



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

SUNSHINE PARK ADULT FAMILY HOME LLC
SUNSHINE PARK ADULT FAMILY HOME LLC
11110 NE 164th Place
Bothell, WA 98011

RE: SUNSHINE PARK ADULT FAMILY HOME LLC License # 752330

Dear Provider:

This letter addresses Compliance Determination(s) 35885 (Completion Date 01/26/2024) and 32146 (Completion Date 11/27/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/26/2024 and found that you have corrected the violations listed in the Complaint report dated 11/27/2023. Your home is back in compliance as of 12/15/2023 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 388-76-10430-1, WAC 388-76-10225-2-f

The Department staff who did the on-site verification:
Alina Zaharie, NCI

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

Provider/Facility: SUNSHINE PARK ADULT FAMILY HOME LLC **Provider Type:** Adult Family Home
License/Cert.#: 752330 **Intake ID:** 104888
Compliance Determination #: 32146 **Region/Unit #:** RCS Region 2 / Unit K
Investigator: Alina Zaharie
Investigation Date(s): 11/03/2023 through 11/27/2023
Complainant Contact Date(s): 11/07/2023

Allegation(s):

1. The Adult Family Home (AFH) did not administer the medication to Name Resident (NR) as prescribed.
 2. The AFH had incorrect Medication Log (ML).
-

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 3 Closed records sample size: 1
Observations:	Residents Staff to resident interactions Resident rooms Kitchen
Interviews:	Residents Identified staff
Record Reviews:	Personnel files Staff training records

Investigation Summary:

1. Interview and record review indicated that the AFH had an error in ML of NR. Further record review exhibited that NR received a medication that did not match up with prescriptions from designated healthcare providers. Failed practice identified.
 2. Interview and record review indicated that the AFH had an error in ML. Further record review exhibited that identified AFH staff signed administrations of discontinued medication of NR. 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

Provider/Facility: SUNSHINE PARK ADULT FAMILY HOME LLC
License/Cert.#: 752330
Compliance Determination #: 32146
Investigator: Alina Zaharie
Investigation Date(s): 11/03/2023 through 11/27/2023
Complainant Contact Date(s): 11/02/2023

Provider Type: Adult Family Home
Intake ID: 103843
Region/Unit #: RCS Region 2 / Unit K

Allegation(s):

1. The Adult Family Home (AFH) did not administer the medication to Name Resident (NR) as prescribed.
 2. AFH staff did not complete required trainings for care/services and medication administration.
 3. The AFH had incorrect Medication Log (ML).
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Investigation Methods:

Sample: Total residents: 4
Resident sample size: 3
Closed records sample size: 1

Observations: Resident rooms
Staff to resident interactions
Resident to resident interactions
Kitchen

Interviews: Family members
Residents
Identified staff

Record Reviews: Medical records
Staff training records
Personnel files
Facility policies

Investigation Summary:

1. Interview and record review indicated that the AFH had an error in ML of NR. Further record review exhibited that NR received a medication that did not match up with prescriptions from designated healthcare providers. Failed practice identified.
2. Interview and record review indicated that AFH staff had required certificates, delegation, and trainings for care/services and medication administration. No failed Practice identified.
3. Interview and record review indicated that the AFH had an error in ML. Further record review exhibited that identified AFH staff signed administrations of discontinued medication of NR. Failed practice identified.

Conclusion / Action:

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



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Statement of Deficiencies License #: 752330 Compliance Determination # 32146
Plan of Correction SUNSHINE PARK ADULT FAMILY HOME LLC Completion Date
Page 1 of 4 Licensee: SUNSHINE PARK ADULT FAMILY HOME LLC 11/27/2023

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 11/03/2023 and 11/03/2023 of:

SUNSHINE PARK ADULT FAMILY HOME LLC
12649 SE 4TH PL
BELLEVUE, WA 98005

This document references the following complaint number(s): 104888, 103843

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Alina Zaharie, NCI

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

12/07/2023
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.

