STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

New Option Elderly Living LLC

New Option Elderly Living LLC
1616 MORRIS AVE SOUTH
RENTON, WA 98055

RE: New Option Elderly Living LLC License # 756037

Dear Provider:

This letter addresses Compliance Determination(s) 60085 (Completion Date 05/23/2025) and 56071 (Completion Date 04/09/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/23/2025 and found that you have corrected the violations listed in the Complaint report dated 04/09/2025. Your home is back in compliance as of 04/14/2025 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 388-76-10615-1-a, WAC 388-76-10615-2

The Department staff who did the on-site verification:
Lori Smith, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 03/10/2025 of:

New Option Elderly Living LLC
1616 MORRIS AVE SOUTH
RENTON, WA 98055

This document references the following complaint number(s): 166966

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:

Lori Smith, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

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

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

(1) The adult family home must allow each resident to stay in the home and not transfer or discharge the resident unless:

(a) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the home;

(2) Before a home transfers or discharges a resident, the home must first attempt through reasonable accommodations to avoid the transfer or discharge, unless agreed to by the resident.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the adult family home (AFH) failed to allow 1 of 1 former resident (Resident 1) to return to the AFH after a hospitalization, and did not make reasonable accommodations to avoid the discharge. This failure violated FR's right to live in their preferred home.

Findings included…

During a site visit on 03/10/2025 at 12:53 PM, observation showed six residents and three staff were present in the home, and Resident 1 no longer lived there.

Review of an Emergency Department to Hospital Admission note, dated [redacted]/2025, showed Resident 1 had a urinary tract infection (UTI [infection of the kidney, bladder, and/or urethra]), decreased responsiveness, generalized weakness, was refusing to eat and drink, and was admitted to the hospital for treatment.

In an interview on 03/10/2025 at 1:04 PM, Staff A, Entity Representative, said that Resident 1 had a bad UTI and was sent to the hospital three times in January 2025. Staff A said that the last time Resident 1 was hospitalized, Staff A did not allow them back to the AFH because they were not eating and not responding to them at the hospital, and Staff A did not feel like Resident 1 would be safe in the AFH. Staff A said that since Resident 1‘s code status (medical chart notation that indicates a patient’s preferences for resuscitation and life support in an emergency) was full code (all available resuscitation efforts should be performed during a cardiac arrest, including cardiopulmonary resuscitation [CPR], defibrillation [use of a shock device to restore heartbeat], and advanced life support interventions), staff would have to react, call emergency medical services, and perform CPR in an emergency. Staff A said that because Resident 1 was not eating, the AFH would have to send them back and forth to the hospital, it was hard to watch them go through that, and Resident 1 might have died at the AFH. Staff A said that they told Collateral Contact 1 (CC1), Resident 1’s Representative, on [redacted]/2025 that they would not take Resident 1 back to the AFH. Staff A said that they did not provide CC1 a written discharge notice. Staff A said that they would have accepted Resident 1 back if CC1 had agreed to obtain hospice services (a range of services for end-of-life care, designed to ease symptoms and improve quality of life) and to change Resident 1’s code status from full code to do not resuscitate (do not attempt CPR), or if Resident 1’s condition would have improved.

In an interview on 03/19/2025 at 11:41 AM, CC1 said that she received a text message from Staff A showing that the AFH would not accept Resident 1 back from the hospital because their medical status had changed, and they were not eating. CC1 said that the AFH did not provide a written discharge notice, and Staff A did not say that they would take Resident 1 back under certain conditions. CC1 said that hospital staff had discussions with them, and CC1 did not want to change Resident 1’s code status or obtain hospice services. CC1 said that Resident 1 really liked the AFH, they provided good care, and both Resident 1 and CC1 wanted the AFH to take them back. CC1 said that Resident 1 discharged from the hospital to another facility that provided a similar level of care.

Review of a hospital Discharge Planning note, dated 02/07/2025, showed hospital staff discussed Resident 1’s discharge plans with Staff A. Staff A visited Resident 1 at the hospital and discussed Resident 1’s discharge needs with the doctor. Resident 1 continued to have poor intake of food and drink. Staff A told hospital staff they refused to accept Resident 1 back to the AFH with full code status.

In an interview on 03/19/2025 at 2:53 PM, Collateral Contact 2, hospital Discharge Planner, said that Resident 1’s care needs remained at a similar level at hospital discharge as they were prior to hospitalization. Resident 1 was medically ready for discharge on [redacted]/2025 and discharged that day to another similar facility.

Review of a hospital Discharge Summary, dated [redacted]/2025, showed that Resident 1’s UTI was resolved, and their mental status was improved. The doctor determined Resident 1 was medically ready for discharge to an adult family home and provided a referral for Home Health (in-home nursing, physical therapy and occupational therapy

services).

Review of a Negotiated Care Plan, dated 06/18/2024, showed Resident 1 required assistance with eating and was totally dependent on staff for toileting, dressing, transferring, positioning, and mobility. Special instructions included Resident 1 sometimes forgot to eat and staff were to encourage to take enough food and fluids daily.

Review of a Disclosure of Services, undated and obtained on 04/10/2025, showed the AFH provided medication assistance and personal care assistance from cueing and monitoring to total assistance, and had staff available 24 hours a day, seven days a week. Personal care services included assistance with eating, toileting, dressing, transferring, positioning, and mobility. There was no statement regarding AFH requirements for code status or hospice care.

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, New Option Elderly Living LLC 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 requirement.

_____ _____

Provider (or Representative) Date