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) 42711 (Completion Date 06/13/2024) and 40990 (Completion Date 05/23/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/13/2024 and found that you have corrected the violations listed in the Complaint report dated 05/23/2024. Your home is back in compliance as of 06/05/2024 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 388-76-10380-4

The Department staff who did the on-site verification:
Spomenka Hodzic, NCI

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

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 # 40990
Plan of Correction	GOOD FAITH ADULT FAMILY HOME INC	Completion Date
Page 1 of 3	Licensee: GOOD FAITH ADULT FAMILY HOME INC	05/23/2024

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 05/08/2024 and 05/08/2024 of:

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

This document references the following complaint number(s): 127191

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:

Spomenka Hodzic, NCI

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' Bourgue
Residential Care Services

06/04/2024
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)

4:13:24
Date

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 interview and record review the Adult Family Home (AFH) failed to review and update the negotiated care plan (NCP) for 2 of 5 residents (Resident 2 and 4) at least every twelve months. This failure placed Residents 2 and Resident 4 at risk for unrecognized and unmet care needs.

Findings included...

<Resident 2>

Record review of Resident 2's NCP, dated 01/24/2023, showed Resident 2 was admitted to AFH on [redacted] 2021 with multiple medical diagnoses including [redacted] and [redacted].

Review of Resident 2's record showed that their NCP was last reviewed, signed, and dated by Staff A, Provider, and Resident 2's representative on 01/24/2023. Review of Resident 2's NCP was one hundred and five days overdue.

<Resident 4>

Record review of Resident 4's NCP, dated 04/03/2023, and Resident 4's demographic data showed Resident 4 was admitted to AFH on [redacted]/2022 with multiple medical diagnoses including [redacted] and [redacted].

Review of Resident 4's record showed that their NCP was last reviewed, signed and dated by Staff A and Resident 4 on 04/03/2023 and 04/04/2023. Review of Resident 4's records were 35 days overdue.

Statement of Deficiencies	License #: 752041	Compliance Determination # 40990
Plan of Correction	GOOD FAITH ADULT FAMILY HOME INC	Completion Date
Page 3 of 3	Licensee: GOOD FAITH ADULT FAMILY HOME INC	05/23/2024

In an interview, on 05/08/2024 at 11:52 AM, Staff D, caregiver stated they did not know why Resident 2's and Resident 4's NCPs were not updated. Staff D stated that this would be something that Staff A, Provider, was responsible for.

Record of email correspondence with Staff A showed that Staff A was on vacation and would follow up on their administrative duties once back from the vacation.

This is a repeated deficiency previously cited on 07/26/2023.

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) 06-05-2024

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

Provider (or Representative) — Date: 06-05-2024

RECEIVED
JUN 07 2024
DSHS/ALTSA/RCS

In an interview, on 05/08/2024 at 11:52 AM, Staff D, caregiver stated they did not know why Resident 2's and Resident 4's NCPs were not updated. Staff D stated that this would be something that Staff A, Provider, was responsible for.

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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)_____ .

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

Provider (or Representative) _____ Date _____

June 06, 2024

DSHS Aging and long Term Support Administration
Residential Care Services, Region 2, Unit 1
20311 52nd Ave W. Suite 100
Lynnwood, WA 98036

Attn Renee Bourgne
Residential Care Servces
cc Spomenka Hadzic, NC1

From Good Faith AFH
14421 Ash Way
Lynnwood WA 98087
License # 752041

Dear Ms. Bourgne,

Please see attached Plan of Corrections for the unannounced on-site complaint investigation on May 8, 2024.

for: WAC 388-76-10380 Negotiated Care Plan

I was able to have the family and my resident #2's wife signed the Negotiated Care Plan which is overdue. I will ensure that this will not happen again.

for Resident # 4 Negotiated Care Prom is overdue for 35 days. I will ensure to review and update to prevent the risk for unrecognized and unmet care needs.

I apologize for this citation, I will make sure to comply with all the requirements at all times.

Sincerely,
Gloria T. Oras