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

GLORIA MANAOIS
HOUSE OF EPIPHANY
25415 32ND PLACE S
KENT, WA 98032

RE: HOUSE OF EPIPHANY License # 751281

Dear Provider:

This letter addresses Compliance Determination(s) 38059 (Completion Date 03/11/2024) and 32942 (Completion Date 12/11/2023).

The Department completed a follow-up inspection of your Adult Family Home on 03/11/2024 and found that you have corrected the violations listed in the Full report dated 12/11/2023. Your home is back in compliance as of 01/30/2024 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 388-76-10430-1, WAC 388-76-10430, WAC 388-76-10176, WAC 388-76-10176-2, WAC 388-76-10135, WAC 388-76-10135-4, WAC 388-112A-0400-4, WAC 388-112A-0400-4-a, WAC 388-76-10485, WAC 388-76-10485-1

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

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

Sincerely,

Dahl Kim

Dahl Kim, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 751281	Compliance Determination # 32942
Plan of Correction	HOUSE OF EPIPHANY	Completion Date
Page 1 of 10	Licensee: GLORIA MANAOIS	12/11/2023

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 11/21/2023 and 11/21/2023 of:
HOUSE OF EPIPHANY
25415 32ND PLACE S
KENT, WA 98032

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:

Susan Aromi, Licensor
Lydia Owusu-Acheampong, Community Field Manager

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.

02/06/2024

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)

2/14/24
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not provide staff assistance with the inhalers for 2 of 2 sampled residents (Residents 5 and 6). The AFH did not follow the physician's order when administering the insulin of 1 of 1 resident (Resident 5) with diabetes (a disease that occurs when one's blood glucose or blood sugar is too high). The AFH did not document and report to the physician, the refusal of medication for 1 of 1 resident (Resident 5). In addition, the AFH did not have as needed (PRN) medications for 2 of 2 sampled residents (Residents 5 and 6). These failures placed Residents 5 and 6 at risk of medical decline from unmet medication needs.

Findings included...

Observation on 11/21/2023 showed six residents (Residents 1, 2, 3, 4, 5 and 6) in the AFH with Staff C, Caregiver.

In an interview on 11/21/2023 at 10:22 AM, Staff C said the AFH staff assisted Residents 5 and 6 with their medications.

Resident 5:
Observation of Resident 6's medications on 11/21/2023 at 12:18 PM showed no Albuterol Inhaler (prevents and treats wheezing, difficulty breathing, chest tightness and coughing caused by lung diseases), no PRN Flexeril (muscle relaxant used to treat muscle pain and spasms) and no Dulcolax (medication that relieves constipation in 15 minutes to an hour) suppositories.

In an interview on 11/21/2023 at 12:27 PM, Staff C said Resident 5 kept the Albuterol inhaler with them as they wanted to use the inhaler when they had difficulty in breathing. Staff C said they had no PRN Flexeril and Dulcolax suppositories as Resident 5 did not need them. Staff C said they did not have physician's orders to discontinue the PRN Flexeril and Dulcolax suppositories.

Observation on 11/21/2023 at 1:32 PM showed a black pouch bag hanging on the [redacted] of Resident 5's bed. The resident pulled out an Albuterol inhaler from the black pouch bag and showed it to the department staff.

In an interview on 11/21/2023 at 1:32 PM, Resident 5 said they took the Albuterol inhaler every day at 7:30 AM as it helped them breath easier. The resident also said they had kept and used the inhaler by themselves since they moved in to the AFH five months ago. Resident 5 said the staff gave them Flexeril three times a day for their leg muscle spasms. Resident 5 said they had "a few leg spasms in the past, in the middle of the night". The resident added, "I can't say how many I've had, but it hurt". The resident said they did not inform the AFH staff when they had the leg spasms in the middle of the night because there was nothing the staff could do. Resident 5 said they did not know they had PRN Flexeril for their muscle spasms at night. Resident 5 also said the Flexeril made them constipated "at times" and they did not ask the AFH staff for PRN Dulcolax as they did not know they had any. The resident added, "They never told me I had some."

