STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Gravelly Lake Adult Family Home Corp

Gravelly Lake Adult Family Home Corp
11502 Gravelly Lake Dr SW
Lakewood, WA 98499

RE: Gravelly Lake Adult Family Home Corp License # 751796

Dear Provider:

This letter addresses Compliance Determination(s) 54454 (Completion Date 02/14/2025) and 52023 (Completion Date 12/20/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/14/2025 and found that you have corrected the violations listed in the Full report dated 12/20/2024. Your home is back in compliance as of 01/31/2025 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 388-76-101632, WAC 388-76-101632-1

The Department staff who did the on-site verification:
Veronica Houff, Community Licensor Long Term Care Surveyor

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, Field Services Administrator
Region 3, Unit Z
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

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 12/11/2024 and 12/12/2024 of:

Gravelly Lake Adult Family Home Corp
11502 Gravelly Lake Dr SW
Lakewood, WA 98499

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Veronica Houff, Community Licensor Long Term Care Surveyor
Keyondra Okeke, AFH Compliant Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit Z
PO Box 99250
Lakewood, WA 98496

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.

Scottie Bower IDR PM signed for Region 3
Residential Care Services

01/30/2025
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 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the provider failed to ensure that one of three sampled former staff (Staff B) had a valid National Fingerprint criminal background check. Failure to ensure all fingerprint background checks were completed and maintained in the adult family home placed all three residents at risk for being cared for by a staff with potentially disqualifying history.

Findings include...

During the onsite inspection dated 12/11/2024, record review of Staff B showed Staff B was hired on 06/15/2023. There were no records showing Staff had completed their National Fingerprint background check.

In an interview with the provider on 12/12/2024, the provider stated that Staff B was given numerous opportunities to go and complete the fingerprint portion of the background check over a period of 10 months. Staff B was terminated on 04/05/2024 due to not completing his fingerprints.

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, Gravelly Lake Adult Family Home Corp 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 _____

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

AMENDED
01/30/2025

Gravelly Lake Adult Family Home Corp
Gravelly Lake Adult Family Home Corp
11502 Gravelly Lake Dr SW
Lakewood, WA 98499

RE: Gravelly Lake Adult Family Home Corp # 751796

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/20/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

You requested an Informal Dispute Resolution (IDR) review. The IDR review resulted in the enclosed amended Statement of Deficiencies.

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 Return the Plan/Attestation Statement and report with signatures to:

Jody Just, Field Services Administrator

Residential Care Services
Region 3, Unit Z
Preferred methods:
eFax:
Email:
Optional method:
PO Box 99250
Lakewood, WA 98496

• 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 follcwing deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10850 Emergency medical supplies. The adult family home must:

(1) Have emergency medical supplies on-hand for the application of basic first aid during an emergency or disaster in a sufficient amount for the number of residents living in the home;

(2) Replenish the emergency medical supplies as they are used; and

(3) Have a first aid manual.

The provider failed to ensure that the medication that is included in the First Aid kit was not expired. The medication that is a part of the first aid kit expired in 2022. The provider replaced the first aid kit prior to exit from the AFH.

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:
• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (360)397-9556.

Sincerely,

Scotti Bower IDR PM signed for Jody Just

Jody Just, Field Services Administrator

Region 3, Unit Z
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:
Jody Just, Field Services Administrator
Residential Care Services
Region 3, Unit Z
Preferred methods:
eFax:
Email:
Optional method:
PO Box 99250
Lakewood, WA 98496