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

HOPE AFH INC
HOPE AFH
16611 SE 8TH ST
BELLEVUE, WA 98008

RE: HOPE AFH License # 751060

Dear Provider:

This letter addresses Compliance Determination(s) 33190 (Completion Date 11/29/2023) and 32046 (Completion Date 11/28/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/29/2023 and found that you have corrected the violations listed in the Full report dated 11/28/2023. Your home is back in compliance as of 11/26/2023 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 388-76-10530-2

The Department staff who did the off-site verification:
Jimmie Jordan, NCI

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

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Statement of Deficiencies	License #: 751060	Compliance Determination # 32046
Plan of Correction	HOPE AFH	Completion Date
Page 1 of 3	Licensee: HOPE AFH INC	11/28/2023

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 the unannounced on-site full inspection on 11/02/2023 and 11/02/2023 of:
HOPE AFH
16611 SE 8TH ST
BELLEVUE, WA 98008

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

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

11/28/2023
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.

Statement of Deficiencies	License #: 751060	Compliance Determination # 32046
Plan of Correction	HOPE AFH	Completion Date
Page 2 of 3	Licensee: HOPE AFH INC	11/28/2023

Provider (or Representative) — Date: 11/28/23

WAC 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the Resident Representatives for 2 of 2 sampled residents (Resident 1 and 2) had signed and dated the Notice of Rights and Services (Admission Agreement) at least once every twenty-four months. This failure placed Resident 1 and 2, and their representatives at risk for not being aware of rules of the home, resident rights, care and services available in the home, and the charges associated with the care services.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2021 with multiple disabling diagnoses. Resident 1's Admission Agreement was last signed and dated by their representative on [redacted]/2021.

Record review showed the AFH admitted Resident 2 on [redacted]/2021 with multiple disabling diagnoses. Resident 2's Admission Agreement was last signed and dated by the resident on [redacted]2021.

During an interview, on 11/02/2023 at 3:30 PM, Staff A (Provider) stated that they didn't realize that they were due for new signatures.

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, HOPE AFH is or will be in compliance with this law and / or regulation on (Date) 11/28/23.

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

Statement of Deficiencies	License #: 751060	Compliance Determination # 32046
Plan of Correction	HOPE AFH	Completion Date
Page 3 of 3	Licensee: HOPE AFH INC	11/28/2023

Provider (or Representative) — Date: 11/28/23

To prevent of this happening again, provider Leontina Bleck set a paper and electronic calendar with reminder for all present and will for future residents.

First agreement was revised and resigned ~~not~~ on 11/6/23 as soon the POA was available.

Second agreement was sign on 11/26/23 due to POA traveling to Europe.

11/28/23

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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

11/28/2023

HOPE AFH INC
HOPE AFH
16611 SE 8TH ST
BELLEVUE, WA 98008

RE: HOPE AFH # 751060

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 11/28/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

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

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

The Adult Family Home failed to ensure Staff E, a former staff member, had a valid Washington State Name and Date of Birth Background Check (BGC) while employed at the Adult Family Home. The Adult Family Home has put a system in place to ensure new BGCs are performed every two years.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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 (253)341-2633.

Sincerely,

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

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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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