STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

EMMANUEL HOUSE INC

EMMANUEL HOUSE INC
942 S 293RD STREET
FEDERAL WAY, WA 98003

RE: EMMANUEL HOUSE INC License # 752555

Dear Provider:

This letter addresses Compliance Determination(s) 53607 (Completion Date 01/24/2025) and 48922 (Completion Date 12/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/24/2025 and found that you have corrected the violations listed in the Full report dated 12/04/2024. Your home is back in compliance as of 12/20/2024 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 388-76-10750-6-c, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10420-7-b, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10320-10, WAC 388-76-10522-6, WAC 388-76-10540-1, WAC 388-76-10355-6-d, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-4, WAC 388-76-10355-5, WAC 388-76-10355-6, WAC 388-76-10355-6-a, WAC 388-76-10355-6-b, WAC 388-76-10355-6-c

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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 762555	Compliance Determination # 48922
Plan of Correction	EMMANUEL HOUSE INC	Completion Date
Page 1 of 11	Licensee: EMMANUEL HOUSE INC	12/04/2024

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 the unannounced on-site full inspection on 10/17/2024 and 10/17/2024 of:
EMMANUEL HOUSE INC
942 S 293RD STREET
FEDERAL WAY, WA 98003

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 1 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support 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 — 12-6-2024 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 10/17/2024 and 10/17/2024 of:

EMMANUEL HOUSE INC
942 S 293RD STREET
FEDERAL WAY, WA 98003

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 1 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support 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

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.

Haesun Park
Provider (or Representative)

12/12/24
Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that 3 of 3 bathrooms' sink water temperature did not exceed 120 degrees Fahrenheit (F). This failure placed the resident at risk of scalding burns.

Findings included...

In an interview on 10/17/2024 at 9:58 AM, Staff A, Entity Representative/Resident Manager stated that they had one resident (Residents 1) who lived and received care from the AFH staff.

Observation on 10/17/2024 at 10:49 AM, showed water from bathroom 1 (located next to bedroom B) sink water temperature was 121.8 F.

Observation on 10/17/2024 at 11:05 AM, showed water from bathroom 2 (located beside bedroom D) sink water temperature was 126.4 F.

In an interview on 10/17/2024 at 11:07 AM, Staff A stated that they conduct water temperature checking of the bathroom sinks.

Observation on 10/17/2024 at 11:26 AM, showed water from bathroom 3 (located inside bedroom A) sink water temperature was 126.1 F.

In an interview on 10/17/2024 11:27 AM, Staff A stated that they had informed the plumber that regulated the water temperature, last winter, to not let it exceed above 120 F.

In an interview on 10/17/2024 at 2:38 PM, Staff A stated that they adjusted the water

Provider (or Representative) Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that 3 of 3 bathrooms' sink water temperature did not exceed 120 degrees Fahrenheit (F). This failure placed the resident at risk of scalding burns.

Findings included…

In an interview on 10/17/2024 at 9:58 AM, Staff A, Entity Representative/Resident Manager stated that they had one resident (Residents 1) who lived and received care from the AFH staff.

Observation on 10/17/2024 at 10:49 AM, showed water from bathroom 1 (located next to bedroom B) sink water temperature was 121.8 F.

Observation on 10/17/2024 at 11:05 AM, showed water from bathroom 2 (located beside bedroom D) sink water temperature was 126.4 F.

In an interview on 10/17/2024 at 11:07 AM, Staff A stated that they conduct water temperature checking of the bathroom sinks.

Observation on 10/17/2024 at 11:26 AM, showed water from bathroom 3 (located inside bedroom A) sink water temperature was 126.1 F.

In an interview on 10/17/2024 11:27 AM, Staff A stated that they had informed the plumber that regulated the water temperature, last winter, to not let it exceed above 120 F.

In an interview on 10/17/2024 at 2:38 PM, Staff A stated that they adjusted the water

tank temperature. Staff A requested department staff to recheck the bathrooms' sink water temperature.

