STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Grace and Hope Adult Family Home LLC

Grace and Hope Adult Family Home LLC
7409 Coral Lane SW
Lakewood, WA 98498

RE: Grace and Hope Adult Family Home LLC License # 752405

Dear Provider:

This letter addresses Compliance Determination(s) 41161 (Completion Date 05/20/2024) and 38607 (Completion Date 04/01/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/20/2024 and found that you have corrected the violations listed in the Follow up report dated 04/01/2024. Your home is back in compliance as of 04/17/2024 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 388-76-10430-2-c, WAC 388-76-10430-1

The Department staff who did the on-site verification:
Daphne Gill, LTC Surveyor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 752405	Compliance Determination # 38607
Plan of Correction	Grace and Hope Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Grace and Hope Adult Family Home LLC	04/01/2024

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 follow-up on 03/20/2024 and 03/20/2024 of:
Grace and Hope Adult Family Home LLC
7409 Coral Lane SW
Lakewood, WA 98498

This document references the following SOD dated: 04/01/2024

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

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

04/04/2024
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) — Date: 04/17/2024

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to keep an up-to-date medication log for 1 of 6 residents (Resident 4 [R4]). This failure resulted in R4 not having an accurate medication log and placed R4 at risk for not receiving accurate medication administration.

Findings included...

Observations of R4's medication supply on 03/20/2024 at 10:50 A.M. showed Benzonatate (cough medication) and Tamsulosin (urinary retention medication) were in supply.

Record review of R4's Medication Administration Record (MAR) dated March 2024 showed Benzonatate and Tamsulosin were not listed on the MAR.
now listed

Record review of R4's record also did not show a current healthcare prescriber's order for Benzonatate — D/C
PRN

In an interview on 03/20/2024 at 10:53 A.M., the Co-Provider reported Benzonatate was not supposed to be listed on R4's MAR. The Co-Provider said they were unsure why Tamsulosin was not on R4's current MAR.

This is an uncorrected deficiency previously cited on 01/04/2024 for subsection 2 only.

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, Grace and Hope Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 04-17-2024 .

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

Provider (or Representative) — Date: 04/17/2024

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

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 12/13/2023 and 12/13/2023 of:

Grace and Hope Adult Family Home LLC
7409 Coral Lane SW
Lakewood, WA 98498

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Daphne Gill, LTC Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 ;

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed to have a system in place to ensure residents received medications as ordered and failed to keep an up-to-date medication log for 5 of 6 residents (Resident 1 [R1], Resident 2 [R2], Resident 3 [R3], Resident 4 [R4], and Resident 5 [R5]). This failure resulted in R1, R2, R3, R4 and R5 not having accurate medication logs and placed R1, R2, R3, R4 and R5 at risk for not receiving accurate medication administration.

Findings included...

R1
Record review on 12/13/2023 at 12:38 P.M. of R1's Medication Administration Record (MAR) dated December 2023 showed Senna (for Constipation) was listed twice (as a scheduled daily dose and as-needed). R1's MAR also showed they were prescribed acetaminophen (for Pain), Benadryl (for itching), and Mucus-Chest Congestion (for cough).

Observations of R1's medication supply on 12/13/2023 at 12:40 P.M. showed these medications were missing from R1's medication supply.

In an interview on 12/13/2023 at 12:48 P.M., the Resident Manager said they were unsure why these medications were missing from R1's medication supply.

R2
Record review on 12/13/2023 at 12:49 P.M. of R2's MAR dated December 2023 showed they were prescribed Meloxicam (for Pain), Nyamyc (cream for rash), and Triamcinolone (cream for rash).

Observations of R2's medication supply on 12/13/2023 at 12:50 P.M. showed these medications were missing from R2's medication supply.

In an interview on 12/13/2023 at 1:00 P.M., the Resident Manager said they were unsure why these medications were missing from R2's medication supply.

R3
Record review on 12/13/2023 at 1:01 P.M. of R3's MAR dated December 2023 showed they were prescribed Baclofen (Muscle Relaxer). The morning dose had not been signed off as given or taken since 12/01/2023. R3's MAR also showed their prescribed Urinary Pain Relief supplement had not been signed off as given or taken.

