STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Grace and Hope Adult Family Home LLC

Grace and Hope Adult Family Home LLC
6805 86th St SW
Lakewood, WA 98499

RE: Grace and Hope Adult Family Home LLC License # 753470

Dear Provider:

This letter addresses Compliance Determination(s) 38779 (Completion Date 03/27/2024) and 35811 (Completion Date 02/05/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/27/2024 and found that you have corrected the violations listed in the Full report dated 02/05/2024. Your home is back in compliance as of 02/09/2024 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 388-76-10163, WAC 388-76-10163-1, WAC 388-76-10163-2, WAC 388-76-101632-1, WAC 388-76-10192, WAC 388-76-10192-1, WAC 388-76-10192-1-a, WAC 388-76-10192-1-b, WAC 388-76-10192-1-c, WAC 388-76-10192-2, WAC 388-76-10192-2-a, WAC 388-76-10192-2-b, WAC 388-76-10192-3, WAC 388-76-10192-4, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10380-2, WAC 388-76-10380-1, WAC 388-76-10650, WAC 388-76-10650-1, WAC 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d

The Department staff who did the on-site verification:
Ibe Hatch, Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,
Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 01/25/2024 and 02/05/2024 of:
Grace and Hope Adult Family Home LLC
6805 86th St SW
Lakewood, WA 98499

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

The department staff that inspected the Adult Family Home:

Ibe Hatch, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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

02/08/2024
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.

Provider (or Representative)

02-09-2024
Date

WAC 388-76-10163 Background checks Process Background authorization form. Before the adult family home employs, directly or by contract, a resident manager, entity representative, caregiver, or noncaregiving staff, or accepts as a caregiver any volunteer or student, or allows a household member over the age of eleven unsupervised access to residents, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit form to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the adult family home (AFH) failed to ensure it submitted a background check authorization form for 1 of 3 caregivers (Staff B). This placed two current residents at risk of receiving care by an individual with a possible disqualifying crime.

Findings included...

On 01/25/2024, at 10:10 a.m., Staff B was observed on duty and providing care to residents.

Review of Staff B's employee file showed they were hired 12/25/2023. Staff B's file included a fingerprint background check dated 06/29/2023, but no name and date-of-birth background check or authorization request was in the file.

In a interview on 01/29/2024, at 12:20 p.m., Staff C (Manager) said they did not request a name and date-of-birth background check because Staff B had a fingerprint background check.

In an interview on 01/31/2024, at 1:15 p.m. the Entity Representative (ER) said they were out of the country, and their son (Staff C), was the overall manager and they had another manager. The ER said they were going to find out if this was an omission.

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, Grace and Hope Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02-09-2024.

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

Provider (or Representative) — Date: 02-09-2024

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on observation, interviews and record review the adult family home (AFH) failed to ensure it had a fingerprint background check for 1 of 3 caregivers (Staff A). This failure placed current residents at risk of receiving care from an individual with a possible disqualifying crime.

Findings included...

On 01/25/2024, at 10:10 a.m., Staff A was observed on duty and providing care to residents.

Review of Staff A's employee file did not include a fingerprint background check.

On 01/26/2024, at 01:36 p.m., Staff C (Manager) was asked to send the missing background check.

As of 01/29/2024, at11:27 a.m., the background check was not received.

In an interview on 01/29/2024, at 10:29 a.m., Staff A said they thought they had the background check with their personal papers.

In an interview on 01/29/2024, at 11:27 a.m., Staff A said they called their former employer who told them they thought they had the background check and would send it to Staff A.

In an interview on 01/31/2024, at 1:30 p.m., the Entity Representative said, " I am going to find that out."

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, Grace and Hope Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02-09-2024 .

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

Provider (or Representative) — Date: 02-09-2024

WAC 388-76-10192 Liability insurance required Coverage requirements.

(1) The liability insurance coverage required under WAC 388-76-10191 must include:

(a) Losses or allegations or both caused by errors and omissions of the adult family home or its employees or volunteers;

(b) Coverage for bodily injury, property damage, and contractual liability; and

(c) Coverage for premises, operations, products-completed operations, personal injury, advertising injury, and liability assumed under an insured contract.

(2) Each of the required liability insurance policies must cover a minimum limit of:

(a) Each occurrence at $500,000; and

(b) General aggregate at $1,000,000.

(3) The liability insurance policies must indemnify, hold harmless, and provide insurance coverage for the State of Washington, the department, its elected and appointed officials, agents, and employees of the state for any and all claims, losses, liability, damages, or fines arising out of the acts or omissions of the adult family home licensee, its staff, contractors, and residents. The State of Washington, the department, its elected and appointed officials, agents, and employees must be listed as additional insureds on all insurance policies relating to the operation or premises of the adult family home.

(4) If the home serves residents whose care is paid for by medicaid, the medicaid contract may require a higher minimum insurance limit.

This requirement was not met as evidenced by:

Based on interviews and record review the adult family home (AFH) failed to ensure it had liability insurance coverage in the amounts of $500,000 per occurrence and $1 million general aggregate. This failure placed 2 of 2 current residents (Resident 1 and Resident 2) at risk for lack of coverage in the event of acts or omissions of the AFH, losses, liability, damages or fines.

Findings included...

Review of the AFH's liability insurance policy showed the coverage was for the provider's three AFHs in the combined in the amounts of $1 million per occurrence and $2 million general aggregate. In an interview on 01/31/2024, at 12:25 p.m., the insurance provider said the coverage was for two of the three homes. It was unclear which of the two AFHs were covered.

On 01/31/2024, at 1:17 p.m., the Entity Representative said they would contact their insurance provider.

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, Grace and Hope Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02-09-2024.

