



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

August 12, 2019

Ansu Sonko
Abundant Adult Family Home
15427 48th Ave W
Edmonds, WA 98026

RE: Abundant Adult Family Home License #753166

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on August 7, 2019 for the deficiency or deficiencies cited in the report/s dated July 8, 2019 and found no deficiencies.

The Department staff who did the inspection:
Kelly Howard, Licensors

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Jennifer Witman, Field Manager
Region 2, Unit B
Residential Care Services



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Statement of Deficiencies	License #: 753166	Completion Date
Plan of Correction	Abundant Adult Family Home	July 8, 2019
Page 1 of 2	Licensee: Ansu Sonko	

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:
 7/3/2019

Abundant Adult Family Home
 15427 48th Ave W
 Edmonds, WA 98026

The department staff that inspected the adult family home:
 Kelly Howard, RN, MSN, Licenser

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

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.

_____	_____
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.

_____	_____
Provider (or Representative)	Date

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

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:
- (b) Reduce tension, agitation and problem behaviors;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the negotiated care plan (NCP) for two of two sampled residents (Resident #1 and 2) included interventions to address each resident's problem behaviors. This failure placed the residents at risk for unmet and unrecognized care needs.

Findings included...

Resident #1 was admitted on [REDACTED] 18 with diagnoses including [REDACTED] [REDACTED] Review of Resident #1's assessment dated 04/09/19 showed the resident exhibited multiple behaviors including rapid mood swings, hallucinations and resistance to care. When interviewed at 11:00 AM on 07/03/19, Staff B (caregiver) stated that Resident #1 was frequently agitated and paranoid. Review of Resident #1's NCP dated 09/25/18 showed no interventions to address the behaviors identified in Resident #1's assessment.

Resident #2 was admitted on [REDACTED] 18 with diagnoses including [REDACTED] Review of Resident #2's assessment dated 02/13/19 showed the resident had a history of demonstrating resistance to care. When interviewed at 11:25 AM on 07/03/19, Staff B stated that Resident #2 frequently demonstrated paranoia and was resistive to accepting care from the staff. Review of Resident #2's NCP dated 07/08/18 showed no interventions to address Resident #2's behaviors.

When interviewed at 11:45 AM, Staff A (Provider) stated that caregiver directives will be added to the NCPs to address Resident #1 and 2's behaviors.

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, Abundant 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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