Review of Resident 5's November 2023 medication log showed Albuterol HFA 90 mcg inhaler, inhale two puffs by mouth every four hours as needed, not to exceed more than eight puffs per day. There were no staff initials that showed the staff gave Resident 5 the Albuterol. The following was handwritten next to the Albuterol: "Self-administer". The November 2023 medication log listed Flexeril 10 milligrams (mg) tablet, take ½ tablet (5 mg) by mouth nightly PRN for muscle spasms, and Dulcolax 10 mg suppository insert one suppository rectally every 24 hours PRN for constipation. There were no AFH staff initials that showed the PRN Flexeril and the PRN Dulcolax suppository were given to Resident 5.

Resident 5's 01/18/2023 Assessment indicated for the AFH staff to place the medication in resident's hand. The resident's 06/19/2023 Negotiated Care Plan (NCP) showed the AFH admitted them on [redacted]/2023 and indicated self-medication with staff assistance. It was noted for caregiver to assist with inhaled forms of medication and that the resident needed assistance in setting up and using inhaler as they had left-sided weakness. The NCP had the following documentation: "Lock up all medications in locked cabinet."

Review of Resident 5's November 2023 medication log showed Insulin Glargine, generic for Lantus, inject 12 units subcutaneously every morning, hold for fasting blood sugar (FBS) less than 100. The AFH staff initialed the insulin as given daily at 8:00 AM, from 11/01/2023 to 11/20/2023. The resident's November 2023 FBS log showed the following morning results: 11/07/2023: 91, 11/14/2023: 88, 11/19/2023: 98, and 11/20/2023: 99. The AFH staff did not hold the insulin as ordered by the resident's physician.

In an interview on 11/21/2023 at 12:28 PM, Staff C said they thought they had to hold the insulin when Resident 5's FBS was less than 90.

On 11/21/2023 at 12:29 PM, Staff A, Entity Representative/Resident Manager said they also thought they had to hold the insulin when Resident 5's FBS was less than 90.

Observation of Resident 5's medications on 11/21/2023 at 12:19 PM showed a tube of Diclofenac Sodium one percent (1 %) Gel that was two thirds full.

Resident 5's November 2023 medication log listed Diclofenac Sodium 1 % Gel apply two grams to affected areas topically four times a day at 8:00 AM, 12:00 PM, 5:00 PM and 8:00 PM. The staff initialed the Diclofenac as given two to four times a day for 14 days, from 11/01/2023 to 8:00 AM on 11/20/2023. There were "X" marks 39 times from 11/01/2023 to 11/19/2023 for the Diclofenac. There was no documentation of the resident's refusals of the Diclofenac.

On 11/21/2023 at 12:27 PM, Staff C said Resident 5 refused the Diclofenac, the days there were "X" marks on the November 2023 medication log. Staff C said they did not have documentation of the resident's refusals of the Diclofenac, and they did not inform Resident 5's physician of the resident's refusals.

Resident 6:
Observation of Resident 6's medications on 11/21/2023 at 12:53 PM showed no Symbicort (medication used to reduce swelling and open the airways in the lungs, to relieve wheezing and shortness of breath over long-term use) 160-4.5 mcg inhaler and no Polyethelyne Glycol (medication that relieves occasional constipation) 3350 Powder.

In an interview on 11/21/2023 at 1:00 PM, Staff C said Resident 6 had the Symbicort inhaler, as they wanted to use it themselves. Staff C said Resident 6 had kept the Symbicort and used it by themselves since the AFH admitted them. Staff C said Resident 6 used the Polyethylene Glycol 3350 Powder only when they were on Hydrocodone (narcotic pain medication). Staff C stated, "We don't have it anymore." Staff C said they did not have a physician's order to discontinue the PRN Polyethelyne Glycol 3350 Powder.

Observation on 11/21/2023 at 1:14 PM showed a Symbicort inhaler on Resident 6's bedside table.

In an interview on 11/21/2023 at 1:14 PM, Resident 6 said they had the Symbicort inhaler by their bedside since they moved in to the AFH. The resident said they used the inhaler every day, "Every morning and in the evening, sometimes". The resident said they used the Symbicort inhaler twice a day, "If I remember to."

On 11/21/2023 at 1:25 PM, Resident 6 said they had on and off constipation. The resident said they did not ask the AFH staff for PRN medication for constipation because they did not think they had any.

