STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Heavenly Acres AFH, Inc
HEAVENLY ACRES I
27115 76TH AVE E
GRAHAM, WA 98338

RE: HEAVENLY ACRES I # 366700

Dear Provider:

This document references Compliance Determination 27017 (07/28/2023), which included complaint number(s) 89329.

The Department completed a complaint investigation of your Adult Family Home on 07/28/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Alexander Ulbrickson, NCI AFH Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10673 Abuse and neglect reporting Mandated reporting to department Required.

(2) Reports must be made to:

(b) The appropriate law enforcement agencies, as required under chapter 74.34 RCW.

The adult family home (AFH) terminated a staff member due to allegations of physical abuse by a resident. The AFH notified the department (DSHS), the resident's family, and the long term care ombuds, but failed to notify local law enforcement of the allegations.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

You May:

- Ask for a 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.
- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

- Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit G
Residential Care Services

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

---

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

Residential Care Services
Investigation Summary Report

Provider/Facility: HEAVENLY ACRES I
Provider Type: Adult Family Home
License/Cert.#: 366700
Compliance Determination #: 27017
Intake ID: 89329
Investigator: Alexander Ulbrickson
Region/Unit #: RCS Region 3 / Unit G
Investigation Date(s): 07/26/2023 through 07/28/2023
Complainant Contact Date(s):

Allegation(s):

Abuse - The Named Resident (NR) asked adult family home (AFH) staff to close their bedroom window. The staff member was fixing the NR's bedding and the NR shook their fist at them. The staff member stated the NR punched them and then they smacked the NR's arm in retaliation. The staff member admitted to the trainer staff that they had hit the NR with the back of their hand and an open fist. The staff member left the AFH and the incident was reported to the resident manager and AFH provider.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 3 Closed records sample size: 0
Observations:	Environment, care and services, staff interaction with residents.
Interviews:	NR, Two Other Residents (OR), AFH Provider, AFH staff, others not associated with the AFH.
Record Reviews:	Assessments, negotiated care plans, incident log.

Investigation Summary:

Abuse - The staff member who allegedly hit the NR was terminated immediately and told to leave the AFH. The NR had no care concerns other than the incident with the staff member. The NR stated they had sustained a bruise, but AFH staff denied they had been injured. Two OR had no care concerns at the AFH. All residents stated they felt safe at the AFH and that staff took the incident seriously. The AFH created an incident log and reported to the department (DSHS), NR's family, and the ombuds, but failed to report to local law enforcement. Failed practice was identified, consultation was provided.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written

☐ N/A