



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

July 21, 2021
CERTIFIED MAIL
000 - CONSULT

Sunset Adult Family Home LLC
Sunset Adult Family Home LLC
1604 19th Avenue Ct
Milton, WA 98354

RE: Sunset Adult Family Home LLC License #753372

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on July 20, 2021 and found that your home does not meet the adult family home licensing requirements below.

The Department staff who did the investigation and provided consultation:
Lisa Mason, NCI ALF Licensor

Consultation:

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

- (3) The care and services in a manner and in an environment that:
- (a) Actively supports, maintains or improves each resident's quality of life;

The resident had early stage recent skin changes to the heels. No pain reported and no long term concern. It was determined by the home health nurse that the skin was already resolving. Early recognition of residents' skin changes were addressed.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

You May:

- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and

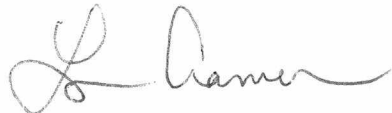
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- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (253) 983-3826.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lisa Cramer".

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



**Residential Care Services
Investigation Summary Report**

| | | |
|---|--|---|
| Provider/Facility: Sunset Adult Family Home LLC (1032133) | Intake ID(s): 3772560 | <i>This document was prepared by Residential Care Services for the Locator Website.</i> |
| License/Cert. #: AF753372 | | |
| Investigator: Mason, Lisa | Region/Unit: RCS Region 3/Unit D | |
| Complainant Contact Date(s): | Investigation Date(s): 06/07/2021 through 07/20/2021 | |

Allegations:

A newly admitted resident had blisters on both heels.

Investigation Methods:

| | |
|---|--|
| <input checked="" type="checkbox"/> Sample: 1 resident | <input checked="" type="checkbox"/> Observations: Home environment |
| <input checked="" type="checkbox"/> Interviews: Residents Staff | <input checked="" type="checkbox"/> Record Reviews: Assessment Negotiated care plan Documentation |

Allegation Summary:

A resident moved from one adult family home to another. The new home noticed blisters on both heels of the resident with no other skin breakdown noted on body. The previous AFH denied seeing any skin issues. The named resident was able to bear weight, assist with transfers and make needs known. Phone interview with the home health nurse said her patient assessment was the heel blisters appeared early stage and not from prolonged pressure effects. The left heel was non-existent and the right heel was in full recovery. She believed the ill fitting wheelchair may have contributed due to his heels hung over the foot rests.

Unalleged Violation(s): Yes No

None

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

WAC- 388-76- Care and Services. A consultation was provided.