Provider (or Representative)

Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to administer medications as ordered by the prescribing practitioner for 1 of 3 sampled residents (Resident 5) when they continued to administer a medication that was discontinued. This failure placed Resident 5 at risk for medication errors.

Findings included...

Review of the AFH records for Resident 5 showed the AFH readmitted the resident on [REDACTED]/2023 after a hospitalization and rehabilitation stay. Review of the Assessment dated 06/01/2023 showed Resident 5 required medication administration from the AFH caregivers and nurse delegation was necessary. Resident required nurse delegation due to functional impairment. The assessment showed a Registered Nurse may delegate specific health related tasks to a qualified provider. The tasks are performed as instructed and supervised by the delegating nurse.

Review of the Hospice Services (care provided to the terminally ill) dated 09/30/2023, showed that Resident 5 admitted to Hospice Services on 09/29/2023. Medication Management showed take medications as ordered.

Review of the AFH Nurse Delegation Nursing Visit dated [REDACTED]/2023, showed an updated entry on 10/10/2023 for Resident 5 related to the medication Eliquis (medication to prevent blood clots) 2.5 MG (milligram) tablet was discontinued on 10/10/2023.

Review of a "Clarification Request" faxed from the AFH's pharmacy to the AFH, on 11/27/2023, showed confirmation the medication Eliquis prescribed on [REDACTED]/2023 was discontinued on 10/10/2023.

Review of the October 2023 Medication Administration Record (MAR) showed Eliquis 2.5 MG Tablet take 1 tablet by mouth twice daily. The Eliquis medication was initialed daily by

Statement of Deficiencies	License #: 752330	Compliance Determination # 32146
Plan of Correction	SUNSHINE PARK ADULT FAMILY HOME LLC	Completion Date
Page 3 of 4	Licensee: SUNSHINE PARK ADULT FAMILY HOME LLC	11/27/2023

AFH staff from 10/10/2023 through 10/23/2023 for both the 8AM dose and the 8PM dose. The handwritten MAR daily initiated entries were then lined through for both the 8AM and 8PM doses and a handwritten note stated "medication DC'd [discontinued] 10/10/2023."

On 11/27/2023 at 10:30 AM, Staff C (Caregiver) stated that they found out on 10/23/2023 the medication was discontinued.

Staff D (Provider) stated that the process for medication administration is to sign the MAR "on the spot" when a medication was given to a resident. Staff D stated that she was not there to be sure what happened.

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 PARK ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on	
(Date): <u>12/15/2023</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u>[Signature]</u>	<u>12/12/2023</u>
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 interview and record review, the Adult Family Home failed to report the death of a resident to the Department's Case Manager for 1 of 1 resident (Resident 5). This failure placed the Department at risk for authorizing [redacted] benefits and services to a deceased client.

Findings included...

Review of the AFH progress note dated [redacted]/2023 showed Resident 5 passed away on [redacted]/2023, hospice and family were notified.

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

Statement of Deficiencies	License #: 752330	Compliance Determination # 32146
Plan of Correction	SUNSHINE PARK ADULT FAMILY HOME LLC	Completion Date
Page 4 of 4	Licensee: SUNSHINE PARK ADULT FAMILY HOME LLC	11/27/2023

On 11/07/2023 at 4:08 PM Home and Community Services Case Manger (CC3) stated that the resident's family representative (CC1) reported to them on 11/02/2023 that Resident 5 had passed away. CC3 stated that they were not notified of the resident's death by the AFH.

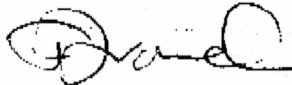
On 11/21/2023 at 1:54 PM, Staff D (Provider) stated that the Case Manager (CC3) was not notified and that was a mistake on their part.

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 PARK ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 12/15/2023

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

Provider (or Representative)



Date

12/12/2023

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