Observation on 10/17/2024 at 2:39 PM, showed water from bathroom 1 (located beside bedroom B) sink water temperature was 120.8 F.

Observation on 10/17/2024 at 2:41 PM, showed water from bathroom 3 (located inside bedroom A) sink water temperature was 125.4 F.

Observation on 10/17/2024 at 2:43 PM, showed water from bathroom 2 (located beside bedroom D) sink water temperature was 126.1

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, EMMANUEL HOUSE INC is or will be in compliance with this law and / or regulation on (Date) 12/20/24 .

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

Haesin Park — Provider (or Representative)

12/18/24 — Date

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

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(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 conduct partial emergency evacuation drills at least every sixty days and full emergency evacuation drill at least once each calendar year. This failure placed 1 of 1 current resident at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

tank temperature. Staff A requested department staff to recheck the bathrooms' sink water temperature.

Observation on 10/17/2024 at 2:39 PM, showed water from bathroom 1 (located beside bedroom B) sink water temperature was 120.8 F.

Observation on 10/17/2024 at 2:41 PM, showed water from bathroom 3 (located inside bedroom A) sink water temperature was 125.4 F.

Observation on 10/17/2024 at 2:43 PM, showed water from bathroom 2 (located beside bedroom D) sink water temperature was 126.1

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, EMMANUEL HOUSE 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

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

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(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 conduct partial emergency evacuation drills at least every sixty days and full emergency evacuation drill at least once each calendar year. This failure placed 1 of 1 current resident at risk of harm and injury if an emergency requiring evacuation of the AFH occurred.

Findings included…

In an interview on 10/17/2024 at 9:58 AM, Staff A, Entity Representative/Resident Manager stated that they had one resident (Residents 1) who lived and received care from the AFH staff.

In an interview on 10/17/2024 at 10:17 AM, Staff A stated that they had one resident for the year 2023. Staff A stated that their current resident was admitted in [redacted] 2024.

Record review of Resident 2's closed AFH records they were admitted to the home on [redacted]/2019. A document dated 10/25/2023 that was faxed to their primary physician stated that Resident 2 passed away on [redacted]/2023.

Record review of Resident 1's AFH records showed they were admitted to the home on [redacted]/2024.

Record review of AFH emergency evacuation drills showed there were no fire drills performed for the year 2023. There were four fire drills performed for the year 2024. A fire drill dated 05/12/2024 checked as full evacuation, participated by one staff, no resident, with missing start time, end time of the drill and length of the drill. A fire drill dated 07/12/2024 was not labelled what type of drill, participated by one staff, no resident, with missing start time, end time and length of drill. A fire drill dated 09/09/2024, was not labelled with type of drill, participated by one staff, no resident, with missing start time, end time and length of the drill.

In an interview on 10/17/2024 at 2:26 PM, Staff A confirmed that they did not conduct emergency fire drills for year 2023. Staff A stated that they only had one resident for that year and did not think it was necessary to conduct fire drills. In addition, Staff A had no response when asked because fire drills for year 2024 were not performed in earlier months and was started in the month of May.

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, EMMANUEL HOUSE INC is or will be in compliance with this law and / or regulation on (Date) 12/04/24.

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

Haesin Park — Provider (or Representative)

12/04/24 — Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure proper food handling was followed by 1 of 1 staff (Staff A, Entity Representative/Resident Manager) when they prepared lunch for 1 of 1 resident (Resident 1). This failure placed Resident 1 at risk for food borne illness.

Findings included...

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Food Borne Illnesses" dated, May 2013 from Washington Department of Health, showed that single-use gloves may be used to prepare foods that need to be handled a lot, such as when making sandwiches, slicing vegetables, or arranging food on a platter. It is important to remember that gloves are used to protect the food from germs, not to protect your hands from the food. Gloves must be changed often to keep the food safe."