R3's December 2023 MAR also showed they were prescribed Famotidine (for acid reflux), Levothyroxine Sodium (for Thyroid), Triamterene (water pill), Clonazepam (for Anxiety), Cyclobenzaprine (Muscle Relaxer), Gabapentin (for seizures), Hydromorphone (for Pain), Ondansetron (for Nausea), and Simethicone (for Gas). Observations of R3's medication supply on 12/13/2023 at 1:17 P.M. showed these medications were missing from R3's medication supply.

Observations of R3's medication supply on 12/13/2023 at 1:17 P.M. also showed acetaminophen (pain reliever) was in supply. Review of R3's December 2023 MAR showed acetaminophen was not listed.

In an interview on 12/13/2023 at 1:19 P.M., the Resident Manager said they were unsure why there were discrepancies with R3's medications.

R4
Record review on 12/13/2023 at 1:21 P.M. of R4's MAR dated December 2023 showed they were prescribed Duloxetine (for Mental Health), Fluconazole (Anti-Fungal), and Benzonatate (for Cough). Observations of R4's medication supply on 12/13/2023 at 1:25 P.M. showed these medications were missing from R4's medication supply.

Observations of R4's medication supply on 12/13/2023 at 1:25 P.M. also showed Ofloxacin (eye drops) and Bacitracin (ointment for itching) were in supply. Review of R4's December 2023 MAR showed these medications were not listed.

In an interview on 12/13/2023 at 1:42 P.M., the Resident Manager said they were unsure why there were discrepancies with R4's medications.

R5
Record review on 12/13/2023 at 1:50 P.M. of R5's MAR dated December 2023 showed they were prescribed Ciclopirox (anti-fungal). The morning and evening doses had not

been signed off as given or taken since 12/01/2023.

Observations of R5's medication supply on 12/13/2023 at 1:50 P.M. showed Motrin (pain reliever) was in supply. Review of R5's December 2023 MAR showed Motrin was not listed.

In an interview on 12/13/2023 at 2:05 P.M., the Resident Manager said they were unsure about why there were discrepancies with R5's medications.

During an exit interview on 12/13/2023 at 3:15 P.M., the Provider stated the pharmacy had been contacted about some of the missing 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, Grace and Hope Adult Family Home LLC 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

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 Provider failed to update the Negotiated Care Plans every 12 months for 2 of 6 residents (Resident 4 [R4]), and (Resident 5 [R5]). This failure placed R4 and R5 at risk for unmet care needs.

Findings included...

Record review on 12/13/2023 at 11:50 A.M. showed R4's Negotiated Care Plan (NCP) had not been updated or marked as current. R4's NCP was completed on 10/20/2022.

Record review on 12/13/2023 at 11:59 A.M. showed R5's Negotiated Care Plan (NCP) had not been updated or marked as current. R5's NCP was completed on 08/08/2022.

During an interview on 12/13/2023 at 12:10 P.M., Resident Manager said they were unable to find the current NCPs for R4 and R5.

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, Grace and Hope Adult Family Home LLC 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

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure the coordination of a full emergency evacuation drill each calendar year for 6 out of 6 residents (Residents 1, 2, 3, 4, 5, and 6). This failure placed all residents at risk for potential harm in the event of an emergency requiring evacuation.

Findings included…

During an administrative record review on 12/13/2023 at 2:31 P.M., there was no documentation of any full emergency evacuation drills.

During an exit interview on 12/13/2023 at 3:15 P.M., the Provider said they were unable to

verify if a full emergency evacuation drill had been completed within the last calendar year.

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, Grace and Hope Adult Family Home LLC 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
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Grace and Hope Adult Family Home LLC
Grace and Hope Adult Family Home LLC
7409 Coral Lane SW
Lakewood, WA 98498

RE: Grace and Hope Adult Family Home LLC # 752405

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/04/2024 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:

Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1

Tumwater, WA 98501

• 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 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The Adult Family Home failed to complete a Personal Belongings Inventory for 1 of 6 residents (Resident 3 [R3]) upon their admission. The Provider said this was a mistake and completed a new inventory with R3 immediately.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster, Field Manager
Region 3, Unit G
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:
Jennifer LeMaster, Field Manager
Residential Care Services
Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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

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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