STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

GLORY ADULT FAMILY HOME INC
GLORY ADULT FAMILY HOME II
5422 S 296TH CT
AUBURN, WA 98001

RE: GLORY ADULT FAMILY HOME II License # 752292

Dear Provider:

This letter addresses Compliance Determination(s) 77067 (Completion Date 05/07/2026) and 74559 (Completion Date 04/17/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/07/2026 and found that you have corrected the violations listed in the Full report dated 04/17/2026. Your home is back in compliance as of 04/23/2026 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 388-76-10255-1, WAC 388-76-10290-2, WAC 388-76-10355-7-c, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10490-2-b-i, WAC 388-76-10522-1, WAC 388-76-10522-2, WAC 388-76-10522-3, WAC 388-76-10522-4, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10522

The Department staff who did the on-site verification:
Marites Gatan, NCI

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

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 752292	Compliance Determination # 74559
Plan of Correction	GLORY ADULT FAMILY HOME II	Completion Date
Page 1 of 10	Licensee: GLORY ADULT FAMILY HOME INC	04/17/2026

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 03/18/2026 of:
GLORY ADULT FAMILY HOME II
5422 S 296TH CT
AUBURN, WA 98001

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:

Marites Gatan, NCI

From:
DSHS, Home and Community Living 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.

Residential Care Services

4-17-2026
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)

4-20-26
Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, and interview, the Adult Family Home (AFH) failed to ensure that infection control procedure was followed by 2 of 2 full time staff (Staff B, Resident Manager and Staff C, Caregiver) when they provided care for 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk of acquiring infectious disease.

Findings included...

Observation on 03/18/2026 at 9:49 AM showed Staff B, and Staff C, providing care and services to five residents (Residents 1, 2, 3, 4, and 5). One resident (Resident 6) was out of the home for a medical appointment.

Washington State Department of Social and Health Services website under Information for Adult Family Home Providers had a quick link for Standard Precaution Table. The Standard Precaution Table had a "know when to change gloves and clean hands" topic. It stated that to change gloves when soiled with blood or body fluids after a task. It stated if moving from work on a soiled body site to clean body site on the same patient.

In an interview on 03/18/2026 at 10:04 AM, Staff A, Entity Representative stated that Resident 4 was incontinent.

Observation on 03/18/2026 at 3:05 PM showed Staff B with their gloves on, unfastened

Resident 4's incontinent briefs. Staff B used disposable wipes to clean Resident 4's bottom area. Staff B stated that the disposable wipes were not enough to clean up Resident 4's bottom area. Staff B went to the bathroom inside the bedroom. While Staff B was inside the bathroom, observed Staff C with their gloves on held Resident 4 turned to their side. Staff C wiped Resident 4's bottom area with the bed pad. Staff B returned with a basin with soap and water and paper towels. Staff B used wet paper towels with soap and water to clean Resident 4's private areas. After cleaning Resident 4, Staff B used disposable wipes and wiped their gloves. Staff C wearing the same gloves went to obtain clean bed pad and placed it on the bed. Staff B with the same gloves obtained new clean incontinent brief and placed it on the bed.

In an interview on 03/18/2026 at 3:15 PM, both Staff B and Staff C acknowledged that their gloves were contaminated, and they should have changed their gloves before getting new clean bed pad and incontinent brief. Staff B agreed that gloves were disposable and for one time use only.

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, GLORY ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 3-19-26

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

Provider (or Representative) 4-20-24 Date

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled staff (Staff C, Caregiver) with positive Tuberculosis [(TB) a communicable disease affecting lungs] skin test had TB signs and symptoms evaluation. This failure placed all residents at risk of exposure to TB.

Findings included...

Observation on 03/18/2026 at 9:49 AM showed Staff B, Resident Manager, and Staff C, providing care and services to five residents (Residents 1, 2, 3, 4, and 5).

In an interview on 03/18/2026 at 10:27 AM, Staff A, Entity Representative stated that Staff C worked full time.

Record review of Staff C's AFH personnel records showed the AFH hired Staff C on 09/01/2023 and completed orientation on 08/30/2023. Staff C had first step TB skin test read on 01/24/2020 with 0 millimeter (mm) and negative result. Staff C had second step TB skin test read on 02/04/2020 with 0 mm and negative result. Staff C had a 09/22/2022 chest x- ray for an indication for positive TB skin test, with result of no evidence of TB. Staff C had no other TB test in their personnel file.

In an interview on 03/18/2026 at 3:43 PM, Staff A stated that they thought Staff C's TB records were adequate.

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, GLORY ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 4-23-26

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

Provider (or Representative) 4-20-26 Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home failed to ensure the Negotiated Care Plan (NCP) included the safety plan and caregivers' instructions for the [redacted] for 1 of 2 sampled residents (Resident 4) who needed

the [redacted] to prevent wounds from developing. This failure placed Resident 4 at risk of unmet care needs.

Findings included...

Observation on [redacted]/2026 at 9:49 AM showed Staff B, Resident Manager and Staff C, Caregiver, providing care and services to five residents (Residents 1, 2, 3, 4, and 5).

In an interview on [redacted]/2026 at 10:04 AM, Staff A, Entity Representative stated that Resident 4 required total assistance with transfer, was incontinent and received Hospice (focuses on the care, comfort, quality of life of a person with a serious illness that is approaching end of life) care services.

During bedroom tour on [redacted]/2026 at 10:49 AM, observed Resident 4 had an [redacted] with an [redacted] in Bedroom [redacted] [shared with Resident 3].

