STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
*800 NE 136th Avenue, Suite#220, Vancouver, WA 98684*

September 30, 2019

Daniel Suciu
AAA Plus Adult Family Home
9012 NE 115th Ave
Vancouver, WA 98662

RE: AAA Plus Adult Family Home License #752546

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on September 17, 2019 for the deficiency or deficiencies cited in the report/s dated August 14, 2019 and found no deficiencies.

The Department staff who did the inspection:
Shawn Swanstrom, Licensor

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

B. McCoy for

Karyl Ramsey, Field Manager
Region 3, Unit E
Residential Care Services

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

**Residential Care Services**

**Investigation Summary Report**

**Provider/Facility:** AAA Plus Adult Family Home (807061) **Intake ID(s):** 3662539

**License/Cert. #:** AF752546

**Investigator:** Cortez, Alixandria **Region/Unit:** RCS HQ/HQ **Investigation Date(s):** 08/12/2019 through 08/14/2019

**Complainant Contact Date(s):** 08/06/2019

**Allegations:**

Quality of Care and Treatment- Provider is yelling in the home at residents. Named resident came home from [redacted] late and Provider was very angry. The Provider entered the named resident's room without knocking after the named resident left the room during the Provider's outburst. The Provider is eavesdropping on residents' private meetings in the home. The Provider is retaliatory towards residents in the home.

**Investigation Methods:**

- [x] **Sample:** Named residents, 3 current residents.
- [x] **Observations:** Named residents, other residents and resident rooms.
- [x] **Interviews:** Named Residents, other residents, staff, social service.
- [x] **Record Reviews:** Resident admission records, care plans, and crisis plans.

**Allegation Summary:**

Quality of Care and Treatment - Named resident's preferences were disregarded by the provider. The Provider has yelled in the home. The Provider told the named resident to find another place to live if they did not like the home. -Failed practice was identified.
- The Provider knocks on residents doors. Unable to verify the Provider was eavesdropping on residents who were meeting privately. Unable to verify retaliation in the home. -Not able to substantiate failed practice.

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

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

Quality of Care and Treatment -The facility failed to treat residents with courtesy and allow residents to make choices in alignment with their personal preferences. -See SOD, dated 08/12/19.



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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** AAA Plus Adult Family Home (807061) **Intake ID(s):** 3662627

**License/Cert. #:** AF752546

**Investigator:** Cortez, Alixandria **Region/Unit:** RCS HQ/HQ **Investigation Date(s):** 08/12/2019 through 08/14/2019

**Complainant Contact Date(s):**

**Allegations:**

Quality of Care and Treatment -When the named resident refused to bring a hat to the beach, there was a shouting match between the resident and the provider and the resident had to stay home. Provider is having outbursts of yelling. Provider is coming into the residents' room without knocking. The Provider is threatening homelessness to named resident.

**Investigation Methods:**

| | |
|---|---|
| [X] **Sample:** Named residents, 3 current residents. | [X] **Observations:** Named residents, other residents and resident rooms. |
| [X] **Interviews:** Named Residents, other residents, staff, social service. | [X] **Record Reviews:** Resident admission records, care plans, and crisis plans. |

**Allegation Summary:**

Quality of Care and Treatment - Named resident's choices and preferences were disregarded by the provider. The Provider has yelled in the home. The Provider told the named resident to find another place to live if they did not like the home. -Failed practice was identified.
Quality of Care and Treatment- The Provider knocks on residents' doors -Not able to substantiate failed practice.

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

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

Quality of Care and Treatment -The facility failed to treat residents with courtesy and allow residents to make choices in the home aligned with their personal preferences. -See SOD, dated 08/12/19.



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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***800 NE 136th Avenue, Suite#220, Vancouver, WA 98684***

| Statement of Deficiencies | License #: 752546 | Completion Date |
|---|---|---|
| Plan of Correction | AAA Plus Adult Family Home | August 14, 2019 |
|  | Licensee: Daniel Suciu | |

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: 8/12/2019

AAA Plus Adult Family Home
9012 NE 115th Ave
Vancouver, WA 98662

This document references the following complaint numbers: 3662539 , 3662627

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

Alixandria Cortez, LTC- MH Community Licensor

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit E
800 NE 136th Avenue, Suite#220
Vancouver, WA 98684
(360)397-9549

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.

