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 36312 (02/21/2024), which included complaint number(s) 117140, 116034.

The Department completed a complaint investigation of your Adult Family Home on 02/21/2024 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 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(b) When the resident's negotiated care plan no longer reflects the resident's current status, needs, and preferences;

The adult family home did not request and obtain an updated assessment for the named resident when the resident's care plan no longer reflected the care being provided. The assessment and negotiated care plan showed that the resident was unable to be outside of the home without assistance from caregivers. The provider stated that the resident had been leaving the home home without caregivers now that the resident had a new [redacted] wheelchair. The provider stated that they would request a new assessment to reflect the change in the residents mobility. There was no negative outcome to the resident.

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 #: 36312
Intake ID: 116034
Investigator: Kortne Reed
Region/Unit #: RCS Region 1 / Unit E
Investigation Date(s): 02/05/2024 through 02/21/2024
Complainant Contact Date(s):

Allegation(s):

1. A named resident lost a piece of their ear.
2. A named resident's catheter had been ripped out.
3. A named resident and other residents in the home are not receiving adequate care.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 0
Observations:	General environment, resident to resident interactions, staff and resident interactions, resident appearance, resident bedroom/bedding, resident equipment
Interviews:	Residents, resident manager, provider, and 3 persons unrelated to the home
Record Reviews:	Resident assessment, negotiated care plan, personnel documents, admission agreements, delegation forms, safety assessments

Investigation Summary:

1. The named resident stated that they had previously had an earring in their ear and that they rubbed their ear frequently, which caused an infection and the earring had to be removed. The named resident stated that they did not have a part of their ear removed. The resident manager stated that the resident rubbed their ear which caused the earring to get pulled and infected. The earring was removed but the resident did not lose a piece of their ear. Observation of the residents ear showed it to be red from the resident rubbing it but no part of the ear had been removed. No failed practice.
2. The named resident stated that their suprapubic catheter had been accidentally pulled out on a few different occasions since receiving their new wheelchair. The named resident stated that they had reminded caregivers to be more aware of it's placement and had been working on where to place the drainage bag so that when they are transferred from wheelchair to bed, it would not be pulled out. The resident stated that they had no other concerns with the home or the care provided in the home. The resident manager stated that they had been training caregivers on how to prevent the catheter from being pulled out and would be talking to the urologist about

any devices to help secure the catheter. The resident manager stated that they are also updating the negotiated care plan to show how to protect the catheter. Review of the negotiated care plan identified the suprapubic catheter and how caregivers were to manage it. No failed practice.
3. The named resident stated that they had no concerns with the care provided in the home. Another resident in the home stated that they had no concerns with care and services provided in the home. Two persons unrelated to the home stated that they had not noticed any signs that the residents in the home were not receiving adequate care and services. The resident manager stated that they had not heard of any concerns regarding resident care in the home. Observation of the named resident and other residents in the home showed them to be clean, well-groomed, wearing clean clothing. Observed resident bedrooms and bedding to be clean with no odor present. A consultation citation was written for WAC 388-76-10350(2)(b) because the named residents assessment and negotiated care plan no longer reflected the resident's care needs.

Conclusion / Action:

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