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

Hidden Lake Adult Family Home LLC

Hidden Lake Adult Family Home LLC
5221 110th St SW
Lakewood, WA 98499

RE: Hidden Lake Adult Family Home LLC License # 751190

Dear Provider:

This letter addresses Compliance Determination(s) 50363 (Completion Date 01/22/2025) and 49215 (Completion Date 10/29/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/22/2025 and found that you have corrected the violations listed in the Complaint report dated 10/29/2024. Your home is back in compliance as of 11/05/2024 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 388-76-10225-2-f

The Department staff who did the on-site verification:
Keyondra Okeke, AFH Compliant Investigator

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

Sincerely,

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

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 #: 751190	Compliance Determination # 49215
Plan of Correction	Hidden Lake Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Hidden Lake Adult Family Home LLC	10/29/2024

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 10/23/2024, 10/23/2024 and 10/29/2024 of:

Hidden Lake Adult Family Home LLC
5221 110th St SW
Lakewood, WA 98499

This document references the following complaint number(s): 150744, 151813

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Keyondra Okeke, AFH Compliant Investigator

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

10/30/2024
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.

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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.

Provider (or Representative) Date

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on interviews and record review, the Adult Family Home (AFH) failed to notify the Case Manager of a fall with injury for 1 of 5 sampled residents (Resident 1). This failure placed Resident 1 (R1) at risk for undocumented injuries and a delay in treatment.

Findings included...

Review of the incident report, dated 04/17/2024, showed R1 sustained a fall with injury on 04/17/2024, and the injury was reported to R1's Power of Attorney (POA). It did not document the Case Manager was notified of the incident.

On 10/23/2024 at 1:43 p.m., when asked if they were notified of R1's April 2024 fall, the Case Manager stated, "Another question on the assessment asks if there was any visits to the ER or hospitalizations in the last six months, the Provider told me no, but [their] guardian [POA] had proof that the AFH informed [them] of [R1's] falling and breaking [their] finger. The [AFH] stated they didn't have any record of it, but they did remember the incident. They also did not inform me of [R1] falling or breaking [their] finger in April [2024]."

On 10/25/2024 at 11:13 a.m., when asked if they were notified of R1's April 2024 fall, the POA stated," When asked if [R1] recently had been to the hospital within the last six months during the assessment, the Provider could not answer regarding details of the fall. I was sent a text message with pictures about the incident, so I was able to pull up that information and show the Case Manager during the assessment."

On 10/28/2024 at 10:45 a.m., when asked if the Case Manager was notified of the April 2024 fall, the AFH Office Manager stated, "Everyone was notified by phone, as you can see from the notes, and everyone involved took action."

On 10/28/2024, at 12:30 p.m., the AFH Office Manager was asked to send the Department documentation that the Case Manager was notified of R1's April 2024 fall.

Provider (or Representative) Date

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Statement of Deficiencies	License #: 751190	Compliance Determination # 49215
Plan of Correction	Hidden Lake Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Hidden Lake Adult Family Home LLC	10/29/2024

As of 10/29/2024, no documentation was received.

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, Hidden Lake Adult Family Home LLC is or will be in compliance with this law and / or regulation on
(Date) 11/05/24

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

Provider (or Representative) — Date: 11/05/2024

As of 10/29/2024, no documentation was received.

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, Hidden Lake Adult Family Home 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

HIDDEN LAKE ADULT FAMILY HOME LLC

5305 110TH ST SW

LAKEWOOD, WA. 98499

11/05/2024

PLAN OF CORRECTION

Re: HIDDEN LAKE ADULT FAMILY HOME LLC : LICENSE # 751190

Based on an unannounced on-site investigation on 10/23/2024 of a complaint made to the department that was conducted by Keyondra Okeke, the following is a correction of the deficiency.

WAC 388-76-10225 reporting requirement.

When there is a significant change in a resident's condition, or a serious injury, trauma, or death of the resident, the adult family home must immediately notify:

(f) The resident's case manager if the resident is a department client.

"Based on the interview and record review, the Adult family home (AFH) failed to notify the case manager of the fall with injury for 1 of the 5 sampled residents (Resident 1)"

CORRECTION :

According to our records Resident 1 fall was reported and handled according to the WAC requirements. There is a small gap however that the case manager was notified by a phone call that was never recorded. Resident 1 had a swollen finger that had a ring that was too tight. When that was noticed by the caregiver that is when she mentioned that she had fallen the previous day at the Lakewood town center but she sustained no injury and that is why she did not tell anybody.

However the caregiver noticed that she had another bruise on her thigh that she said she had fallen at her brothers house. When asked non of the 2 falls had

reason to go to the ER. However, the swollen finger had to be taken to the ER for the ring to be cut off. The discharge report showed that the finger had a

" Nondisclosed fracture of the left ring finger" this was later ruled out when she went to the specialist on the 24th

This incident was reported to Resident 1 sister [redacted] as indicated by our notes and also to the PCP who was involved in her referral to the specialist.

Her case manager [redacted] was also notified by phone. When we called her for this report's phone record she told our manager that it would be very hard to trace a call like that.

(1) We have enclosed here the ER discharge report.
(2) Our daily report notes for resident # 1 also indicating the PCP was notified.
(3) Our communication with POA (Resident 1 sister)
(4) The incident report for that day.

[redacted] has been with us for 13 years and in all those years she has received the best care that we could provide. There has never been cases where incidents were not reported and actions not taken immediately.

It is our hope that this matter would be settled in everyone's best interest as we move forward with her care;

If you have any questions or need more clarification please feel free to call me at 253-241-1642

Thank you

John Kimani

Hidden Lake AFH manager