C Burinsky for Karyl Ramsey
Residential Care Services

08/22/2019
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

09/28/19

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**WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:**
(2) Is treated with courtesy;
(5) Is provided the opportunity to engage in religious, political, civic, recreational, and other social activities of their choice;

**This requirement was not met as evidenced by:**
Based on interview and record review the home failed to treat two of three sampled residents (Resident #1 and #2) with courtesy and allow them the opportunity to engage in social activities of their choice when 1) the Provider did not speak in a respectful manor to Residents #1 and #2, and 2) did not consider Resident #2's choice of activities. This deficient practice resulted in Resident #1 and #2 experiencing a diminished quality of life.

Findings included...

On 08/12/19 at 10:34 AM Resident #1 stated that the Provider came in their personal room on one occasion and was "red hot mad" and yelled. Resident #1 stated that the Provider will be "short" (impatient) or yell at the residents in the home and then give them candy or other things to make up for it. Resident #1 stated that the Provider has brought up a past suicide attempt by Resident #1 when attempting to redirect Resident #1 from bringing outside medications in the home. Resident #1 stated bringing up the resident's past actions made them feel "absolutely horrid." Resident #1 stated that on several occasions the Provider has told Resident #1 that if they do not like the home to go look for another place to live. Resident #1 stated that makes them feel sad and like they are "only a number" to the Provider. Resident #1 stated that the Provider takes the residents on trips to places such as the beach and the river. Resident #1 stated that they feel pressured to say yes to the outings because the Provider will say things like "everyone wants to go," and Resident #1 knows that the Provider's wife will have to stay home if the resident does not participate. Resident #1 stated that they do not feel emotionally safe in the home.

On 08/12/19 at 11:42 AM Resident #2 stated that the Provider takes the residents on trips to the beach and other places. Resident #2 stated that approximately two weeks ago the Provider told Resident #2 they (Resident#2) would be going to the beach on a Sunday rather than going to [redacted] Resident #2 stated that they told the Provider they did not want to go to the beach and did not want to miss [redacted] Resident #2 stated that the Provider told Resident #2 they (Resident #2) would not be missed at [redacted] and to go get ready for the beach trip.

On 08/12/19 record review of the admission records for Resident #1 and Resident #2 showed under resident rights "Be free from interference, coercion, discriminations and retaliation from the facility or staff" and "Choose activities, schedules, and health care consistent with his/her interests, assessments and care plans." Resident #1's admission documents were signed and agreed to by the Provider upon the admission of Resident #1 on [redacted]/17. Resident #2's admission documents were signed and agreed to by the Provider upon the admission of Resident #2 on [redacted]15.

On 08/12/19 Resident #2's record showed behavioral support and crisis plans dated 10/24/17 and 04/18/19. The behavioral support and crisis plan dated 10/24/17 showed common triggers were stressful situations, over-stimulating environments, communication or requests that are harsh or

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too direct. The behavioral support and crisis plan developed on 04/18/19 showed Resident #2's interests and community activities included going regularly to [redacted] The crisis plan also showed interpersonal wellness included attending church multiple times per week and that church was a major source of support and highly important to Resident #2.

On 08/12/19 at 01:33 PM the Provider stated that the residents are taken on trips to the beach, the river and other places. The Provider stated they plan the trips ahead of time to ensure they have the proper supplies. The Provider stated that all residents have agreed to the trips before planning has begun, but on the most recent trip to the beach Resident #2 stated on the day of the trip that they did not want to go to the beach. The Provider stated that they told Resident #2 multiple times throughout the morning to get ready. The Provider stated that he gets frustrated, and when that happens he tries to not lose patience and takes deep breaths. The Provider stated that he does not yell, but does have a loud voice. The Provider stated that he does not realize when he is being loud but will re-adjust when it is brought to his attention.

**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, AAA Plus Adult Family Home 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 cited deficiency.

______________________________ ______________________

Provider (or Representative) Date

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