Resident 6's 11/03/2023 Assessment indicated for the AFH staff to place the medication in resident's hand. The resident's 07/01/2023 NCP showed the AFH admitted them on [redacted]/2023 and indicated self-medication with staff supervision and assistance. It was noted for caregiver to assist with inhaled forms of medication. The NCP had the following

documentation: "Lock up all medications in locked cabinet."

Review of Resident 6's November 2023 medication log showed Symbicort 160-4.5 mcg, inhale two puffs by mouth twice daily at 8:00 AM and 8:00 PM. There were no staff initials that showed the staff gave Resident 6 the Symbicort. The following was handwritten next to the Symbicort: "Self-administer". The November 2023 medication log showed Polyethelyne Glycol 3350 Powder, mix one capful in eight ounces of liquid once daily, as needed (PRN) for constipation. There were no AFH staff initials that showed the staff gave Resident 6 the PRN Polyethelyne Glycol.

In an interview on 11/21/2023 at 12:37 PM, Staff A stated, "I've been lax" about checking the residents' medications when the pharmacy delivered them. Staff A said they were out for three months for personal issues.

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, HOUSE OF EPIPHANY is or will be in compliance with this law and / or regulation on (Date) 1/30/2024.

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

Provider (or Representative) — Date: 2/14/2024

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have national fingerprint background checks for 2 of 3 staff (Staff C, Caregiver and Staff D, Caregiver) hired after 01/07/2012, who had worked more than 120 days at the AFH. This failure placed all residents at risk of harm from unsupervised staff with unknown fingerprint backgrounds.

Findings included...

Observation on 11/21/2023 at 10:02 AM showed six residents (Residents 1, 2, 3, 4, 5 and 6) in the AFH with one staff, Staff C, Caregiver. Staff C phoned someone, then said Staff A, Entity Representative/Resident Manager, was on their way to the AFH.

On 11/21/2023 at 10:17 AM, Staff B, Caregiver, arrived at the AFH, and Staff A arrived at the AFH on 11/21/2023 at 10:38 AM.

In an interview on 11/21/2023 at 10:56 AM, Staff A said they were at the AFH "almost daily" for a few hours a day. Staff A said Staff C worked full time, five days a week, and lived at the AFH. Staff A said Staff C worked by themselves most of the time. Staff A said Staff D worked the weekends, by themselves most of the time.

Review of Staff C's records showed a hire date of 04/01/2021. Staff C worked at the AFH for two years, eight months and 20 days. Staff D's records showed a hire date of 06/02/2023. Staff D worked at the AFH for 141 days. There were no fingerprint background records found for Staff C and Staff D.

On 11/21/2023 at 3:42 PM, Staff A said they had to check their other files for the fingerprint background records of Staff C and Staff D.

As of 12/05/2023, the AFH did not send fingerprint records for Staff C and Staff D to the department.

In a phone interview on 12/05/2023 at 1:20 PM, Staff A said Staff C and D did not have fingerprint background checks until 11/21/2023, the day of the department's full inspection.

Attestation Statement

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

Provider (or Representative) — Date: 2/14/2024

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

WAC 388-112A-0400 What is specialty training and who is required to take it?

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(a) Developmental disabilities specialty training as described in WAC 388-112A-0420 .

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff C, Caregiver) completed Developmental Disabilities (a group of conditions due to an impairment in physical, learning, language, or behavior areas) specialty training. This failure placed special needs residents living in the AFH at risk for their needs not being identified and appropriately met.

Findings included...

Observation on 11/21/2023 at 10:02 AM showed six residents (Residents 1, 2, 3, 4, 5 and 6) in the AFH with Staff C, Caregiver. Resident 1 sat in the living room quietly. Resident 1 did not verbally respond when the department staff asked them how they were doing.

In an interview on 11/21/2023 at 10:21 AM, Staff C said they worked full time, provided care and services to all six residents, and lived at the AFH. Staff C said Resident 1, who had a diagnosis of [redacted], was not interviewable because they just mumbled, mostly words that were not understandable.

Staff A, Entity Representative/Resident Manager, arrived at the AFH on 11/21/2023 at 10:38 AM.

