STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Grace & Glory AFH LLC

Grace & Glory AFH LLC
2415 84th Dr NE
Lake Stevens, WA 98258

RE: Grace & Glory AFH LLC License # 751087

Dear Provider:

This letter addresses Compliance Determination(s) 40646 (Completion Date 05/01/2024) and 37457 (Completion Date 03/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/01/2024 and found that you have corrected the violations listed in the Full report dated 03/07/2024. Your home is back in compliance as of 04/17/2024 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 388-76-10750-6-c, WAC 388-76-10805-2-b

The Department staff who did the on-site verification:
Toni Bolo, Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 02/27/2024 and 02/27/2024 of:
Grace & Glory AFH LLC
2415 84th Dr NE
Lake Stevens, WA 98258

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Toni Bolo, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that the water temperature in resident bathroom sinks did not exceed 120 degrees Fahrenheit. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk for skin injuries related to water temperature that was too hot.

Findings included…

Observations of the ground floor bathroom on 02/27/2024 at 10:04 AM, showed the water temperature in the bathroom sink measured at 130 degrees Fahrenheit with the Department's thermometer.

Observations of the second-floor bathroom on 02/27/2024 at 10:12 AM, showed the water temperature in the bathroom sink measured at 126.1 degrees Fahrenheit with the Department's thermometer.

Interview on 02/27/2024 at 1:28 PM, Staff A (Entity Representative) stated that the AFH had one water heater and that Staff C (Caregiver) checks the water temperatures frequently. Staff A stated that they were not aware the AFH water temperature in the bathroom sinks exceeded the max temperature.

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, Grace & Glory AFH 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

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have a smoke alarm in the sleeping room of the live-in caregiver. This failure placed 2 of 2 live in caregivers (Staff D and E, Caregivers) at risk of delay in exiting the AFH in the event of a fire.

Findings included…

Observation on 02/27/2024 at 10:09 AM, the smoke alarm in Staff D and E's bedroom was missing and showed no smoke alarm.

Interview on 02/27/2024 at 10:09 AM, Staff D stated that they did not know the smoke alarm was missing.

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, Grace & Glory AFH 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