In an interview on 10/17/2024 at 9:58 AM, Staff A, Entity Representative/Resident Manager stated that they had one resident (Residents 1) who lived and received care from the AFH staff.

Review of AFH personnel records showed that Staff A had a Food Handler Card that expires on 05/05/2026.

Observation on 10/17/2024 at 11:09 AM, showed Staff A washed their hands with soap and water in the kitchen sink. Staff A removed plastic container of food, barbeque sauce, and bag of lettuce from the refrigerator. Staff A then obtained bowl, knife and cutting board from the kitchen cabinet. Staff A with bare hands, sliced the lettuce.

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, EMMANUEL HOUSE 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

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure proper food handling was followed by 1 of 1 staff (Staff A, Entity Representative/Resident Manager) when they prepared lunch for 1 of 1 resident (Resident 1). This failure placed Resident 1 at risk for food borne illness.

Findings included…

Review of “Food Safety is Everybody’s Business; Your Guide to Preventing Food Borne Illnesses” dated, May 2013 from Washington Department of Health, showed that single-use gloves may be used to prepare foods that need to be handled a lot, such as when making sandwiches, slicing vegetables, or arranging food on a platter. It is important to remember that gloves are used to protect the food from germs, not to protect your hands from the food. Gloves must be changed often to keep the food safe.”

In an interview on 10/17/2024 at 9:58 AM, Staff A, Entity Representative/Resident Manager stated that they had one resident (Residents 1) who lived and received care from the AFH staff.

Review of AFH personnel records showed that Staff A had a Food Handler Card that expires on 05/05/2026.

Observation on 10/17/2024 at 11:09 AM, showed Staff A washed their hands with soap and water in the kitchen sink. Staff A removed plastic container of food, barbeque sauce, and bag of lettuce from the refrigerator. Staff A then obtained bowl, knife and cutting board from the kitchen cabinet. Staff A with bare hands, sliced the lettuce.

Department staff informed Staff A to stop the procedure.

In an interview on 10/17/2024 at 11:11 AM, Staff A acknowledged that they forgot to wore gloves when they sliced the lettuce

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, EMMANUEL HOUSE INC is or will be in compliance with this law and / or regulation on (Date) 12/20/24 .

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

Haesin Park 12/13/24

Provider (or Representative) Date

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not have personal belongings list completed for 2 of 2 sampled residents (Resident 1 and Resident 2). This failure placed residents' belongings may not be identified or recovered in the event of loss.

Findings included...

In an interview on 10/17/2024 at 9:58 AM, Staff A, Entity Representative/Resident Manager stated that they had one resident (Residents 1) who lived and received care from the AFH staff.

In an interview on 10/17/2024 at 10:17 AM, Staff A stated that they had one resident for the year 2023. Staff A stated that their current resident was admitted in [redacted] 2024.

Department staff informed Staff A to stop the procedure.

In an interview on 10/17/2024 at 11:11 AM, Staff A acknowledged that they forgot to wore gloves when they sliced the lettuce

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, EMMANUEL HOUSE 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

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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) did not have personal belongings list completed for 2 of 2 sampled residents (Resident 1 and Resident 2). This failure placed residents' belongings may not be identified or recovered in the event of loss.

Findings included…

In an interview on 10/17/2024 at 9:58 AM, Staff A, Entity Representative/Resident Manager stated that they had one resident (Residents 1) who lived and received care from the AFH staff.

In an interview on 10/17/2024 at 10:17 AM, Staff A stated that they had one resident for the year 2023. Staff A stated that their current resident was admitted in [redacted] 2024.

Record review of Resident 2's AFH closed records they were admitted to the home on [redacted]/2019. Resident 2's personal belongings inventory document showed a date of [redacted]/2019, with no provider and no resident or representative's signature.

Record review of Resident 1's AFH records showed they were admitted to the home on [redacted]/2024. Resident 1's personal belongings inventory document had no date, no provider and no resident or representative's signatures.

