



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Fatoumata Samake
Sweet Meadows Adult Family Home
101103 E Sidibe Pr SE
Kennewick, WA 99338

RE: Sweet Meadows Adult Family Home License # 752829

Dear Provider:

This letter addresses Compliance Determination(s) 35741 (Completion Date 01/23/2024) and 32690 (Completion Date 12/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/23/2024 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 11/20/2023 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 388-76-10655-1, WAC 388-76-10655-2, WAC 388-76-10655-3

The Department staff who did the on-site verification:

Tamera Lapierre, Community Complaint Investigator
Michelle Closner, Complaint Nurse Field Manager

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: Sweet Meadows Adult
Family Home

License/Cert.#: 752829

Compliance Determination #: 32690

Investigator: Tamera Lapierre

Investigation Date(s): 11/20/2023 through 12/13/2023

Complainant Contact Date(s):

Provider Type: Adult Family Home

Intake ID: 105361

Region/Unit #: RCS Region 1 / Unit C

Allegation(s):

- 1) Facility staff heard yelling and screaming at staff which caused resident to feel unsafe
- 2) A named resident had a fall hurting their right knee and had not seen a Doctor to address the pain
- 3) A named resident is not allowed to have their bed controller at all times
- 4) A named resident is not able to hear their TV at night

Investigation Methods:

Sample: Total residents: 3
Resident sample size: 3
Closed records sample size: 0

Observations: Identified resident
Residents
Resident rooms
Staff to resident interactions
Resident to resident interactions
Resident care equipment
Resident areas

Interviews: Identified resident
Identified staff
Family members

Record Reviews: Incident investigation
Facility policies
Resident records

Investigation Summary:

- 1) Interviews with residents showed that there had been no reports of staff yelling at them. Residents also stated they felt safe in their current living situation. Observations showed staff to resident interactions to be timely and respectful. No failed practice identified.
- 2) Interview with the named resident showed no concerns regarding their right knee. Record review showed the named resident has prescribed pain medications ordered by

their hospice provider. Observation showed the named resident was able to move right leg without any complaints. No failed practice identified.

3) Interviews and record review showed the named resident bed controller taken away from them when the named resident's door is closed during the day and at night. Failed practice identified at WAC 388-76-10655. Reference Statement of Deficiencies dated 12/13/2023.

4) Interview with the named resident showed that they do not want to watch television during the night and have no concerns regarding volume of television. Interviewed staff stated residents are able to watch their televisions at night with the volume at a level that does not disturb other residents. No 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 #: 752829	Compliance Determination # 32690
Plan of Correction	Sweet Meadows Adult Family Home	Completion Date
Page 1 of 3	Licensee: Fatoumata Samake	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 11/20/2023 and 11/20/2023 of:

Sweet Meadows Adult Family Home
 101103 E Sidibe Pr SE
 Kennewick, WA 99338

This document references the following complaint number(s): 105478, 105361

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Tamera Lapiere, Community Complaint Investigator
 Sarah Clark, Community Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit C
 1200 Alder Street
 Union Gap, WA 98903


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.

Michelle Clossner
 Residential Care Services

12/21/2023
 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)

1-5-2024
Date

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

- (1) Each resident's right to be free from physical and mechanical restraints used for discipline or convenience;
- (2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;
- (3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure that residents were free from physical restraints for 1 of 1 resident (Resident 1), when the facility took away Resident 1's bed control. This failure resulted in Resident 1's physical discomfort as they were unable to reposition their bed freely and decreased their quality of life

Findings included....

Record review of Resident 1's Negotiated Care Plan (NCP) dated, 12/15/2022, showed Congestive Heart Failure (heart disease), Lupus (is an autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation and tissue damage in the affected organs), and arthritis (swelling of the joints causing pain). The NCP showed Resident 1 was dependent with bed mobility, requiring one person assistance. Resident 1's NCP does not indicate they were a fall risk, nor does it show past or present interventions to prevent Resent 1 from falling.

Review of Resident 1's admission agreement, dated 2/14/2022, page 10, Resident Rights, showed that each resident and legal representative has a right to be free from physical and/or chemical restraint.

Record review of Resident 1 hospice clinical chart notes, dated, 11/03/2023, showed that Staff A spoke with Resident 1's family and the family wanted the bed controller removed from Resident 1 at night to prevent falls from bed.

During an interview on 11/20/2023 at 2:25 PM, Resident 1 stated that at bedtime the facility staff unplug the electronic bed control and remove it from Resident 1's room,

prohibiting Resident 1 from repositioning the bed for their comfort. Resident 1 stated that they have been told, "I don't use it right and they don't want me to get up or fall out of bed. I would like to change positions in the night, and I can't do that without the bed controller."

During an interview on 11/20/2023 at 3:00 PM, Staff A, Provider, stated that Resident 1 had two falls during the night that were caused by Resident 1 "messing with" the bed controller. Staff A stated they spoke with the resident's representative, and they decided to remove the bed controller at night.


During an interview on 12/12/2023 at 11:04 PM, Staff B, Caregiver, stated that Resident 1 had fallen from their bed during the night when they were allowed to have their bed controller. Staff B stated that following Resident 1's second fall out of bed the bed controller was removed from Resident 1 at bedtime. Staff B also stated that the controller was given back during the day if Resident 1's door was open so staff can look in on them.

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, Sweet Meadows Adult Family Home is or will be in compliance with this law and / or regulation on

(Date) 11-20-2023

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



Provider (or Representative)

1-5-2024

Date