



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

January 27, 2020

Sharon L Lund  
Queen Esther Adult Family Home  
9813 NE 80th Avenue  
Vancouver, WA 98662

RE: Queen Esther Adult Family Home License #754261

Dear Provider:

On January 24, 2020 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 January 3, 2020.

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:  
Shawn Swanstrom, Licensor

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

Karyl Ramsey, Field Manager  
Region 3, Unit E  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** Queen Esther Adult Family Home (1173222)      **Intake ID(s):** 3685592  
**License/Cert. #:** AF754261  
**Investigator:** Swanstrom, Shawn      **Region/Unit:** RCS Region 3/Unit E      **Investigation Date(s):** 12/30/2019 through 01/02/2020  
**Complainant Contact Date(s):** 01/06/2020, 12/24/2019

**Allegations:**

- # 1 Quality of Care A Named Resident (NR) did not have a full assessment by a qualified assessor The NR did not have a current doctors order for a named medication. The NR did not have a signed Medicaid Policy for the Adult Family Home in their record.
- # 2- Identified as Infection control Should have been identified as State Licensure The adult family home did not have liability insurance..
- # 3 Unqualified personal Staff did not have documentation of required training, tests, and letters of past employment.

**Investigation Methods:**

- Sample:** Named Resident and one sampled resident.
- Observations:** General environment, general appearance of residents, resident rooms, medication supply, and staff to resident interactions.
- Interviews:** Named and sampled residents and staff.
- Record Reviews:** Resident and staff records.

**Allegation Summary:**

- # 1 Quality of Care The NR did have a current full assessment by a qualified assessor. The NR did have a doctors order in the file for the named medication. The named medication was observed and available for the NR. The NR had a Medicaid Policy in their file, the Medicaid Policy had not been signed. Failed practice identified.
- # 2 State licensure The adult family home did not have liability insurance. Failed practice identified.
- # 3- The named staff had the required training, tests and letters if past employment. No failed practice identified.

**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**

WAC 388-76-10191 Liability Insurance and WAC 388-76-10522 and WAC 388-76-10522 -Medicaid Policy were identified as failed practice. Please refer to the Statement of Deficiencies dated 01/03/2020.

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



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

Statement of Deficiencies	License #: 754261	Completion Date
Plan of Correction	Queen Esther Adult Family Home	January 3, 2020
Page 1 of 2	Licensee: Sharon L. Lund	

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: 12/30/2019

Queen Esther Adult Family Home  
14908 SE Sun Park Ct  
Vancouver, WA 98683

This document references the following complaint number: 3685592

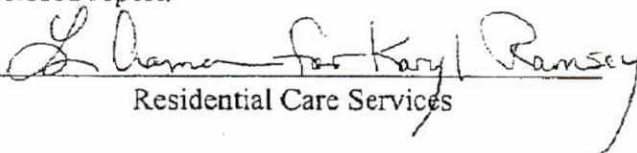
The department staff that inspected and investigated the adult family home:

Shawn Swanstrom, RN, BSN, Licensor

From:


DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3, Unit E  
800 NE 136th Avenue, Suite#220  
Vancouver, WA 98684  
(360)397-9549

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

1/8/2020  
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)

01/21/2020  
Date

2-29-20

SS

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

Statement of Deficiencies	License #: 754261	Completion Date
Plan of Correction	Queen Esther Adult Family Home	January 3, 2020
Page 2 of 2	Licensee: Sharon L. Lund	

**WAC 388-76-10191 Liability insurance required. The adult family home must:**  
 (1) Obtain liability insurance upon licensure and maintain the insurance as required in WAC 388-76-10192 and 388-76-10193 ; and

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

Based on observation, interview, and record review the adult family home failed to obtain liability insurance upon licensure as required. This deficient practice caused three of three residents (Resident # 1, #2, & #3) to be at risk of not being compensated for loss, injuries, and/or damage to their personal property.

On 12/30 11:12 am, the Provider stated she had not obtained liability insurance when the home was licensed on 10/09/2019. The Porivider stated she was still working with an outside agency to obtain liability insurance. The Provider was aware of the requirement to have liability insurance.

Resident # 2 was interviewed at 11:23 am, and stated the home had food and supplies to meet his need.

**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, Queen Esther 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)

01/21/2020

\_\_\_\_\_  
 Date



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

January 8, 2020

**CERTIFIED MAIL**

7019 1640 0001 8082 6700

Sharon L Lund  
Queen Esther Adult Family Home  
9813 NE 80th Avenue  
Vancouver, WA 98662

RE: Queen Esther Adult Family Home License #754261

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on January 3, 2020 and found that your home does not meet the adult family home licensing requirements.

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
  - o Indicating the date you have or will correct each deficiency; and
  - o Signing and dating after each citation to certify that you have or will take corrective measures to correct each cited deficiency, and
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction within 45 days, or sooner if directed by the Department; and
- Sign and date the first page of the enclosed report; and
- Return the report to the department; and
- Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:**

Sharon L Lund  
Queen Esther Adult Family Home License #754261  
January 8, 2020  
Page 2

(6) Be signed and dated by the resident and be kept in the resident record after signature.

The Adult Family Home had a copy of the home's Medicaid Policy in Resident # 1's file signed by the Provider. Resident # 1's Legal Representative had not signed the policy.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

The Department:

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal-Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

**If You Have Any Questions:**

- Please contact me at (360) 397-9549.

Sincerely,



Karyl Ramsey, Field Manager  
Region 3, Unit E  
Residential Care Services

Enclosure

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