In an interview on 10/17/2024 at 11:46 AM, Staff A had no response when department staff pointed out Resident 1 and Resident 2's belongings list were not signed.

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, EMMANUEL HOUSE INC is or will be in compliance with this law and / or regulation on (Date) 12/4/24.

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

HaeSun Park

Provider (or Representative)

12/3/24

Date

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:

(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 review and interview, the Adult Family Home (AFH) failed to provide 1 of 2 sampled residents (Resident 1) with the AFH's policy on accepting Medicaid payment. This failure placed Resident 1 rights at risk.

Findings included...

In an interview on 10/17/2024 at 9:58 AM, Staff A, Entity Representative/Resident Manager stated that they had one resident (Residents 1) who lived and received care from the AFH staff.

Record review of Resident 2's AFH closed records they were admitted to the home on [redacted]/2019. Resident 2's personal belongings inventory document showed a date of [redacted]/2019, with no provider and no resident or representative's signature.

Record review of Resident 1's AFH records showed they were admitted to the home on [redacted]/2024. Resident 1's personal belongings inventory document had no date, no provider and no resident or representative's signatures.

In an interview on 10/17/2024 at 11:46 AM, Staff A had no response when department staff pointed out Resident 1 and Resident 2's belongings list were not signed.

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, EMMANUEL HOUSE 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

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:

(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 review and interview, the Adult Family Home (AFH) failed to provide 1 of 2 sampled residents (Resident 1) with the AFH's policy on accepting Medicaid payment. This failure placed Resident 1 rights at risk.

Findings included…

In an interview on 10/17/2024 at 9:58 AM, Staff A, Entity Representative/Resident Manager stated that they had one resident (Residents 1) who lived and received care from the AFH staff.

In an interview on 10/17/2024 at 10:08 AM, Staff A stated that Resident 1 had a private pay status and was admitted in [redacted] 2024.

Record review of Resident 1's AFH records showed they were admitted to the home on [redacted] 2024. Resident 1's Admission agreement was signed 10/01/2024. Resident 1 had no Medicaid policy document in their AFH records.

In an interview on 10/17/2024 at 11:46 AM, Staff A had no response when department staff pointed out that Resident 1 had no Medicaid policy completed.

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, EMMANUEL HOUSE INC is or will be in compliance with this law and / or regulation on (Date) 12/20/24.

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

Provider (or Representative) 12/13/24 Date

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to provide a copy of a completed disclosure of charges form to 2 of 2 sampled residents (Residents 1 and Resident 2). This failure placed residents at risk of not knowing the charges for care, services and activities that the home provided.

Findings included...

In an interview on 10/17/2024 at 9:58 AM, Staff A, Entity Representative/Resident Manager stated that they had one resident (Residents 1) who lived and received care from the AFH staff.

In an interview on 10/17/2024 at 10:08 AM, Staff A stated that Resident 1 had a private pay status and was admitted in [redacted] 2024.

Record review of Resident 1's AFH records showed they were admitted to the home on [redacted]/2024. Resident 1's Admission agreement was signed 10/01/2024. Resident 1 had no Medicaid policy document in their AFH records.

In an interview on 10/17/2024 at 11:46 AM, Staff A had no response when department staff pointed out that Resident 1 had no Medicaid policy completed.

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, EMMANUEL HOUSE 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

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(1) If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, the home must include this information on the disclosure of charges form in writing in a language the resident understands prior to its receipt of any funds.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to provide a copy of a completed disclosure of charges form to 2 of 2 sampled residents (Residents 1 and Resident 2). This failure placed residents at risk of not knowing the charges for care, services and activities that the home provided.

Findings included…

In an interview on 10/17/2024 at 9:58 AM, Staff A, Entity Representative/Resident Manager stated that they had one resident (Residents 1) who lived and received care from the AFH staff.

