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

September 1, 2016

JULIE A CHA
SUMMER HAVEN ADULT FAMILY HOME
15109 3RD AVE NE
SHORELINE, WA 98155

RE: SUMMER HAVEN ADULT FAMILY HOME License #750395

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 22, 2016 for the deficiency or deficiencies cited in the report/s dated April 29, 2016, June 28, 2016 and August 2, 2016 and found no deficiencies.

The Department staff who did the inspection:
Brenda Mooney, Licensor

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

Sincerely,

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

Residential Care Services

Investigation Summary Report

Provider/Facility: SUMMER HAVEN ADULT FAMILY HOME (687913) **Intake ID(s):** 3229416

License/Cert. #: AF750395

Investigator: Atanasova, Elena **Region/Unit:** RCS Region 2/Unit E **Investigation Date(s):** 07/28/2016 through 08/02/2016

Complainant Contact Date(s):

Allegations:

#1. Named resident had a rash on [redacted] groin area and strong body odor on [redacted].

Investigation Methods:

- [x] **Sample:** residents
- [x] **Observations:** general care, adult family home(AFH) environment
- [x] **Interviews:** residents, caregivers, provider, resident's representative
- [x] **Record Reviews:** residents' record, caregivers' record, progress notes, nurse deletion, medications' order and medication administration record.

Allegation Summary:

#1. Observation found three residents in the AFH. Named Resident (NR) had skin condition and had prescribed skin treatment. NR also had a preference to not use a soap with [redacted] skin care. The AFH provided skin care and treatment to the NR as directed by medical provider.The AFH did not update the NR's negotiated care plan to address current skin care needs and NR's preferences.

Unalleged Violation(s): ☐ **Yes** ☒ **No**

WAC 388-76-10355 (1),(2),(3),(5),(6),(a),(b),(c),(d)- negotiated care plan not updated.

Conclusion / Action: ☒ **Failed Provider Practice Identified / Citation(s) Written** ☐ **Failed Provider Practice Not Identified / No Citation Written**

Citation written. Referral to statement of deficiency dated 08/02/2016.

Residential Care Services

Investigation Summary Report

Provider/Facility: SUMMER HAVEN ADULT FAMILY HOME (687913) **Intake ID(s):** 3202732

License/Cert. #: AF750395

Investigator: Mooney, Brenda **Region/Unit:** RCS Region 2/Unit D **Investigation Date(s):** 04/26/2016 through 05/02/2016

Complainant Contact Date(s):

Allegations:

Provider did not pay required license fee from 4/15/2015.

Investigation Methods:

- [x] **Sample:** The home's administrative records were sampled.
- [x] **Observations:** Residents observed in the home. Food and electricity operating. All home systems were working. Caregiver on-site.
- [x] **Interviews:** Provider was interviewed by telephone. On-site caregiver (Caregiver A) was interviewed.
- [x] **Record Reviews:** A review of the Provider's payment history on FMS was completed.

Allegation Summary:

Provider was cited for failure to pay required licensing fee.

Unalleged Violation(s): [ ] **Yes** [x] **No**

Conclusion / Action: [x] **Failed Provider Practice Identified / Citation(s) Written** [ ] **Failed Provider Practice Not Identified / No Citation Written**

See statement of deficiency dated 04/29/2016. WAC 388-76-10010 (2)(d) License Valid and not transferable and WAC 388-76-10025 (2)(3)(4) License annual fee.

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 #: 750395	Completion Date
Plan of Correction	SUMMER HAVEN ADULT FAMILY HOME	August 2, 2016
Page 1 of 3	Licensee: JULIE CHA	

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 complaint investigation of: 7/28/2016

SUMMER HAVEN ADULT FAMILY HOME
15109 3RD AVE NE
SHORELINE, WA 98155

This document references the following complaint number: 3229416

The department staff that inspected and investigated the adult family home:

Elena Atanasova, BSN, Community Complaint Investigator
Lydia Mills, MSN, Community Complaint Investigator

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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

As a result of the on-site complaint investigation 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.

Dennis Vaeg — 8-8-2016

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.

Julie Cha — 8/12/2016

Provider (or Representative) — Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:
(1) A list of the care and services to be provided;
(2) Identification of who will provide the care and services;
(3) When and how the care and services will be provided;
(5) The resident's activities preferences and how the preferences will be met;
(6) Other preferences and choices about issues important to the resident, including, but not limited to:
(b) Daily routine;
(c) Grooming; and
(d) How the home will accommodate the preferences and choices.

This requirement was not met as evidenced by:
Based on observations, interviews and record reviews, the adult family home (AFH) failed to ensure 1 of 3 Residents' (R#2) negotiated care plan (NCP) reflected current preferences and choices regarding skin care. The AFH also failed to ensure the R#2's NCP was updated with the skin order from the medical provider and had directions of who, when, and how to meet R#2's skin care needs. This failure placed R#2 at risk of unmet needs and potential skin complications.

Findings include:

Observations, interviews, and record review occurred on 07/28/2016 unless otherwise noted.

Observations revealed the adult family home had total of three Residents, (Residents #1, #2 and #3).

