure log, the Co-Providers searched the home for several minutes and showed the Department staff February 2-15/2016 blood pressure and pulse. When asked for the previous months vitals, they said they could not locate the records, because they could not find where Staff B kept them.

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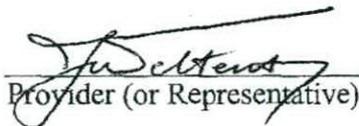
Resident #5

Resident #5's combined assessment and negotiated care plan dated 08/18/2015 noted he was to have weekly weights and vital signs. Blood pressure greater than 180/80 or or less than 100/50 were to be reported to the physician.

When asked to see the resident's weights and vital signs logs, the Co-Providers searched for them for a while to produce a few weights and vital signs for February 2016. When asked to see the previous months records, the Co-Providers said they did not know where Staff B put the records. Staff A said the resident's representative took them with the resident to the hospital and they were not returned to the home.

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3/21/2016
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WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:

- (1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;
- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record reviews, the Adult Family Home (AFH) failed to develop a policy that clearly stated the circumstances under which the home provided care for Medicaid eligible residents, and residents who became Medicaid eligible after admission and that a copy of the policy was given to 2 of 2 sampled residents (#2 and #5). This failure placed the residents at risk for not knowing whether the home would allow them to continue living there if their financial situation changed. Findings include:

Interview and record review occurred on 02/25/2016 unless otherwise noted.

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Record review found the home admitted Resident #2 on [REDACTED]. The resident had dementia and could not sign her her records but had a representative who could sign them for her. Review of the resident's records found she did not have a signed copy of the home's policy on accepting and keeping Medicaid as a payment source.

Record review found the home admitted Resident #5 on [REDACTED]. The resident had dementia, but the staff said his representative visited him often. Review of the resident's records found he did not have a signed copy of the home's policy on accepting Medicaid as a payment source in the resident's record.

In interview, Co-Provider A asked if this was a new policy. He said the policy was included in the admission contract. The Washington Administrative Code (WAC) was reviewed with him to assist him in understanding the policy.

Attestation Statement

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Provider (or Representative)

3/21/2016
Date

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place the following documents in a visible location in a common use area where they can be examined by residents, resident representatives, the department and anyone interested without having to ask for them.

(a) A copy of the most recent inspection report and related cover letter; and

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department and anyone interested.

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to post a notice stating the inspection reports and complaint investigation reports were available for review for the past three years. Additionally, the inspection report was framed and not readily available for review. These failures prevented 5 of 5 residents (#1, #2, #3, #4 and #5) and others from being able to review the report without having to ask for it. Findings included:

Observation and interview were conducted on 02/25/2016 unless otherwise noted.

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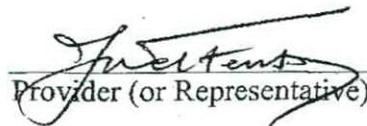
During the environmental tour, the last full inspection report was not posted in a visible location in a common area. The notice stating the inspection reports and complaint investigation reports were available on request was not posted. The Department staff asked where the report and the notice were located. Co-Provider B responded the last inspection report was posted in the living room in a frame.

The Department staff opened the glass frame to review the report. The list with residents' names in the 2014 full inspection was posted with the inspection report along with previous inspection reports. The back in compliance letter for the 2014 full inspection was not displayed.

In interview, when asked why the inspection report was framed when it was supposed to be readily available for review without having to ask for it, Co-Provider B said it was always done this way and that framing them prevented others from seeing the resident list. The department staff reviewed the regulation with her.

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, SUNSHINE CARE is or will be in compliance with this law and / or regulation on (Date) 04/23/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

3/21/2016
Date

WAC 388-76-10675 Adult family home rules and policies related to abuse Required. The adult family home must develop and implement written rules and policies that:

- (1) Do not allow abandonment, abuse, neglect of any resident, exploitation or financial exploitation of any resident;
- (2) Require staff to report possible abuse, and other related incidents, as required in chapter 74.34 RCW; and
- (3) Do not interfere with the requirement that employees and other mandated reporters file reports directly with the department, and with law enforcement, if they suspect sexual or physical assault to have occurred.

This requirement was not met as evidenced by:

Based observation, record review and interview, the home failed to ensure 1 of 2 sampled caregivers (Staff A) knew she was required to report resident abuse, neglect and exploitation to the abuse hotline. The home did not have a policy on reporting abuse, neglect and exploitation. These failures placed residents (#1, #2, #3, #4 and #5) at risk for abuse, neglect and exploitation. Findings included:

Observation, record reviews and interview were conducted on 02/25/2016 unless otherwise noted.

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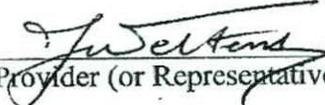
Observation found a complaint resolution unit (CRU) poster was posted in the common area. In interview with Staff A, she was asked to give an example of abuse, neglect or exploitation. She said hitting and causing bruises were examples of physical abuse.

When asked what Staff A would do if she observed someone hitting a resident. Staff A said she would tell the Providers. In the exit interview, Co-Provider B was told Staff A did not know that she was required to call the hotline. Co-Provider B said, "Oh yes. The hotline."

Review of the home's written policies found the home did not have an abuse policy. The Co-Providers searched the home but said they did not have a written abuse policy.