Resident 1
In an interview on 10/17/2024 at 10:08 AM, Staff A stated that Resident 1 had a private pay status and was admitted in [redacted] 2024.

Record review of Resident 1's AFH records showed they were admitted to the home on [redacted]/2024. Resident 1's Admission agreement was signed 10/01/2024. Resident 1's Disclosure of charges document was not signed and dated.

In an interview on 10/17/2024 at 11:46 AM, Staff A had no response when department staff pointed out that Resident 1's Disclosure of charges was not signed and dated.

Resident 2

Record review of Resident 2's AFH closed records they were admitted to the home on [redacted]/2019. Resident 2's records showed Medicaid policy that was signed on [redacted]/2019. There was an Admission agreement that was signed on [redacted]/2019. There was no Disclosure of charges completed.

In an interview on 10/17/2024 at 1:44 PM, Staff A confirmed that Resident 2 had no Disclosure of charges completed.

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, EMMANUEL HOUSE INC is or will be in compliance with this law and / or regulation on (Date) 12/20/24.

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

Provider (or Representative) — Date 12/13/24

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:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

Resident 1
In an interview on 10/17/2024 at 10:08 AM, Staff A stated that Resident 1 had a private pay status and was admitted in [redacted] 2024.

Record review of Resident 1's AFH records showed they were admitted to the home on [redacted]/2024. Resident 1's Admission agreement was signed 10/01/2024. Resident 1's Disclosure of charges document was not signed and dated.

In an interview on 10/17/2024 at 11:46 AM, Staff A had no response when department staff pointed out that Resident 1's Disclosure of charges was not signed and dated.

Resident 2

Record review of Resident 2's AFH closed records they were admitted to the home on [redacted]/2019. Resident 2's records showed Medicaid policy that was signed on [redacted]/2019. There was an Admission agreement that was signed on [redacted]/2019. There was no Disclosure of charges completed.

In an interview on 10/17/2024 at 1:44 PM, Staff A confirmed that Resident 2 had no Disclosure of charges completed.

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, EMMANUEL HOUSE 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

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:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to develop a care plan for 1 of 2 sampled residents (Resident 2) that included all the required information, that accurately identified Resident 2's current needs/preferences. This failure placed Resident 2 at risk for unidentified information related to their health and psychosocial needs.

Findings included…

In an interview on 10/17/2024 at 9:58 AM, Staff A, Entity Representative/Resident Manager stated that they had one resident (Residents 1) who lived and received care from the AFH staff.

In an interview on 10/17/2024 at 10:17 AM, Staff A stated that they had one resident for the year 2023.

Record review of Resident 2's closed AFH records they were admitted to the home on [redacted]/2019. There was an interim and annual assessment completed on 01/05/2022. The assessment indicated that residents' living situation was changed to In-home. Resident 2 had no negotiated care plans for year 2022 and 2023. A document dated 10/25/2023 that was faxed to their primary physician stated that Resident 2 passed away on [redacted]/2023.

Department staff reviewed Comprehensive Assessment Reporting and Evaluation department website. Resident 2 had a 04/07/2023 annual assessment.

In an interview on 10/17/2024 at 1:22 PM, Staff A stated that for year 2022, Resident 2 had an In-home status, and they thought negotiated care plan was not needed. Staff A

had no response when questioned on the reason they had no negotiated care plan for year 2023.

In an interview on 10/17/2024 at 1:44 PM, Staff A confirmed that they did not complete negotiated care plans for Resident 2 for years 2022 and 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, EMMANUEL HOUSE INC is or will be in compliance with this law and / or regulation on (Date) 12/20/24.

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

Provider (or Representative) Date 12/20/24

had no response when questioned on the reason they had no negotiated care plan for year 2023.

In an interview on 10/17/2024 at 1:44 PM, Staff A confirmed that they did not complete negotiated care plans for Resident 2 for years 2022 and 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, EMMANUEL HOUSE 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