During observation of care, Caregiver A performed [redacted] on R#2. He used only water and wash cloth to wipe the skin around R#2's [redacted] During the care, R#2 repeatedly asked caregiver A if the solution for cleansing was only water. The Resident had a red rash in [redacted] that looked moist.

Review of the R#2's assessment dated 04/20/2016 revealed [redacted] had skin disorders such as recurring rash on the [redacted] amongst other diagnosis. The assessment stated [redacted] had a prescribed treatment for [redacted] skin disorder. Caregivers were delegated to apply treatment to [redacted] skin. [redacted] primary providers' orders dated 06/25/2015 showed an order that stated "Do not use soap on [redacted] skin".

In interview, Caregiver A said the home used only water to clean R#2's body and checked [redacted] skin daily. Caregiver said R#2 preferred to have shower once a week with no soap but accepted a little drop of baby shampoo on the hair during shower. Caregiver A further explained the AFH had the primary provider's order not use soap on [redacted] skin. However, these preferences were not on [redacted] NCP.

The NCP did not include who, when, and how skin care would be provided. The NCP did not also address Resident #2's preferences of not using soap and how AFH home was accommodating this preference. Skin monitoring, treatments and reporting skin issue when they

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were observed were not addressed.

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, SUMMER HAVEN ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8/12/2016. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Julie Cha
Provider (or Representative)

8/12/2016
Date

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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 #: 750395	Completion Date
Plan of Correction	SUMMER HAVEN ADULT FAMILY HOME	June 28, 2016
Page 1 of 2	Licensee: JULIE CHA	

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 off-site follow-up inspection of: 6/21/2016

SUMMER HAVEN ADULT FAMILY HOME
15109 3RD AVE NE
SHORELINE, WA 98155

This document references the following SOD dated: April 29, 2016

The department staff that inspected the adult family home:

Brenda Mooney, M.A., Licensor

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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

As a result of the off-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 — Date: 07/01/2016

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: 8/1/2016

WAC 388-76-10010 License Valid and not transferable.
(2) The license remains valid unless:
(d) The home fails to pay the annual licensing fee.

WAC 388-76-10025 License annual fee.
(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
(3) The home must ensure that the department receives the annual license fee when it is due.
(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:
Based on interviews, the home did not ensure that the annual licensing fee was received by the department in a timely manner. Failure to pay the annual licensing fee had the potential to risk continuity of 3 of 3 residents' placements at the home.

Findings include:

On 6/20/16, a follow-up was conducted by telephone with this provider. The Provider stated that she had paid her licensing fee. A review of of the department's data base, Facility Management System (FMS), showed the home had paid her licensing fee for 2015 following a citation from the department on 5/2/16. This fee was late by approximately 1 year and 1 month. Further review of FMS data, showed the home had not paid the current annual licensing fee due by April 15, 2016 for the 2016-2017 renewal period.

When asked about the licensing fee for 2016, the Provider said that this fee was not due until July 2016. Further, consultation within the department on 6/28/16 revealed that the invoice sent to the Provider for the 2016 fee was dated 2/15/16. The due date was 4/15/16 not July 2016 as stated by the Provider.

The Provider had not paid her fee for 2016 when it came due.

This is a repeat deficiency previously cited on 5/2/2016.

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, SUMMER HAVEN ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8/1/2016 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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Julie Cha
Provider (or Representative)

8/1/2016
Date

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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 #: 750395	Completion Date
Plan of Correction	SUMMER HAVEN ADULT FAMILY HOME	April 29, 2016
Page 1 of 2	Licensee: JULIE CHA	

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 complaint investigation of: 4/26/2016

SUMMER HAVEN ADULT FAMILY HOME
15109 3RD AVE NE
SHORELINE, WA 98155

This document references the following complaint number: 3202732

The department staff that inspected and investigated the adult family home:

Brenda Mooney, M.A., 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

As a result of the on-site complaint investigation 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.

Kenneth [illegible] — Residential Care Services

05/04/2016 — 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.

Julie Cha — Provider (or Representative)

7/8/2016 — Date

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(3) The home must ensure that the department receives the annual license fee when it is due.
(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:
Based on interviews, the home did not ensure that the annual licensing fee was received by the department in a timely manner. Failure to pay the annual licensing fee had the potential to risk continuity of 3 of 3 residents placement at the home.

Findings include:

Review of department systems showed the department licensed the adult family home April 19, 2007. The home's annual licensing fee was due by the 15th of the month the home was licensed each year. As of 04/15/2016, the department system showed the home owed $900.00 which was due April 2015.

On 4/26/16, the Provider was not at the home but was accessed by cellphone. The Provider said she was aware of that she had not paid the fee. She stated she had spoken to agency personnel recently where it was agreed that she would pay the fee on 5/9/2016. The Provider said she had an email to that effect. The Provider was asked to fax this agreement to the department.

On 5/2/2016, a 3 page fax (including cover sheet) from the Provider was reviewed. No evidence of any agreement that the fee could be paid in May 2016 was found. The Provider was called again to see if missing pages were to be faxed. However, the Provider did not have any further evidence of an alleged agreement.

The home has operated without a valid license for twelve months.

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, SUMMER HAVEN ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 7/8/2016 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

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Julie Cha
Provider (or Representative)

7/8/2016
Date