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

GRACE ADULT FAMILY HOME
GRACE ADULT FAMILY HOME
17113 SE 264th Place
Covington, WA 98042

RE: GRACE ADULT FAMILY HOME License # 752692

Dear Provider:

This letter addresses Compliance Determination(s) 58939 (Completion Date 05/02/2025) and 54922 (Completion Date 03/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/02/2025 and found that you have corrected the violations listed in the Full report dated 03/17/2025. Your home is back in compliance as of 04/22/2025 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 388-76-10530-1, WAC 388-76-10750-1, WAC 388-76-10750-7, WAC 388-76-10285-2

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 #: 752692	Compliance Determination # 54922
Plan of Correction	GRACE ADULT FAMILY HOME	Completion Date
Page 1 of 6	Licensee: GRACE ADULT FAMILY HOME	03/17/2025

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 02/13/2025 of:
GRACE ADULT FAMILY HOME
17113 SE 264TH PLACE
COVINGTON, WA 98042

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 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

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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.

Dahl Kim
Residential Care Services

03/20/2025
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)

03/30/2025
Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

This requirement was not met as evidenced by:

Based on interview, and record review the Adult Family Home (AFH) failed to review the resident's rights and services agreement for 1 of 2 sampled residents (Resident 3) at least every 24 months. This failure placed the resident at risk of uninformed of their rights and services.

Findings included...

In an interview on 02/13/2025 at 9:06 AM, Staff B, Caregiver stated that they had three residents (Residents 1, 2, and 3) who lived and received care from the AFH staff.

Review of Resident 3's 12/15/2023 negotiated care plan showed resident was admitted [redacted]2022. Resident 3's Notice of services agreement document was signed and dated on 11/03/2022. There was no other agreement found in Resident 3's record.

In an interview on 02/13/2025 at 4:05 PM, Staff A, Entity Representative/Resident Manager stated that they were aware that Notice of services agreement must be reviewed every 24 months. Staff A stated that they missed the required review.

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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, GRACE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 03/5/2025.

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

Provider (or Representative) Rosalyn Lewis Date 03/5/2025

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the internal environment was safe, clean, and maintained in good repair for 3 of 3 residents (Residents 1, 2, and 3). They also failed to ensure that harmful and dangerous substances were in locked storage. These failures placed all residents at risk for harm and decreased quality of life.

Findings included...

In an interview on 02/13/2025 at 9:06 AM, Staff B, Caregiver stated that they had three residents (Residents 1, 2, and 3) who lived and received care from the AFH staff.

On 02/13/2025 at 9:25 AM, during the environmental tour with Staff B, showed in the living room area was a wooden banister with two wooden rails missing. The door to the garage, at the lower, right side, was a hole that was covered with cut out brown box material. There were several scratches on the door.

In an interview on 02/13/2025 at 9:55 AM, Staff A, Entity Representative/Resident Manager stated that the hole in the door to the garage was used by their cat. Staff A stated they no longer have a cat. Staff A had no response when pointed out the missing

wooden rails to the living room wooden banister.

Observation on 02/13/2025 at 9:33 AM, during the environmental tour with Staff B, showed the hallway bathroom sliding door had several scratches and peeled paint. Underneath the bathroom sink was a cabinet that was unlocked. The door of the cabinet was loosed and would not completely close. Inside the cabinet was a bottle labelled with "Parsons Ammonia, All-purpose cleaner, caution: harmful if swallowed."

In an interview on 02/13/2025 at 9:34 AM, Staff B had no response when pointed out the cleaning material.

During the environmental tour on 02/13/2025 at 10:02 AM with Staff A, showed the hallway bathroom heater vent was covered with black sock. The bathroom floor was cracked and had black dirt on it. The grab bar next to the toilet was unsteady.

In an interview on 02/13/2025 at 10:03 AM, Staff A stated that two weeks ago, they had scheduled contractor to fix the bathroom. Staff A acknowledged that the bathroom floor was dirty. Staff A stated that the cleaning material should have been locked. Staff A then removed the cleaning bottle and handed it to Staff B who locked it at the hallway closet.

During the bedroom tour on 02/13/2025 at 10:05 AM, showed Bedroom A's door had several scratches and peeled paint.

In an interview on 02/13/2025 at 10:06 AM, Staff A stated that their AFH building was old. Staff A stated that they had repainted all the AFH doors before and the scratches would come back due to the wheelchairs hitting the doors.

