



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

SNOQUALMIE VALLEY ELDER CARE INC  
SNOQUALMIE VALLEY ELDER CARE INC  
13739 436TH AVE SE  
NORTH BEND, WA 98045

RE: SNOQUALMIE VALLEY ELDER CARE INC License # 752091

Dear Provider:

This letter addresses Compliance Determination(s) 35875 (Completion Date 02/01/2024) and 32511 (Completion Date 12/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 02/01/2024 and found that you have corrected the violations listed in the Complaint report dated 12/13/2023. Your home is back in compliance as of 01/04/2024 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 388-76-10215-1

The Department staff who did the off-site verification:  
Ellen Schooler, NCI Nurse Consultant Institution

If you have any questions, please contact me at (253)341-2633.

Sincerely,

*Ann Lee-Hunter*

Ann Lee-Hunter, Field Manager  
Region 2, Unit K  
Residential Care Services



## Residential Care Services Investigation Summary Report

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**Provider/Facility:** SNOQUALMIE VALLEY ELDER CARE INC  
**License/Cert.#:** 752091  
**Compliance Determination #:** 32511  
**Investigator:** Ellen Schooler  
**Investigation Date(s):** 11/14/2023 through 12/13/2023  
**Complainant Contact Date(s):**

**Provider Type:** Adult Family Home  
**Intake ID:** 104365  
**Region/Unit #:** RCS Region 2 / Unit K

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### Allegation(s):

The Adult Family Home failed to protect Named Resident's funds and failed to place them into an interest-bearing account.

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### Investigation Methods:

**Sample:** Total residents: 6  
Resident sample size: 2  
Closed records sample size: 0

**Observations:** Adult Family Home Environment  
Identified resident  
Residents  
Dining  
Resident care equipment  
Resident rooms  
Staff to resident interactions

**Interviews:** Identified resident  
AFH Staff  
Residents  
Outside third party

**Record Reviews:** Negotiated Care Plans  
Banking Records  
Facility policies

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### Investigation Summary:

Observation showed that AFH provided care and services to residents. Residents were comfortable and well-groomed. Residents were treated with respect and dignity. No sign/symptom of abuse or neglect observed. Interview with outside third party indicated that the Named Resident had a large sum of money withdrawn from their account and paid to the AFH. Record reviews exhibited that AFH had abuse/ neglect/ mistreatment/ financial exploitation prevention and reporting policy and procedures. Record review showed that the Adult Family Home failed to place Named Residents funds into an interest -bearing account. Failed practice identified.

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**Conclusion / Action:**

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A



## Residential Care Services Investigation Summary Report

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**Provider/Facility:** SNOQUALMIE VALLEY ELDER CARE INC  
**License/Cert.#:** 752091  
**Compliance Determination #:** 32511  
**Investigator:** Ellen Schooler  
**Investigation Date(s):** 11/14/2023 through 12/13/2023  
**Complainant Contact Date(s):**

**Provider Type:** Adult Family Home  
**Intake ID:** 105029  
**Region/Unit #:** RCS Region 2 / Unit K

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### Allegation(s):

The Adult Family Home failed to protect Named Resident's funds and failed to place them into an interest-bearing account.

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**Sample:** Total residents: 6  
Resident sample size: 2  
Closed records sample size: 0

**Observations:** Adult Family Home Environment  
Identified resident  
Residents  
Dining  
Resident care equipment  
Resident rooms  
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**Interviews:** Identified resident  
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Observation showed that AFH provided care and services to residents. Residents were comfortable and well-groomed. Residents were treated with respect and dignity. No sign/symptom of abuse or neglect observed. Interview with outside third party indicated that the Named Resident had a large sum of money withdrawn from their account and paid to the AFH. Record reviews exhibited that AFH had abuse/ neglect/ mistreatment/ financial exploitation prevention and reporting policy and procedures. Record review showed that the Adult Family Home failed to place Named Residents funds into an interest -bearing account. Failed practice identified.

