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

Garden of Eden AFH LLC

Garden of Eden AFH LLC
2425 NE 25th St
Renton, WA 98056

RE: Garden of Eden AFH LLC License # 752919

Dear Provider:

This letter addresses Compliance Determination(s) 53820 (Completion Date 01/28/2025) and 51990 (Completion Date 12/26/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/28/2025 and found that you have corrected the violations listed in the Full report dated 12/26/2024. Your home is back in compliance as of 01/06/2025 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 388-76-10430-2-d

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

STATE OF WASHINGTON
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Statement of Deficiencies
Plan of Correction
Page 1 of 3

License #: 752919
Garden of Eden AFH LLC
Licensee: Garden of Eden AFH LLC

Compliance Determination # 51990
Completion Date
12/26/2024

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 12/18/2024 and 12/18/2024 of:
Garden of Eden AFH LLC
2425 NE 25th St
Renton, WA 98056

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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 — 01/03/2025 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) 1/6/25 Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the prescribed medication ordered for 1 of 2 sampled residents (Resident 1) was available. This failure placed the resident at risk for health complications, and medication error for not receiving the medication when needed due to unavailability of the medication prescribed.

Findings included...

During unannounced visit to the AFH on 12/18/2024 at 1:58 PM, observation showed Staff C, Caregiver, gave Resident 1 their medications.

In an interview on 12/18/2024 at 11:25 AM, Staff A, Entity Representative, stated that Resident 1 received medication assistance from staff.

On 12/18/2024 at 3:59 PM, review of Resident 1's physician orders, medication log, and medications supply showed the following:

PHYSICIAN'S ORDER:

The doctor's order, dated 04/11/2024, showed "Acetaminophen 325 milligrams (mg) tablet. Take 2 tablets (650 mg.) by mouth every six hours as needed for pain".

MEDICATION LOG:

Review of the December 2024 medication log showed the above medication was listed.

MEDICATION SUPPLY:

Statement of Deficiencies	License #: 752919	Compliance Determination # 51990
Plan of Correction	Garden of Eden AFH LLC	Completion Date
Page 3 of 3	Licensee: Garden of Eden AFH LLC	12/26/2024

On 12/18/2024 at 3:59 PM, observation showed the above-prescribed medication was not in Resident 1's medication supply.

In an interview on 12/18/2024 at 4:18 PM, Staff A stated that Resident 1 did not have the above medication in their medication supply because it did not get refilled.

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, Garden of Eden AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1/6/25 .

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

R English 1/6/25

Provider (or Representative) Date

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

01/03/2025

Garden of Eden AFH LLC
Garden of Eden AFH LLC
2425 NE 25th St
Renton, WA 98056

RE: Garden of Eden AFH LLC # 752919

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/26/2024 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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 follcwing deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

Review of the Adult Family Home (AFH) records on 12/18/2024, showed they did not have a written plan (succession plan) that outlines how the home would continue to provide care and services to 6 current residents in an event that Staff A, Entity Representative, was unable to fulfill their duties. Staff A immediately completed a succesion plan on 12/18/2024.

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 (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 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