Review of Resident 1's Negotiated Care Plan showed the AFH admitted them on [redacted]/2014. Resident 1 had a diagnosis of [redacted]

Review of Staff C's records showed a hire date of 04/01/2021. Staff C had no record of specialty training in Developmental Disabilities.

In further interview on 11/21/2023 at 3:30 PM, Staff C said they did not have specialty training in Developmental Disabilities.

On 11/21/2023 at 3:42 PM, Staff A said they did not realize Staff C did not have specialty training in Developmental Disabilities.

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

Provider (or Representative) — Date: 2/14/2024

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to keep medications for 2 of 2 sampled residents (Residents 5 and 6) in locked storage. This failure placed Residents 5 and 6 at risk of inappropriate use of prescribed medications. In addition, this failure placed Residents 5 and 6 at risk of losing their prescribed medications.

Findings included...

Resident 5:
Observation of Resident 5's medications on 11/21/2023 at 12:18 PM showed no Albuterol Inhaler (prevents and treats wheezing, difficulty breathing, chest tightness and coughing caused by lung diseases).

In an interview on 11/21/2023 at 12:27 PM, Staff C, Caregiver said Resident 5 kept the

Albuterol inhaler with them as they wanted to use the inhaler when they had difficulty in breathing.

Observation on 11/21/2023 at 1:32 PM showed a black pouch bag hanging on the [redacted] of Resident 5's bed. The resident pulled out an Albuterol inhaler from the black pouch bag and showed it to the department staff.

In an interview on 11/21/2023 at 1:32 PM, Resident 5 said they took the Albuterol inhaler every day at 7:30 AM as it helped them breathe easier. Resident 5 also said they had kept and used the inhaler by themselves since they moved in to the AFH five months ago.

Review of Resident 5's November 2023 medication log showed Albuterol HFA 90 mcg inhaler, inhale two puffs by mouth every four hours as needed, not to exceed more than eight puffs per day. There were no staff initials that showed the staff gave Resident 5 the Albuterol. The following was handwritten next to the Albuterol: "Self-administer."

Resident 5's 01/18/2023 Assessment indicated for the AFH staff to place the medication in their hand. Resident 5's 06/19/2023 Negotiated Care Plan (NCP) showed the AFH admitted them on [redacted]2023 and indicated self-medication with staff assistance. It was noted for caregiver to assist with inhaled forms of medication and that the resident needed assistance in setting up and using inhaler as they had left-sided weakness. The NCP had the following documentation: "Lock up all medications in locked cabinet."

Resident 6:
Observation of Resident 6's medications on 11/21/2023 at 12:53 PM showed no Symbicort (medication used to reduce swelling and open the airways in the lungs, to relieve wheezing and shortness of breath over long-term use) 160-4.5 microgram (mcg) inhaler.

In an interview on 11/21/2023 at 1:00 PM, Staff C said Resident 6 had the Symbicort inhaler, as they wanted to use it themselves. Staff C said Resident 6 had kept the Symbicort and used it by themselves since the AFH admitted them.

Observation on 11/21/2023 at 1:14 PM showed a Symbicort inhaler on Resident 6's bedside table.

In an interview on 11/21/2023 at 1:14 PM, Resident 6 said they had the Symbicort inhaler by their bedside since they moved in to the AFH. The resident said they used the inhaler every day, "Every morning and in the evening, sometimes." Resident 6 said they used the Symbicort inhaler twice a day, "If I remember to."

Resident 6's 11/03/2023 Assessment indicated for the AFH staff to place the medication in Resident 6's hand. Resident 6 's 07/01/2023 NCP showed the AFH admitted them on [redacted]/2023 and indicated self-medication with staff supervision and assistance. It was

noted for caregiver to assist with inhaled forms of medication. The NCP had the following documentation: "Lock up all medications in locked cabinet."

Review of Resident 6's November 2023 medication log showed Symbicort 160-4.5 mcg, Inhale two puffs by mouth twice daily at 8:00 AM and 8:00 PM. There were no staff initials that showed the staff gave Resident 6 the Symbicort. The following was handwritten next to the Symbicort: "Self-administer."

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

Provider (or Representative) — Date: 2/14/2024