



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

June 18, 2019

Yohana W Samuel
SUNRISE ADULT FAMILY HOME
1133 N 166TH ST
SHORELINE, WA 98133

RE: SUNRISE ADULT FAMILY HOME License #753464

Dear Provider:

On June 17, 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 May 29, 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:
Susan Hajek, Community Complaint Investigator
Jamie Singer, Community Complaint Investigator

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

Brenda Mooney, Field Manager
Region 2, Unit I
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: SUNRISE ADULT FAMILY HOME (1113251) **Intake ID(s):** 3641278
License/Cert. #: AF753464
Investigator: Singer, Jamie **Region/Unit:** RCS Region 2/Unit I **Investigation Date(s):** 05/22/2019 through 05/29/2019
Complainant Contact Date(s): 05/22/2019, 05/24/2019

Allegations:

- #1. The Named Resident (NR) left the adult family home (AFH) and went missing on two separate occasions.
 - #2. The AFH did not notify appropriate parties that the NR had been missing.
-

Investigation Methods:

Sample: Residents

Observations: Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care

Interviews: Resident, Provider, Resident Representatives

Record Reviews: Resident Records, Incident Logs, AFH Policies and Procedures, Third Party Provider Notes

Allegation Summary:

- #1. Observation showed the NR frequently left the home for walks. Record review showed the NR was assessed and had safety plan in place with appropriate interventions regarding going into the community independently. In interview, the Provider stated the NR knew where he lived and had always returned to the AFH without incident. In interview, the NR was able to state what AFH he lived at.
 - #2. Record review found the AFH documented the two incidents on progress notes. The AFH failed to notify the Department regarding the NR missing. In interview, the Provider stated she did not notify the Department.
-

Unalleged Violation(s): Yes No

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



**Residential Care Services
Investigation Summary Report**

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written**

Failed Provider Practice Not Identified / No Citation Written

See Statement of Deficiencies dated 06/03/19.

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RECEIVED
 JUN 13 2019
 DSHS/ALTSA/RCS

Statement of Deficiencies	License #: 753464	Completion Date
Plan of Correction	SUNRISE ADULT FAMILY HOME	May 29, 2019
Page 1 of 3	Licensee: Yohana Samuel	

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: 5/22/2019

SUNRISE ADULT FAMILY HOME
 1133 N 166TH ST
 SHORELINE, WA 98133

This document references the following complaint number: 3641278


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

Jamie Singer, RN, Community Complaint Investigator
 Susan Hajek, Community Complaint Investigator

From:

DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit I
 20816 44th Ave West, Suite 240
 Lynnwood, WA 98036-7744
 (425)670-6061

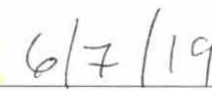
As a result of the on-site complaint investigation the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 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 388-76-10225 Reporting requirement.

- (1) The adult family home must ensure all staff:
- (b) Report the following to the department by calling the complaint toll-free hotline number:
 - (iii) A missing resident.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to notify the Department when one of four residents (Resident # 1), went missing on two separate occasions. This placed Resident #1 (R#1) at risk of injury or harm.

Findings included

Observation on 05/22/19 at 3:45pm, showed R#1 independently walking in and out of the AFH.

Review of R#1's records on 05/22/19, showed an assessment last updated on 04/19/19. The assessment showed R#1 had short term memory loss. A negotiated care plan (NCP) last updated 04/19/19, showed R#1, "goes out at night and gets lost. R#1 has a name tag with address and he loses it all the time".

Record review on 05/22/19 found the AFH documented progress notes on R#1. On a progress note dated 04/16/19, the AFH documented R#1 left the home at 1:45am. The note showed R#1 was returned to the home, approximately an hour later, by law enforcement. On a progress note dated 04/18/19, the AFH documented R#1 left the home for a walk around 6:00pm. R#1 did not return to the AFH by 7 pm as expected. The note indicated the Provider contacted law enforcement and local hospitals looking for R#1. R#1 was found by security personnel in a parking lot of a local hospital. R#1 had fallen before he was located.

Review of the website googlemaps.com on 05/29/19, showed the distance from the AFH to the hospital, where R#1 was located, was 4.3 miles.

In interview on 05/22/19, the Provider stated R#1 goes in and out of the AFH throughout the day and night. The Provider stated she heard R#1 leave the home at 1:45 am on 04/16/19. The Provider said this was common for R#1 and she expected him to return. R#1 was gone, "maybe an hour" and the police brought him home. The Provider stated R#1 had also gone out at 6 pm on 04/18/19 and was not back by 7:00 pm which was when he takes his medication. The Provider said R#1 never missed his medication. The Provider notified the guardian, police, and local hospitals. According to the Provider, about an hour after her calls, the hospital called saying R#1 had been found on the grounds. The Provider said she was not aware how R#1 had gotten that far.

In interview on 05/22/19, when asked if she had notified the Department as required for a missing resident, the Provider replied she had not.

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, SUNRISE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 6/7/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Yohana Samuel
Provider (or Representative)

X 6/7/2019
Date