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**Conclusion / Action:**

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A

RECEIVED

JAN 04 2024

DSHS/AL TSA/RCS



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License # 752691	Compliance Determination #32511
Plan of Correction	SNOQUALMIE VALLEY ELDER CARE INC	Completion Date
Page 1 of 4	Licensee: SNOQUALMIE VALLEY ELDER CARE INC	12/13/2023

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 11/14/2023 and 11/14/2023 at:

SNOQUALMIE VALLEY ELDER CARE INC  
13739 436TH AVE SE  
NORTH BEND, WA 98045

This document references the following complaint number(s): 104385, 105028

The following sample was selected for review during the unannounced on-site visit: 2 of 8 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Elfen Schoeler, NCI Nurse Consultant Institution

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2, Unit K  
20311 52nd Ave W, Suite 100  
Lynnwood, WA 98036

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.

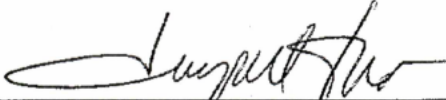
Ann Lee-Hunter  
Residential Care Services

12/20/2023  
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.

Statement of Deficiencies:	License #: 752091	Compliance Determination # 32511
Plan of Correction:	SNOQUALMIE VALLEY ELDER CARE INC	Completion Date
Page 2 of 4	Licenses: SNOQUALMIE VALLEY ELDER CARE INC	12/13/2023

  
 \_\_\_\_\_  
 Provider (or Representative)

1/4/24  
 \_\_\_\_\_  
 Date

**WAC 398-76-10215 Resident funds Protection, liquidation or transfer.**

(1) The adult family home must meet the requirements of RCW 70.129.040 to protect any funds the resident may have deposited with the adult family home.

**This requirement was not met as evidenced by:**

Based on interview, and record review, the Adult Family Home (AFH) failed to provide a separate interest-bearing account for money deposited in advance in excess of one hundred dollars for 1 of 2 sampled residents (Resident 3). This failure placed Resident 3 at risk for potential loss of interest had the money been placed in the appropriate account for their future use.

Findings included...

Note: RCW 70.129.040 (5) stated the following:

Protection of resident's funds—Financial affairs rights:

"If any funds in excess of one hundred dollars are paid to an adult family home by the resident or the resident representative, as a security deposit for performance of the resident's obligations, or as prepayment of charges beyond the first month's residency, the funds shall be deposited by the adult family home in an interest-bearing account that is separate from any of the home's operating accounts, and that credits all interest earned on the resident's funds to that account. In pooled accounts, there must be separate accounting for each resident's share. The account or accounts shall be in a financial institution defined by RCW 30A.22.041, and the resident shall be notified in writing of the name, address, and location of the depository. The adult family home may not commingle resident funds from these accounts with the adult family home's funds or with the funds of any person other than another resident. The individual's account record shall be available upon request by the resident or resident representative to the extent provided by law".

Review of AFH Abuse Policy undated stated that there would be zero tolerance for any type of abuse. The abuse policy further stated that exploitation occurs when a vulnerable adult or their resources or income are illegally or improperly used for another person's profit or gain. Examples include illegally withdrawing money out of another person's account, forging checks, or stealing things out of the vulnerable adult's house.

Review of Assessment/Negotiated Care Plan (NCP) dated 08/08/2022 showed Resident 3 admitted to the AFH on [REDACTED] 2022 with a diagnosis of [REDACTED]

Provider (or Representative)

Date

**WAC 388-76-10215 Resident funds Protection, liquidation or transfer.**

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Review of AFH Abuse Policy undated stated that there would be zero tolerance for any type of abuse. The abuse policy further stated that exploitation occurs when a vulnerable adult or their resources or income are illegally or improperly used for another person's profit or gain. Examples include illegally withdrawing money out of another person's account, forging checks, or stealing things out of the vulnerable adult's house.

Review of Assessment/Negotiated Care Plan (NCP) dated 08/06/2022 showed Resident 3 admitted to the AFH on [REDACTED]/2022 with a diagnosis of [REDACTED]

[REDACTED] The Assessment/NCP showed Resident 3's decision making was severely impaired and identified CC4 as the Power of Attorney (POA).