Review of Resident 4's AFH records showed that the AFH admitted them on [redacted]/2014. Resident 4's 01/27/2026 annual assessment showed Resident 4 used an [redacted]. Resident 4's 02/23/2026 NCP did not address the safety plan and caregivers' instructions for their use of the [redacted].

In an interview on 04/15/2026 at 3:34 PM, Staff B stated that they were not aware that Resident 4's 02/23/2026 NCP did not address the safety plan and caregivers' instructions for Resident 4's use of the [redacted].

In an interview on 04/15/2026 at 4:12 PM, Staff A stated that the [redacted] was documented on Resident 4's 02/23/2026 NCP. Staff A stated that it was listed in page 6, under the title of bed mobility. Staff A acknowledged that there was no safety plan and there were no caregivers' instructions for Resident 4's use of the [redacted]. Staff A stated that they would update Resident 4's NCP.

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, GLORY ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 3-19-26

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

Provider (or Representative) 4-20-26 Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that the medication log was updated, and resident received the medication as prescribed for 1 of 2 sampled residents (Resident 5). This failure placed Resident 5 at risk of a decline in condition from medication errors and unmet medication needs.

Findings included...

Observation on 03/18/2026 at 9:49 AM showed Staff B, Resident Manager, and Staff C, Caregiver, providing care and medication services to five residents (Residents 1, 2, 3, 4, and 5).

Record review of Resident 5's AFH file showed that Resident 5 was admitted to the AFH on [redacted]/2023. Pharmacy generated medication log March 2026 showed Resident 5 was prescribed Duoneb (opens the airways and reduces inflammation in the lungs to help person breathe more easily) one vial via nebulizer (medical equipment used to administer medication directly and quickly to the lungs) every twelve hours as needed for wheezing.

Observation on 03/18/2026 at 1:20 PM of Resident 5's medication supplies showed there was no Duoneb available.

In an interview on 03/18/2026 at 1:22 PM, Staff B acknowledged that there is no Duoneb medication supply. Staff B stated that Resident 5 refused the medication and that there is no nebulizer machine at the AFH.

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, GLORY ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 3-18-26

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

Provider (or Representative) 4-20-26 Date

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to develop and implement a medication disposal policy of discontinued medication for 1 of 2 sampled residents (Resident 5). This failure placed Resident 5 at risk of harm from taking discontinued medication.

Findings included...

Review of the the AFH undated "Policy on How to Dispose Expired Medication." The policy stated that AFH would send the expired medications back to the pharmacy. The AFH policy did not address the safe disposal of resident medications that have been discontinued or were refused by the resident. The policy did not address that for current residents the facility must safely dispose of discontinued medications, expired

medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal.

Observation on 03/18/2026 at 9:49 AM showed Staff B, Resident Manager, and Staff C, Caregiver, providing care and medication services to five residents (Residents 1, 2, 3, 4, and 5).

Record review of Resident 5's AFH file showed that Resident 5 was admitted to the AFH on [redacted]/2023.

Observation on 03/18/2026 at 1: 25 PM of Resident 5's medication supplies showed there was a pharmacy dispensed Azelastine Hydrochloride (treat sneezing, runny or stuffy nose, itching) nasal spray with an instruction to instill two sprays in both nostrils every twelve hours as needed for allergies or sinus congestion.

Review of Resident 5's March 2026 pharmacy generated medication log showed Resident 5 had no prescription for Azelastine Hydrochloride nasal spray.

In an interview on 03/18/2026 at 1:36 PM, Staff B acknowledged that Resident 5's March 2026 medication log did not include the Azelastine Hydrochloride nasal spray.

The AFH sent an email on 03/19/2026 with Resident 5's 12/08/2025 prescription for discontinuation of Azelastine Hydrochloride nasal spray. In the document there was a handwritten note stating apology that the medication was not taken out of Resident 5's medication supply box.

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, GLORY ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 3-18-26

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

Provider (or Representative) — Date 4-20-26

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language the resident understands;

(3) Be provided to all prospective residents, before admission to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home failed to ensure that 2 of 2 sampled residents (Resident 4 and Resident 5) had a signed and dated Medicaid Policy in their record. This failure placed Resident 4 and Resident 5 at risk of not being informed of the home's Medicaid policy.

Findings included...

<Resident 4>
Review of Resident 4's AFH records showed that Resident 4 was admitted to the AFH on [redacted]/2014. Resident 4 had a document titled "Converting Private Pay to Medicaid" signed and dated on 09/03/2019. Resident 1 had no Medicaid Policy on their file.

In an interview on [redacted]2026 at 11:20 AM, Staff A, Entity Representative acknowledged that Resident 4 had no Medicaid Policy that was signed and dated. Staff A stated that they would reach out to their fellow AFH providers and would request a sample of the Medicaid Policy.

<Resident 5>
Record review of Resident 5's AFH file showed that Resident 5 was admitted to the AFH on [redacted]/2023. Resident 5 had a document titled "Converting Private Pay to Medicaid" signed and dated on 06/30/2023. Resident 5 had no Medicaid Policy on their file.

In an interview on 03/18/2026 at 12:46 PM, Staff A, acknowledged that Resident 5 had no Medicaid Policy that was signed and dated.

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, GLORY ADULT FAMILY HOME II is or will be in compliance with this law and / or regulation on (Date) 3-18-26

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

Provider (or Representative)

4-20-26
Date