



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

October 31, 2019

SOYOMBO LLC
ALTAN CARE ADULT FAMILY HOME
650 FERNDALE COURT NE
RENTON, WA 98056

RE: ALTAN CARE ADULT FAMILY HOME License #752758

Dear Provider:

On October 30, 2019 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated September 25, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Sonia Coleman, Licensors

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

Sincerely,

Dahl Kim, Field Manager
Region 2, Unit E
Residential Care Services



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

RECEIVED
 OCT 17 2019
 DSHS/ALTS/IRCS

Statement of Deficiencies	License #: 752758	Completion Date
Plan of Correction	ALTAN CARE ADULT FAMILY HOME	September 25, 2019
Page 1 of 3	Licensee: SOYOMBO LLC	

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 full inspection of: 9/18/2019

ALTAN CARE ADULT FAMILY HOME
 650 FERNDAL COURT NE
 RENTON, WA 98056

The department staff that inspected the adult family home:
 Sonia Coleman, RN, MN, 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 full 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.

	10/08/19
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.

	10/14/19
Provider (or Representative)	Date

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

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home failed to include in one of one resident (Resident #6) negotiated care plan (NCP) strategies and modifications of the environment and staff behavior to address the symptoms for which two psychopharmacologic medication were prescribed. This failure placed the resident at risk for not receiving the care needed to help the resident manage the resident's symptoms.

Findings included...

In the entrance interview at 8:35 AM on 09/18/19, Staff B (caregiver) stated that a female resident sitting at the dining table in [REDACTED] wearing a pink top was Resident #6. the resident did not respond verbally when greeted. At 9:30 AM on 09/18/19, Resident #6's family member visited and stayed with the resident for over an hour.

Review of Resident #6's combined assessment and NCP showed that the resident had dementia and depression, was disoriented, severely impaired decision making capacity, sleep problem, weight loss due to not eating, suffered from joint pain, and hurt when she coughed due to fractured ribs. The document showed that the resident had some days when she was more alert than others and was withdrawn.

Review of Resident #6's September 2019 medication administration record (MAR) showed the resident was prescribed Citalopram (antidepressant) daily and Trazodone (antidepressant used as sleep aid) nightly. The MAR showed that Resident #6 was on PRN (as needed) hospice medications Lorazepam (antianxiety) and Haldol (antipsychotic).

Resident #6's assessment and NCP did not include strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed.

In the exit interview at 1:33 PM on 09/18/19, Staff A (Entity Representative) stated that Resident #6 was admitted with the Citalopram and the home requested PRN Trazodone to be changed to a routine order.

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, ALTAN CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) NOV - 07 - 2019
In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

N. B. Bandy
Provider (or Representative)

10 - 29 - 2019
Date

ATTN: to; Revianna
unit E-2
AFH license # 752758

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, ALTAN CARE 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.

Alfonso
Provider (or Representative)

10/14/2019
Date

RECEIVED
OCT 17 2019
DSHS/ALTSA/RCS



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

October 8, 2019

CERTIFIED MAIL

9489 0090 0027 6077 9262 49

SOYOMBO LLC
ALTAN CARE ADULT FAMILY HOME
650 FERNDAL COURT NE
RENTON, WA 98056

RE: ALTAN CARE ADULT FAMILY HOME License #752758

Dear Provider:

The Department completed a full inspection of your Adult Family Home on September 25, 2019 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
 - Begin the process of correcting the deficiency or deficiencies immediately; and
 - Complete correction within 45 days, or sooner if directed by the Department; and
 - Sign and date the first page of the enclosed report; and
 - Return the first page with your plan; and
 - Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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:

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

The adult family home failed to address in one of one resident (Resident #6) negotiated care plan (NCP) how the home will monitor the intermittent alternating air pressure (IAP) mattress for leaks and other forms of malfunction that would place the resident at risk for skin breakdown.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

The Department:

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

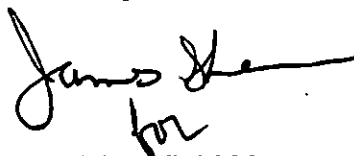
You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (253) 234-6033.

Sincerely,

A handwritten signature in black ink, appearing to read "Dahl Kim", with a stylized flourish underneath.

Dahl Kim, Field Manager
Region 2, Unit E
Residential Care Services

Enclosure