On 11/13/2023 at 4:09 PM, CC2 (Financial Institution Employee) stated that a large amount of money was withdrawn from Resident 3's account by their POA and deposited into the personal account of Staff A (Provider). CC2 stated that after the money was deposited into the personal account of Staff A, it was immediately withdrawn by Staff A.

On 11/14/2023 at 11:10 AM Resident 3 stated that CC4 managed their finances. Resident 3 stated that they did not authorize the AFH to manage an account for their money. Resident 3 stated that they were not aware of how much money they paid the AFH monthly. Resident 3 stated that around the time when they first moved into the AFH they may have paid some rent in advance, but they were not sure.

On 11/14/2023 at 11:24 AM, Staff A (Provider) was asked if they had requested Resident 3 to pay 6 months in advance on their monthly charges for care and services. Staff A stated that they were not keeping Resident 3's money, and they just got \$11,100 a month for Resident 3's care. Staff A stated that their banking was their personal business and stated that this was between their best friend, who was Resident 3's POA and them. Staff A stated that they do not take care of resident's money and they do not keep money for residents in the AFH.

On 11/16/2023 at 01:25 PM, CC4 (Resident 3's POA) stated that they handle Resident 3's money/finances. CC4 stated that the AFH does not hold a trust fund for Resident 3. CC4 stated that they pay a few months in advance for resident 3's care per their preference. CC4 was asked if they made a withdrawal on 11/16/2022 from Resident 3's account in the amount of \$60,000 to give to the AFH Provider. CC4 stated that they did make a large transfer to the AFH Provider to pay for several months in advance for Resident 3's care but could not recall the exact amount.

On 11/21/2023 at 11:39 AM, Staff A (Provider) stated that the residents all pay the same flat fee. Staff A stated that they did not give Resident or Resident Representative a monthly bill. Provider stated that the resident families/ representatives just write the AFH Provider a check each month.

On 11/21/2023 at 11:39 AM, a request was made for monthly billing records showing amount received from Residents 1 and 3 for November 2022 to November 2023, but no records were provided by AFH Provider.

Record review of Resident 3's Quarterly Member Banking Statement provided by the Resident 3's financial institution dated 10/01/2022 -12/31/2022 showed a withdrawal transfer on 11/16/2022 in the amount of \$66,600 from Resident 3's account to Staff A's personal bank account.

Statement of Deficiencies	License # 752091	Compliance Determination # 32531
Plan of Correction	SNOQUALMIE VALLEY ELDER CARE INC	Completion Date
Page 4 of 4	Licenses: SNOQUALMIE VALLEY ELDER CARE INC	12/13/2023

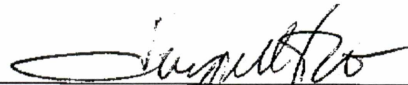
Record review of Staff A's Member Banking Statement provided by Staff A's financial institution dated 11/01/2022 - 11/30/2022 showed a deposit transfer from Resident 3's bank account in the amount of \$66,600 on 11/16/2022 into Staff A's personal bank account.

On 12/13/2023 at 04:33 PM, Staff A stated that with CC4, Resident 3's POA, "it is different, since we are friends". Staff A stated that they do not normally hold any money for any residents.

**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, SNOQUALMIE VALLEY ELDER CARE INC is, or will be, in compliance with this law and / or regulation on  
(Date) 1/4/24

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

  
\_\_\_\_\_  
Provider (or Representative)

1/4/24  
\_\_\_\_\_  
Date

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

Record review of Staff A's Member Banking Statement provided by Staff A's financial institution dated 11/01/2022 -11/30/2022 showed a deposit transfer from Resident 3's bank account in the amount of \$66,600 on 11/16/2022 into Staff A's personal bank account.

On 12/13/2023 at 04:33 PM, Staff A stated that with CC4, Resident 3's POA, "it is different, since we are friends". Staff A stated that they do not normally hold any money for any residents.

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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, SNOQUALMIE VALLEY ELDER CARE INC is or will be in compliance with this law and / or regulation on (Date)_____ .	
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_____	_____
Provider (or Representative)	Date