STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

GOOD FAITH ADULT FAMILY HOME INC
GOOD FAITH ADULT FAMILY HOME INC
14421 SE ASH WAY
LYNNWOOD, WA 98087

RE: GOOD FAITH ADULT FAMILY HOME INC License # 752041

Dear Provider:

This letter addresses Compliance Determination(s) 30000 (Completion Date 09/12/2023) and 26275 (Completion Date 07/26/2023).

The Department completed a follow-up inspection of your Adult Family Home on 09/12/2023 and found that you have corrected the violations listed in the Full report dated 07/26/2023. Your home is back in compliance as of 07/12/2023 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 388-76-10685-11, WAC 388-76-10485-3, WAC 388-76-10380-4

The Department staff who did the on-site verification:
Twyla Robinson, AFH Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque
Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

RECEIVED
AUG 21 2023
DSHS/ALTSA/RCS

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 752041	Compliance Determination # 26275
Plan of Correction	GOOD FAITH ADULT FAMILY HOME INC	Completion Date
Page 1 of 5	Licensee: GOOD FAITH ADULT FAMILY HOME INC	07/26/2023

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 07/06/2023 and 07/06/2023 of:
GOOD FAITH ADULT FAMILY HOME INC
14421 SE ASH WAY
LYNNWOOD, WA 98087

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

The department staff that inspected the Adult Family Home:

Twyla Robinson, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

07/31/2023
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.

Gloria T. Orias
Provider (or Representative)

08/12/2023
Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure alerting devices were provided to residents in case of an emergency. This failure placed 1 of 5 sampled residents (Resident 6) at risk of harm from inability to notify AFH staff.

Findings included...

Record review showed that the AFH admitted Resident 6 on [redacted]/2016 with a diagnosis of [redacted].

Observation, on 07/06/2023 at 9:46 a.m., showed during the environmental tour there was no alerting device provided for Resident 6.

In interview, on 07/06/2023 at 3:19 p.m., when asked about the alerting device, Staff A (Provider) stated they could not find the bed sensor for Resident 6.

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, GOOD FAITH ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 07/06/2023 .

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

Provider (or Representative)

07/06/2023
Date

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

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that refrigerated medication was placed in locked storage for 2 of 5 sampled residents (Resident 1 and 5) and a caregiver (Staff E). This failure placed 5 of 5 residents at risk of harm from access to unsecured medication.

Findings included...

Observation, on 07/06/2023, showed 5 residents resided in the facility; 2 residents (Resident 1 and 5) showed independent mobility.

Record review showed that the AFH admitted Resident 1 on [redacted]/2022 with a diagnosis of [redacted]. Resident 1's Negotiated Care Plan (NCP), signed and dated on 04/04/2023, showed the AFH would manage and "keep medications in a locked area."

Record review showed that the AFH admitted Resident 5 on [redacted]/2018 with a diagnosis of [redacted]. Resident 5's NCP, last signed and dated on 07/02/2022, showed the AFH would manage medications.

Observation, on 07/06/2023 at 10:26 a.m., showed Resident 1's Lantus Insulin (a medication used to control blood sugar in people who have Type 1 or Type 2 diabetes) and Humalog KwikPen (a medication delivery system prefilled with insulin) stored unsecured in a compact refrigerator.

Observation, on 07/06/2023 at 10:26 a.m., showed Resident 5's Moxifloxacin eye drops (a medication used to treat a variety of bacterial infections) and Prednisone Acetate eye drops (a medication is used to relieve symptoms such as swelling, redness, and itching caused by certain eye conditions due to inflammation or injury) stored unsecured in the compact refrigerator.

Observation, on 07/06/2023 at 10:26 a.m., showed Staff E's prescription eye drops were stored unsecured in the compact refrigerator.

In interview, on 10/21/2022 at 10:26 a.m., when asked what the WAC stated about medication storage, Staff A (Provider) stated "locked." Staff A showed a small lock box in

the refrigerator that was too small to contain the medications.

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, GOOD FAITH ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 07-07-2023 .

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

Provider (or Representative) | Date: 08/12/2023

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a documented review and update of the Negotiated Care Plan (NCP) for 1 of 3 sampled residents (Resident 5) at least every 12 months. This failure placed Resident 5 at risk for unmet care needs.

Findings included...

Record review showed that the AFH admitted Resident 5 on [redacted]/2018 with a diagnosis of [redacted].

Record review of Resident 5's NCP indicated that the AFH would provide medication management and some activities of daily living. Resident 2's NCP was last signed and dated on 07/02/2022.

In interview, on 07/24/2023 at 3:20 p.m., when asked how often the NCP should be reviewed and revised, Staff A (Provider) stated they should have reviewed it on 07/01/2023 and missed the deadline.

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, GOOD FAITH ADULT FAMILY HOME INC is or will be in compliance with this law and / or regulation on (Date) 07-12-2023 .

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

Provider (or Representative) | Date 08/12/2023

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

08/01/2023

CERTIFIED MAIL

94890090002760807848 29

GOOD FAITH ADULT FAMILY HOME INC
GOOD FAITH ADULT FAMILY HOME INC
14421 SE ASH WAY
LYNNWOOD, WA 98087

RE: GOOD FAITH ADULT FAMILY HOME INC # 752041

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/26/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

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 Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

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

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home failed to ensure the Department of Social and Health Services' Adult Family Home Disclosure of Charges forms were signed and dated by residents. This failure placed the residents at risk of violating their right to know what the facility charged for care and services.

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:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

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

If You Have Any Questions:
• Please contact me at (206)914-5042.

Sincerely,

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

---

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services

PO Box 45600
Olympia, WA 98504-5600