During the bedroom tour on 02/13/2025 at 10:07 AM, showed Bedroom B's sheer white curtain with black stains. The cream fabric curtain had several black stains. From inside the bedroom B, showed the door on the lower left part was cracked.

In an interview on 02/13/2025 at 10:08 AM, Staff A stated that they washed the curtains during springtime.

In an interview on 02/13/2025 at 10:24 AM, Staff A stated that Resident 2 and Resident 3 were ambulatory and used walker.

Observation on 02/13/2025 at 11:06 AM, Staff B walked Resident 3 to the bathroom hallway. Staff B closed the door and left Resident 3 inside the bathroom .

In an interview on 02/13/2025 at 11: 07 AM, Staff B stated that Resident 3 was able to use the bathroom on their own.

Observation on 02/13/2025 at 11:08 AM showed Resident 3 knocked on the bathroom door, Staff B opened the door, walked Resident 3 back to their bedroom.

Observation on 02/13/2025 at 12:32 PM, showed two kitchen cabinets door under the sink had scratches, loosed and would not fully close. A kitchen cabinet door next to the black electric stove was loosed and would not close. A kitchen cabinet door next to the white dishwasher had scratches, was loosed and would not fully close.

In an interview on 02/13/2025 at 12:34 PM, Staff A stated that their AFH building was old. Staff A acknowledged the kitchen cabinet door had scratches and would not fully close. Staff A stated, "I see what you're saying, we need facelift."

Observation on 02/13/2025 at 1:04 PM showed Resident 2 stood up from their chair in the dining room area and walked through the kitchen to the bathroom hallway.

Observation on 02/13/2025 at 1:10 PM showed Resident 2 got out of the bathroom hallway and walked back to the dining room area.

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 ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 04/22/2025.

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

Provider (or Representative) 03/30/2025 Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

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This requirement was not met as evidenced by:

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

Findings included...

In an interview on 02/13/2025 at 9:06 AM, Staff B, Caregiver stated that they had three residents (Residents 1, 2, and 3) who lived and received care from the AFH staff.

In an interview on 02/13/2025 at 10:29 AM, Staff A, Entity Representative/Resident Manager stated that Staff B worked full time and lived at the AFH.

Record review of Staff B's AFH personnel records showed they were hired on 10/13/2023 and completed their orientation on 10/13/2023 to 10/15/2023. Staff B had a TB skin testing completed on 10/02/2023 that was read on 10/04/2023 with negative result of six millimeter (mm). A TB skin testing completed on 01/29/2024 that was read on 01/31/2024 with negative result of eight mm. Staff B did not have a second TB test one to three weeks after the 01/29/2025 skin test.

In an interview on 02/13/2025 at 2:53 AM, Staff A stated that they realized that Staff B missed the second step in 2023 so they had them complete another TB skin test in 2024.

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 ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 04/22/2025

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

Provider (or Representative) Roselyn Lim Date 03/30/2025

GRACE ADULT FAMILY HOME

17113 SE 264th Pl
Covington, WA 98042

WAC 388-76-10530

Resident rights—Notice of services.

The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:

(1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and

(3) Rules of the home's operations.

Per above Regulation, the Resident or Resident Representative signed below acknowledged that the AFH provided the Admission Agreement which includes (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate applicable public benefit programs; and (3) Rules of the home's operations at least once every twenty-four months after admission.

RESIDENT OR RESIDENT REPRESENTATIVE — DATE: 3/5/2025

RESIDENT OR RESIDENT REPRESENTATIVE — DATE

RESIDENT OR RESIDENT REPRESENTATIVE — DATE

GRACE ADULT FAMILY HOME

17113 SE 264th Pl
Covington, WA 98042

PLAN OF CORRECTION

WAC 388-76-10530 Resident Rights

The AFH will ensure that each resident's rights and services agreement is signed and reviewed at least every 24 months.
Please see attached signature page which indicated Resident #3's Admission Agreement was reviewed with his DPOA.

WAC 388-76-10750 Safety and Maintenance

The AFH will ensure to keep the AFH internally and externally in good repair and condition. The AFH will also ensure to keep all toxic substances hazardous materials inaccessible to residents, unless the resident is assessed for and the NCP indicates it is safe for the resident to use the materials unsupervised.

WAC 388-76-10285 Tuberculosis

The AFH will ensure a 2nd test is done one to three weeks after the 1st step unless the person meets the requirement for having no skin testing or only one test.

Staff B no longer works for the AFH. She left right few days after the inspection.