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Provider (or Representative)

3/21/2016
Date

WAC 388-76-10685 Bedrooms. The adult family home must:

- (2) Ensure window and door screens:
- (b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and interview, the home failed to ensure window screens were in two of five residents' bedroom windows Bedroom C and D). This failure placed Resident #1 and #5 at risk for having flies and bugs entering their bedrooms. Findings included:

Observation and interview were conducted on 02/25/2016 unless otherwise noted.

Observation found there were six bedrooms on the lower level of the home. each bedroom was designated for one resident. Bedroom A was vacant. During the tour of Resident #1's bedroom (#C) and Resident #5's bedroom (#D) found no window screens in the windows. All other bedrooms (A, B E and F) had window screens.

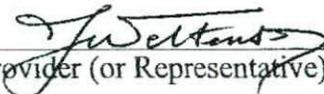
Co-Provider B was informed the residents' bedrooms must have window screens. She said, "No. I do not plan to put screens in them." She said the home's family room was converted into bedroom C and D and that she did not intend to put screens in the window.

In an interview with Co-Provider A on 03/07/2016, he said the city of Shoreline and the Department approved the bedrooms without window screens 17 years ago.

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Provider (or Representative)

3/21/2016

Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure the fire extinguishers are:

(a) Installed according to manufacturer recommendations;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure both fire extinguishers were installed on both levels of the home according to manufacturers' recommendations. This failure could result in damage to the fire extinguishers, making them unusable during a fire. Findings included:

Observation and interview were conducted on 02/25/2016 unless otherwise noted.

During the tour of the lower level of the home where the residents lived, observation found the fire extinguisher placed upright on a counter in the laundry room. The service tag noted it was serviced September 2015. Staff B was observed doing laundry and handling clothes near it. It was not secured and could be easily knocked over.

Tour of the upper level where the Co-Providers lived found the fire extinguisher placed upright on the staircase ledge. The service date was September 2015. It was not secured and could be easily knocked over.

When informed the fire extinguishers must be installed according to manufacturers recommendations. The Co-Providers said they were not aware of this. A Google search of fire extinguisher installation found they should be stored off the floor, be anchored and easy to reach.

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J. Weltens
Provider (or Representative)

3/21/2016
Date

WAC 388-76-10885 Elements of emergency evacuation floor plan. The adult family home must ensure the emergency evacuation floor plan has:

- (1) An accurate floor plan of the home, including rooms, hallways, exits (such as doorways and windows) to the outside of the home;
- (2) Emergency evacuation routes showing the paths to take to exit the home; and

This requirement was not met as evidenced by:

Based on record reviews and interview, the home failed to ensure the emergency evacuation floor plan for the lower level of the home included exit windows to the outside of the home and emergency evacuation routes showing the paths to take to exit the home. These failures placed the residents (#1, #2, #3, #4 and #5) at risk for harm during and evacuation from the home. Findings included:

Record reviews and interviews were conducted on 02/25/2016 unless otherwise noted.

Review of the emergency evacuation floor plan for the lower level of the home where the residents lived found it did not include exit windows, emergency evacuation routes showing the path(s) to exit the home and leading to the designated safe location.

When interviewed, Co-Provider A said he would get a new floor plan showing the routes through the home and windows.

Attestation Statement

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3/21/2016
Date

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WAC 388-112-0200 What is continuing education?

(1) (1) Continuing education is annual training designed to increase a caregiver's knowledge and skills. DSHS must approve continuing education curriculums and instructors. The same continuing education course may not be repeated for credit unless it is a new or more advanced training on the same topic. The exceptions to this are:

(d) Food handling training.

WAC 388-112-0205 Who is required to complete continuing education training, and how many hours of continuing education are required each year?

(1) Adult family homes

(d) Continuing education must include one-half hour per year on safe food handling in adult family homes described in RCW 70.128.250 .

This requirement was not met as evidenced by:

Based on observation, interview and record reviews, the adult family home (AFH) failed to ensure 4 of 5 staff (Staff A, B Co-Provider A and B) received the training from a certified continuing education instructor and that the training was done annually. These failures placed residents (#1, #2, #3 #4 and #5) at risk for food borne illnesses. Findings included:

Observation, interview and record reviews were conducted on 02/25/2016 unless otherwise noted.

Three caregivers were on duty during the inspection. They included the Co-Providers (A and B) and Staff A. Staff A and Co-Provider B prepared lunch for the residents. Both Co-Providers and Staff A assisted the residents with feeding.

Review of the caregivers food safety records found Co-Provider A and B and caregivers A and B did not have current food safety training. Co-Provider A's food safety certificate was dated 11/20/2014, Co-Provider B's dated 08/02/13, Staff A's dated 09/26/2011, and Staff B's dated 08/05/2013.

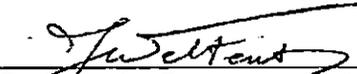
Co-Provider A signed all caregivers food safety certificate, including his. No food safety instructor certification was found in Co-Provider A's records. Interview with Co-Provider B found Co-Provider A was not a certified food safety instructor.

Co-Provider A said all caregivers read the on-line food safety material, took the test and had Co-Provider A sign the certificates. The Washington Administrative Code (WAC) was reviewed with the the Co-Providers to give them a better understanding of why Co-Provider A could not teach the class and why the training must be done by a certified continuing education instructor.

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3/21/2016

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