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

2/13/2024

Grace & Glory AFH LLC

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) 36582 (Completion Date 02/08/2024) and 34050 (Completion Date 12/22/2023).

The Department completed a follow-up inspection of your Adult Family Home on 02/08/2024 and found that you have corrected the violations listed in the Complaint report dated 12/22/2023. Your home is back in compliance as of 01/17/2024 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 388-76-10315-1-g

The Department staff who did the on-site verification:
Jennifer Nichols, Community Complaint Investigator

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

Sincerely,

Nicholette Flynn

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Grace & Glory AFH LLC **Provider Type:** Adult Family Home
License/Cert.#: 751087
Compliance Determination #: 34050 **Intake ID:** 102772
Investigator: Jennifer Nichols **Region/Unit #:** RCS Region 2 / Unit B
Investigation Date(s): 12/18/2023 through 12/22/2023
Complainant Contact Date(s): 12/15/2023, 12/20/2023

Allegation(s):
The alleged perpetrator (AP) spent more money than authorized from the alleged victim's (AV) bank card.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Activities Resident rooms Resident to resident interactions Staff to resident interactions Kitchen
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	State reporting log Facility policies Medical records

Investigation Summary:
The named resident (alleged victim, AV) reported they gave the other named resident (alleged perpetrator, AP) permission to use their card to purchase them both drinks and that the AP could also buy themselves something. The AV reported they did not remember how much money the AP spent, but that it wasn't much that they remember and they had no concern of financial exploitation. The AP reported they did not spend more of the AV's money than was requested. Other sampled staff reported they did not have any concerns of abuse, neglect or financial exploitation at the AFH. Sampled staff reported they were not aware of any allegation of financial exploitation. Record review showed the AFH had an abuse policy that met requirements and had required resident advocacy phone numbers posted in a common area.

Conclusion / Action:

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

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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 an unannounced on-site complaint investigation on 12/18/2023 and 12/18/2023 of:

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

This document references the following complaint number(s): 102772

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community 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.

Nicholette Flynn
Residential Care Services

12/27/2023
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.

Emebet Girma
Provider (or Representative)

01/17/2024
Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 5 of 5 resident's (Resident 1, 2, 3, 4 & 5) records containing their assessment and negotiated care plan (NCP) remained accessible for department staff to review when requested. This failure resulted in delayed investigation of abuse allegations for Residents 1, 2, 3, 4 & 5.

Findings included...

Observation, on 12/18/2023 at 1:35 PM, showed five vulnerable adults resided at the AFH.

In an interview, on 12/18/2023 at 1:45 PM, department staff requested to review resident records containing assessments and NCPs for residents 1, 2 & 3 from Staff D (Caregiver). Staff D stated that the records for Residents 1, 2, 3, 4 & 5 that contained their assessment and NCP were not available for department staff to review because they were locked up in a cupboard. Staff D reported a new lock was put on the cupboard that contained resident records and Staff D did not have the new key to it. Staff D reported that their supervisor would come to the AFH with the new key if department staff needed to review resident records. Staff D then reported they called Staff C (Caregiver) who said they were on their way to the AFH with the new key to the locked cupboard that contained resident records.

Observation, on 12/18/2023 at 1:45 PM, showed a cupboard in the kitchen area that was secured closed with a keyed padlock.

Observation, on 12/18/2023 at 2:55 PM, (when department staff exited the AFH) showed the cupboard in the kitchen area containing resident records remained secured closed with a keyed padlock.

Record review of an email sent to the Department by Staff C, on 12/18/2023 at 3:42 PM, showed Staff C reported they were at the AFH and could provide department staff with resident records that were requested.

Record review of an email sent to the Department by Staff C, on 12/20/2023 at 2:07 PM, showed the AFH sent resident records for Resident 1 & 3 as requested during the onsite visit on 12/18/2023 at 1:45 PM. Review of an email sent to the Department by Staff C, on 12/20/2023 at 3:15 PM, showed the AFH sent resident records for Resident 2 as requested during the onsite visit on 12/18/2023 at 1:45 PM.

In an interview, on 12/22/2023 at 2:30 PM, Staff A (Entity Representative) stated department staff was unable to review the resident records while they were on site at the AFH 12/18/2023 from 1:35 PM to 2:55 PM because when Staff B (Caregiver) left the AFH, they accidentally took the key to the lock on the cupboard in the kitchen that contained resident records.

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) 01/17/2024 .

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

Eunbat Girma
Provider (or Representative)

01/17/2024
Date