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

DAE KIM
ALGREEN HOUSE AFH
30612 11TH AVE S
FEDERAL WAY, WA 98003

RE: ALGREEN HOUSE AFH License # 750784

Dear Provider:

This letter addresses Compliance Determination(s) 24939 (Completion Date 06/20/2023) and 20663 (Completion Date 04/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/20/2023 and found that you have corrected the violations listed in the Complaint report dated 04/13/2023. Your home is back in compliance as of 05/01/2023 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 388-76-10225-3-b

The Department staff who did the on-site verification:
Zwelithini Mabhena, AFH Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: ALGREEN HOUSE AFH **Provider Type:** Adult Family Home
License/Cert.#: 750784
Compliance Determination #: 20663 **Intake ID:** 72027
Investigator: Zwelithini Mabhena **Region/Unit #:** RCS Region 2 / Unit G
Investigation Date(s): 03/03/2023 through 04/13/2023
Complainant Contact Date(s):

Allegation(s):
1. Three Named Residents (NR) at the Adult Family Home (AFH) tested [redacted] for Coronavirus 2019 (COVID-19 [infectious respiratory illness])

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 3 Closed records sample size: 1
Observations:	General AFH environment COVID-19 signage Staff Personal Protective Equipment (PPE) compliance Hand hygiene PPE storage
Interviews:	AFH staff. AFH residents AFH Provider
Record Reviews:	Negotiated Care Plans (NCP's) COVID-19 Policy and Procedure Infection control line list Incident reports.

Investigation Summary:
1. General observations of the AFH did not reveal any immediate concerns. A COVID-19 screening station at the front entrance of the AFH was observed to have adequate supplies. Upon entering, screening was done by AFH staff. When asked the staff member stated there were no residents or staff who were [redacted] for COVID-19. Interviews with AFH residents did not reveal any concerns or questions. In an interview the provider stated they did not report the outbreak to the department because they were not aware they had to notify the department.

Failed practice identified. See Statement of Deficiencies dated o4/13/2023. WAC 388-76-10225 Reporting Requirement

Conclusion / Action:

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

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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 03/03/2023, 03/03/2023 and 03/03/2023 of:

ALGREEN HOUSE AFH
30612 11TH AVE S
FEDERAL WAY, WA 98003

This document references the following complaint number(s): 72027

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Zwelithini Mabhena, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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 — 04/14/2023 (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.

Provider (or Representative)

4/30/2023
Date

WAC 388-76-10225 Reporting requirement.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(b) The department's complaint toll-free hotline number.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to report a communicable disease (COVID-19 [infectious respiratory illness]) outbreak that affected 3 of 4 residents (Residents 2, 3 and 4). This failure placed the residents at risk for COVID-19 complications and poor disease outcomes.

Findings included...

Review of the AFH policy titled "COVID Policy" dated 01/2023, stated the AFH would implement infection prevention by following Local Health Jurisdiction (LHJ) guidelines for positive cases and exposure.

Review of the Washington State Guidelines for COVID-19 (www.dshs.wa.gov/altsa/covid-19-information-providers-and-long-term-care-professionals) showed the AFH was required to report suspected or confirmed cases of COVID-19 to the LHJ and the department.

Resident 2
Review of the resident's Negotiated Care Plan (NCP) dated 08/03/2022, showed the AFH admitted Resident 2 on [redacted]/2021.
Resident 3
Review of the resident's Negotiated Care Plan (NCP) dated 03/25/2022, showed the AFH admitted Resident 3 on [redacted]/2019.
Resident 4
Review of the resident's Negotiated Care Plan (NCP) dated 01/04/2023 showed the AFH admitted Resident 4 on [redacted]/2020.

Review of the department's intake log from 07/06/2022 to 02/27/2023 showed the AFH did not report any incidences of COVID-19.

In interview on 03/03/2023 at 4:11 PM, Staff A, Entity Representative, stated on 02/18/2023 four AFH residents tested [redacted] for COVID-19. Staff A stated they reported the COVID cases to the case manager and the resident's medical Collateral Contacts but did not report the COVID cases to the department. Staff A was made aware of the regulatory requirement and stated they were not aware they were required to report the COVID cases to the department.

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, ALGREEN HOUSE AFH is or will be in compliance with this law and / or regulation on (Date) 5/1/2023 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 5/1/2023

We were Re-oriented Reporting Requirment to all of our Facility Staffs. (WAC 388-76-10225)