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

12/23/2024

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:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 52078 (Completion Date 12/23/2024) and 46243 (Completion Date 11/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/23/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10195 Adult family home Staff Generally. The adult family home must ensure:

(1) When one or more residents are in the home, enough staff are available in the home to meet the needs of each resident, except as provided in WAC 388-76-10200 ;

The Department staff who did the On Site verification:
Keyondra Okeke, AFH Compliant Investigator

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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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 an unannounced on-site complaint investigation on 08/27/2024 and 11/07/2024 of:

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

This document references the following complaint number(s): 140785

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Keyondra Okeke, AFH Compliant Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
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.

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 388-76-10195 Adult family home Staff Generally. The adult family home must ensure:

(1) When one or more residents are in the home, enough staff are available in the home to meet the needs of each resident, except as provided in WAC 388-76-10200 ;

This requirement was not met as evidenced by:

Based on observations, interviews, and record review, the Adult Family Home (AFH) failed to provide at least two caregiving staff for 1 of 4 residents (Resident 1). This failure placed Resident 1 at risk for unsafe transfers.

Findings included...

An observation on 07/11/2024 at 3:30 p.m., showed Caregiver A was working alone on-site at the AFH.

Record review on 07/11/2024 of Resident 1's (R1) Negotiated Care Plan (NCP) and Assessment showed that R1 required one to two people to assist with transfers.

On 07/11/2024 at 3:30 p.m., when asked how R1 transferred, Caregiver A stated they waited for the Provider to return if they needed to transfer R1, as R1 typically required two people for assistance with transfers and used a [redacted].

On 07/12/2024 at 8:51 a.m., the Provider stated they would have been at the AFH but were not due to being at an appointment.

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, 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