



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 544600	Completion Date
Plan of Correction	SAGEWOOD	February 3, 2016
Page 1 of 3	Licensee: SEQUOIA HILL INC	

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 follow-up inspection of: 2/3/2016

SAGEWOOD
 913 PINE ST
 LYNDEN, WA 98264

This document references the following SOD dated: October 26, 2015

The department staff that inspected the adult family home:
 Megan Wylie, BSN, Licensor

RECEIVED
 MAR 03 2016
 ADEL-PCS
 Shirley Pruitt

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

As a result of the on-site follow-up 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

2/26/16
 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)

03/01/2016
 Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

- (4) The resident assessment information;
- (10) A current inventory of the resident's personal belongings dated and signed by:
 - (a) The resident; and
 - (b) The adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to have a system in place to ensure resident records contained all the required documents and all records were kept in the home for 3 of 4 residents (Resident 1, 2, and 4). This failure placed the residents at risk of unmet and unrecognized care needs.

Findings include:

Inventory
 ? Resident 1 - 01/18/05 will be updated 03/02/16 Signed
 ? Resident 2 - 11-27-15 Signed
 Resident 4 - 8-18-03 Signed will be updated 03/01/16

All record review and interview occurred on 2/4/16 unless otherwise noted.

Record review revealed resident CARE assessments were done by the case manager (CM) from the Developmental Disabilities Administration (DDA). Record review revealed there was not a CARE assessment in Resident 1's chart, a CARE assessment (dated 11/12/14) for Resident 2 and there was a CARE assessment (dated 3/6/14) for Resident 4; however, there were no current CARE assessments from in the resident records within the past year.

Not having the resident's current assessment in the chart places the resident at significant risk for unidentified and unmet needs, neglect, and a decreased quality of life.

** All updated & signed*

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, SAGEWOOD is or will be in compliance with this law and / or regulation on (Date) 03/04/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

[Signature]
 Provider (or Representative)

[Signature] 03/01/2016
 Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

- (1) Resident; and
- (2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to have a system in place to ensure the negotiated care plans (NCPs) of 1 of 4 residents (Resident 4) were agreed to, signed, and dated after each update, as required. This failure placed the residents at risk of unmet/ unrecognized

*Resident 4 - NCP Signed 5-23-15
 New NCP Signed 3-1-16
 10-23-15*

care needs.

Findings include:

All record review and interview occurred on 1/3/16 unless otherwise noted.

Record review revealed Resident 4 was admitted to the home on [REDACTED] 03 with medically disabling diagnoses including [REDACTED]. The resident had a representative who negotiated care with the provider. Record review revealed the resident's NCP was last updated in 9/2015; however, there was no evidence both the provider and the resident's representative had agreed to, signed, and dated the NCP.

→ It was updated however
Not involving the resident's representative in the care and services the resident is to receive places the resident at significant risk for unidentified and unmet care needs, neglect and a decreased quality of life.

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, SAGEWOOD is or will be in compliance with this law and / or regulation on (Date) 03/02/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X [Signature]
Provider (or Representative)

X 03/01/16
Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

April 14, 2016

SEQUOIA HILL INC
SAGEWOOD
6283 NOON RD
EVERSON, WA 98247

RE: SAGEWOOD License #544600

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 7, 2016 for the deficiency or deficiencies cited in the report/s dated July 17, 2015, October 26, 2015 and February 3, 2016 and found no deficiencies.

The Department staff who did the inspection:
Megan Wylie, Licensor

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Kay Randall, Field Manager
Region 2, Unit B
Residential Care Services