



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

December 7, 2018

Alpha Care Adult Family Home LLC
Alpha Care Adult Family Home LLC
18217 56th Ave W
Lynnwood, WA 98037

RE: Alpha Care Adult Family Home LLC License #753729

Dear Provider:

On December 6, 2018 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 November 5, 2018.

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:
Toni Bolo, Complaint Investigator

If you have any questions please, contact me at (360) 651-6860.

Sincerely,

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Alpha Care Adult Family Home LLC (1131581) **Intake ID(s):** 3576349
License/Cert. #: AF753729
Investigator: Bolo, Toni **Region/Unit:** RCS Region 2/Unit B **Investigation Date(s):** 10/30/2018 through 11/05/2018
Complainant Contact Date(s): 10/30/2018, 10/31/2018

Allegations:

1. The named residents incident was not reported to the Department hotline.
-

Investigation Methods:

Sample: Two residents (including the named resident)

Observations: Exterior/interior environment, staff to resident interactions, resident to staff interactions, resident movement in the adult family home (AFH)

Interviews: Residents and staff

Record Reviews: Resident records, progress notes, incident log, AFH policies/records

Allegation Summary:

1. Interview with the named resident disclosed he/she did not immediately report the incident to the Provider. The Provider offered care, documented the incident and made all the appropriate notifications. No failed Provider practice identified.
-

Unalleged Violation(s): **Yes** **No**

Record review revealed a discharge notice given to a named resident by the Provider did not include all required information.

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

Failed Provider Practice Not Identified / No Citation Written

WAC 388-76-10615
Resident rights Transfer and discharge.



Residential Care Services Investigation Summary Report

- (2) Before a home transfers or discharges a resident, the home must:
 - (d) Include in the notice the items described in subsection (5) of this section.
- (5) The home must include the following in the written notice specified in subsection (2) of this section:
- (b) The effective date of transfer or discharge;
 - (c) The location where the resident is transferred or discharged;
 - (d) The name, address, and telephone number of the state long-term care ombuds;



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Alpha Care Adult Family Home LLC (1131581) **Intake ID(s):** 3577765
License/Cert. #: AF753729
Investigator: Bolo, Toni **Region/Unit:** RCS Region 2/Unit B **Investigation Date(s):** 10/30/2018 through 11/05/2018
Complainant Contact Date(s): 10/30/2018, 10/31/2018

Allegations:

1. A discharge notice was inappropriately issued to the named resident.
-

Investigation Methods:

Sample: Two residents (including the named resident)

Observations: Exterior/interior environment, staff to resident interactions, resident to staff interactions, resident movement in the adult family home (AFH)

Interviews: Residents and staff

Record Reviews: Resident records, progress notes, incident log, AFH policies/records

Allegation Summary:

1. Interview with the named resident disclosed no concerns with his/her discharge notice, he/she wanted to move somewhere else. Record review showed the Provider did not include all the required information on the discharge notice he issued to the named resident. Failed Provider practice identified and cited.
-

Unalleged Violation(s): **Yes** **No**

None

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

Failed Provider Practice Not Identified / No Citation Written

WAC 388-76-10615
Resident rights Transfer and discharge.



Residential Care Services Investigation Summary Report

(2) Before a home transfers or discharges a resident, the home must:

(d) Include in the notice the items described in subsection (5) of this section.

(5) The home must include the following in the written notice specified in subsection (2) of this section:

(b) The effective date of transfer or discharge;

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Statement of Deficiencies	License #: 753729	Completion Date
Plan of Correction	Alpha Care Adult Family Home LLC	November 5, 2018
Page 1 of 2	Licensee: Alpha Care Adult Family Home 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 complaint investigation of: 10/30/2018

Alpha Care Adult Family Home LLC
 18217 56th Ave W
 Lynnwood, WA 98037

This document references the following complaint numbers: 3576349 , 3577765

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

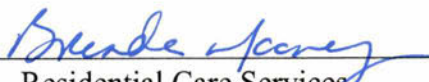
Toni Bolo, RN, BSN, Complaint Investigator

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


RECEIVED
 NOV 26 2018
 ADSA/PCS
 Smokey Point

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

11/05/2018
 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.


 HAILEYBUS SEYOUN
 Provider (or Representative)

11/7/2018
 Date

WAC 388-76-10615 Resident rights Transfer and discharge.

- (2) Before a home transfers or discharges a resident, the home must:
- (d) Include in the notice the items described in subsection (5) of this section.
- (5) The home must include the following in the written notice specified in subsection (2) of this section:
- (b) The effective date of transfer or discharge;
- (c) The location where the resident is transferred or discharged;
- (d) The name, address, and telephone number of the state long-term care ombuds;

This requirement was not met as evidenced by:

Based on record review and interview, the Provider failed to include all required information on the discharge notice given to Resident 1. This failure placed Resident 1 at risk for an improper discharge and denied Resident 1 access to the advocacy agency for potential resolution.

Findings include:

On 10/30/18 record review revealed the discharge notice given to Resident 1 on [REDACTED]/18 by the Provider did not include all required information such as the effective date, planned location and did not include the name, address, and phone number of the state's long-term care ombuds.

When interviewed on 10/30/18 in the home, the Provider disclosed Resident 1's behavior was disruptive to the other residents and staff and Resident 1 was not current on payment to the AFH. The Provider stated he wrote a general discharge letter to Resident 1 to avoid, "hurting his/her feelings."

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, Alpha Care Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 10/30/2018. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date