



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Highlands Home Care LLC  
Highlands Home Care LLC  
14530 NE 184TH PL  
Woodinville, WA 98072

RE: Highlands Home Care LLC License # 753850

Dear Provider:

This letter addresses Compliance Determination(s) 34007 (Completion Date 01/18/2024) and 30050 (Completion Date 11/03/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/18/2024 and found that you have corrected the violations listed in the Complaint report dated 11/03/2023. Your home is back in compliance as of 11/09/2023 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 388-76-10535-1-a, WAC 388-76-10535-1-b, WAC 388-76-10360

The Department staff who did the on-site verification:  
Ellen Schooler, NCI Nurse Consultant Institution

If you have any questions, please contact me at (253)341-2633.

Sincerely,

*Ann Lee-Hunter*

Ann Lee-Hunter, Field Manager  
Region 2, Unit K  
Residential Care Services



## Residential Care Services Investigation Summary Report

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**Provider/Facility:** Highlands Home Care LLC    **Provider Type:** Adult Family Home

**License/Cert.#:** 753850

**Intake ID:** 95486

**Compliance Determination #:** 30050

**Region/Unit #:** RCS Region 2 / Unit K

**Investigator:** Ellen Schooler

**Investigation Date(s):** 09/26/2023 through 11/03/2023

**Complainant Contact Date(s):** 09/26/2023

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### Allegation(s):

- #1. The Adult Family Home failed to give 14 day written notice of change in monthly charges for Named Resident.
  - #2. The Adult Family Home failed to complete a Negotiated Care Plan for Named Resident.
- 

### Investigation Methods:

<b>Sample:</b>	Total residents: 6 Resident sample size: 2 Closed records sample size: 1
<b>Observations:</b>	Adult Family Home Environment Residents Activities Resident care equipment Resident rooms Staff to resident interactions
<b>Interviews:</b>	Residents Family members AFH staff AFH Provider
<b>Record Reviews:</b>	Facility policies Negotiated Care Plan sampled resident Initial Assessment and Care Plan for Named Resident Billing Statements for Named Resident.

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### Investigation Summary:

#1. Observation showed that AFH provided care and services to residents. Residents were comfortable and well-groomed. Residents were treated with respect and dignity. No sign/symptom of abuse or neglect observed. Interviews indicated that AFH Provider/ staff did not abuse, neglect, or purposefully financially exploit Named Resident, or any resident. Interview with AFH Provider indicated that they did not provide written notice of increase in monthly care charges which occurred 3 days after admission of Named Resident. Record reviews exhibited that AFH had abuse/ neglect/

financial exploitation prevention and reporting policy and procedures. Further record review showed that the Named Resident's family was billed nearly \$5000 in additional charges from the first month to the second month of Named Resident's stay at the AFH. Failed practice identified.

#2. Interview with AFH Provider indicated that they could not find a Negotiated Care Plan for the Named Resident. the Named Resident was in the AFH from [REDACTED] 2023 to [REDACTED] 2023. Department personnel requested copy of the Negotiated Care Plan for review, but none was provided by AFH Provider. Failed practice identified.

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**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 #: 753850	Compliance Determination # 30050
Plan of Correction	Highlands Home Care LLC	Completion Date
Page 1 of 4	Licenses: Highlands Home Care LLC	11/03/2023

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 09/26/2023 and 09/26/2023 of:

Highlands Home Care LLC  
14530 NE 184TH PL  
Woodinville, WA 98072

This document references the following complaint number(s): 95486

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Ellen Schooler, NCI Nurse Consultant Insituation

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2, Unit K  
20311 52nd Ave W, Suite 100  
Lynnwood, WA 98036

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.

Ann Lee-Hunter  
Residential Care Services

11/09/2023  
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.

