STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Graceland AFH LLC
Graceland AFH LLC
505 NW Darrow St
Pullman, WA 99163

RE: Graceland AFH LLC # 752796

Dear Provider:

This document references Compliance Determination 30212 (10/09/2023), which included complaint number(s) 96869.

The Department completed a complaint investigation of your Adult Family Home on 10/09/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Kortne Reed, NCI Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation or abandonment of a resident:

(ii) To the department by calling the complaint toll-free hotline number; and

The resident notified the adult family home that a caregiver taken money from them without their permission. Law enforcement was notified and the home suspended the caregiver until an investigation was conducted. The adult family home did not report to the department hotline the allegation of financial exploitation.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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 (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

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

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 IDRs** 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Graceland AFH LLC
Provider Type: Adult Family Home
License/Cert.#: 752796
Compliance Determination #: 30212
Intake ID: 96869
Investigator: Kortne Reed
Region/Unit #: RCS Region 1 / Unit E
Investigation Date(s): 09/28/2023 through 10/09/2023
Complainant Contact Date(s):

Allegation(s):
An unnamed caregiver spent a named resident's money without their consent.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 0
Observations:	General environment Resident and staff interaction Resident rooms
Interviews:	Residents, provider and 2 persons unrelated to the home
Record Reviews:	Resident assessment, care plan, police report information, incident log, incident report

Investigation Summary:
The named resident stated that they had reported the missing money to the adult family home and to law enforcement. The resident stated that the caregiver that took the money had not worked at the adult family home since the incident occurred and that the home had helped them investigate the incident. The resident stated that they had no concerns with care and services provided in the home. The house manager stated when they learned of the missing money they suspended the caregiver and began an internal investigation. The caregiver verbalized what they were doing to prevent an incident like this from reoccurring. Record review showed that all notifications occurred as required with the exception of notification to the department. A consultation citation was written for WAC 388-76-10225(1)(a)(ii)(ii) due to the home not notifying the department of the allegation.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ]

N/A