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Page 2 of 4	Licenses: Highlands Home Care LLC	11/03/2023

PAULA WILLI  
 Provider (or Representative)

11/09/23  
 Date

**WAC 388-76-10635 Resident rights Notice of change to services.**

(1) The adult family home must inform each resident in advance of changes to services, items, activities, scope of care, or home rules as follows:

(a) In writing;

(b) At least fourteen days before the effective date of a change due to a substantial and continuing change in the resident's condition that necessitates substantially greater or lesser services, items, or activities;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to provide a written notice of change related to increased monthly charges for 1 of 1 former residents (Former Resident 1). This failure placed Former Resident 1 at risk for over-burdened financial resources, and insufficient time to research options for alternative care.

Findings included...

Record review of Former Resident 1's Initial assessment and Preliminary Service plan dated [REDACTED] 2023, signed by the Provider and the Resident Representative, showed Former Resident 1 required an awake caregiver at night and that Resident 1 got up during the night for toileting, and required assistance.

In an interview on 09/26/2023 at 08:21AM, Collateral Contact 1 (CC1) (Resident Representative) stated Former Resident 1 admitted to the AFH on [REDACTED] 2023. CC 1 was told the monthly rate for Former Resident 1 would be \$8,000 per month. CC1 stated that when they received the admission paperwork from the provider, "they were told they didn't need to read all of the paperwork, but they could just sign it". Within 3 days of Former Resident 1's admission to the AFH, Staff A (Provider) sat down with CC1 and informed them verbally that due to increased toileting needs at night for Resident 1, they would have to hire another staff person and increase the monthly amount due by an additional \$5,000 dollars. CC1 stated that they were not offered a new Disclosure of Charges, or updated contract agreement to sign related to the increase in monthly charges.

Record review of Resident 1's document titled Highlands Home Care LLC contract agreement was dated and signed by Provider and CC1 with date of 06/16/2023. This contract agreement showed the monthly fee for the AFH as \$8,000 per month.

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

Provider (or Representative)

Date

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Record review of billing statements provided by the AFH showed the following amounts billed to Resident 1's family: 06/01/2023 -- \$8,126.73 with move-in date of [REDACTED] 2023, 07/01/2023-- \$12,722.73, and 08/01/2023-- \$5,442 with move-out date of [REDACTED] 2023.

In an interview on 11/02/2023 at 2:00 PM, Staff A, was asked if they had provided written notice to the Representative of Former Resident 1 regarding the additional monthly fee of \$5,000 dollars, they were being required to pay related to the nighttime toileting needs of Resident 1. Staff A stated, "In the chaos of everything happening, I did not provide written notice prior to the increase in the monthly fee."

<b>Attestation Statement</b>	
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, Highlands Home Care LLC is or will be in compliance with this law and / or regulation on (Date) <u>11/09/23</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u>PAULA WILKIN</u> Provider (or Representative)	<u>11/09/23</u> Date

**WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.**

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) failed to complete a required negotiated care plan for 1 of 2 sampled residents (Former Resident 1). This failure placed residents at risk for unmet care needs and potential for diminished quality of life.

**Findings included...**

In an interview on 09/26/2023 at 11:19AM, Staff A (Provider), stated Former Resident 1 admitted to the AFH on [REDACTED] 2023.

Record review of Former Resident 1's document titled Initial assessment and Preliminary Service plan dated [REDACTED] 2023, signed by the Provider and the Resident Representative, showed Former Resident 1 required an awake caregiver at night and that Former Resident 1 got up during the night for toileting, and required assistance.

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**Findings included...**

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Department personnel requested Former Resident 1's Negotiated Care Plan from AFH Provider; however, none was provided.

In an interview on 11/03/2023 at 1:08PM, Staff A (Provider) stated that they could not find a Negotiated Care Plan for Former Resident 1.

Record review of Former Resident 1's billing statements showed that Former Resident 1 resided in this AFH from [REDACTED] 2023 to [REDACTED] 2023.

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PAULA UICUI

Provider (or Representative)

11/09/23

Date

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