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

Provider (or Representative) — Date: 02-09-2024

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 observations, interviews and record reviews the adult family home (AFH) failed to ensure personal belongings inventories were completed, signed and dated for 2 of 2

residents [Resident 1 (R1) and Resident 2 (R2)]. This failure placed residents at risk of not identifying their belongings.

Findings included...

On 01/25/2024, review of R1's record showed they were admitted to the AFH on [redacted]/2022. Review of R2's file showed they were admitted to the AFH on [redacted]/2022.

Observation on 01/25/2024, at 10:35 a.m., showed R2 in their bed. Observation on 01/25/2024, at 11:45 a.m., showed R1 in their bed.

Review of each Resident's records included a personal belongings inventory form that was blank.

Documentation from the AFH on 01/29/2024, included personal belongings inventory forms that were filled out but not signed and dated.

In an interview on 01/29/2024, at 10:29 a.m., Staff A said they filled out the inventories on 01/25/2024.

In an interview on 01/31/2024, at 1:24 p.m., the Entity Representative (ER) said that was a mistake.

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, Grace and Hope Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02-09-2024.

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

Provider (or Representative) — Date: 02-09-2024

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(1) After an assessment for a significant change in the resident's physical or mental condition;

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews the adult family home (AFH) failed to ensure the negotiated care plans (NCP) for 2 of 2 residents, [Resident 1 (R1) and Resident 2 (R2)] were reviewed and revised annually or when parts of the plan no longer addressed the resident's needs. This failure placed the residents at risk for unmet care needs.

Findings included...

Observation on 01/25/2024, at 10:35 a.m., showed R2 in their bed. Observation on 01/25/2024, at 11:45 a.m., showed R1 in their bed.

R1
Review of R1's record showed they were admitted [redacted]/2022. Their assessment dated 11/21/2023, included diagnoses of [redacted]. The 11/12/2023, assessment noted prior to the assessment on 09/15/2023, R1 was fed via tube feeding, was no longer able to walk, did not leave their room, had required two-person total assistance with bed mobility, transfers and toilet use. The current assessment noted R1 required one-person total assistance with bed mobility, toilet use, transfers using a [redacted], dressing, personal hygiene, bathing and was on a feeding tube.

In an interview on 01/25/2024, at 10:30 a.m., Staff A (Caregiver) stated they transferred R1 via [redacted], R1 did not walk and used a wheelchair, had a supra-pubic catheter and had a feeding tube.

R1's undated NCP, which was signed and dated by R1 on 11/24/2022, noted R1 was able to have their medications given to them in a cup and they could swallow them and noted there was no nurse delegation in place.

In an interview on 01/25/2024, at 10:30 a.m., Staff A stated nurse delegation was in place and R1 received their medications via the feeding tube.

Record review showed nurse delegation was done 10/17/2023, for medication management via peg tube and included condom catheter care.

R1's NCP noted R1 walked three to four times to the bathroom at night, noted R1 was able to walk about 10 feet using a walker and caregiver close by, was able to roll over in the bed, needed assistance to move from the wheelchair to bed.

The eating section noted R1 had a swallowing problem and would eat slowly. No information was included about R1's feeding tube.

On 01/25/2024, at 11:50 a.m., the Speech Therapist was observed coming to the AFH to provide speech therapy to R1.

In an interview on 01/25/2024, at 10:30 a.m., Staff A said the Speech Therapist came in once a week.

The toileting section noted a caregiver would continue to assist R1 to get to the toilet.

In an interview on 01/25/2024, at 10:30 a.m., Staff A said R1 did not use the toilet room. The NCP included no information about condom catheter use.

R2
Review of R2's undated NCP, signed by the resident 11/21/2022, included no information R2 had a supra-pubic catheter or how to care for the catheter, included no information of [redacted] use and no information about R2's current nurse delegator.

In an interview on 01/31/2024, at 1:25 p.m., when asked why they did not review and update the care plans, the Entity Representative said because R1 went to the hospital and then to rehab, and "maybe this was my mistake."

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, Grace and Hope Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02-09-2024.

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

Provider (or Representative) — Date: 02-09-2024

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview and record reviews the adult family home (AFH) home failed to ensure an assessment was completed for the need and safe use of [redacted], failed to ensure safety risks were explained and informed consent from the resident obtained, failed to ensure the [redacted] were safely installed and/or how the [redacted] were used for two of two residents [Resident 1 (R1) and Resident 2 (R2)] with side rails. These failures placed the residents at risk for injury.

Findings included...

Observation on 01/25/2024, at 10:35 a.m., showed R2 in their bed. Two half [redacted] were in the raised position on either side of the bed.

Observation on 01/25/2024, at 11:45 a.m., showed R1 in their bed. Two half [redacted] were in the raised position on either side of the bed.

Review of R1's record included blank forms for a [redacted] assessment. No information how the [redacted] were used was documented in R1's negotiated care plan.

Review of R2's record did not include how the [redacted] were used in R2's negotiated care plan.

In an interview on 01/31/2024, at 1:25 p.m., the Entity Representative (ER) said when R1 came in they did not have any [redacted] but when they came back from the rehab, the ER thought there was a note from R1's doctor.

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, Grace and Hope Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02-09-2024.

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

Provider (or Representative) — Date: 02-09-2024

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Grace and Hope Adult Family Home LLC
Grace and Hope Adult Family Home LLC
6805 86th St SW
Lakewood, WA 98499

RE: Grace and Hope Adult Family Home LLC # 753470

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/05/2024 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

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

WAC 388-76-10310 Tuberculosis Test records. The adult family home must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the adult family home;

(2) Make the records readily available to the appropriate health authority and licensing agency;

On 01/25/2024, review of the Entity Representative's file did not include documentation of Tuberculosis (TB, an infectious disease) testing. Review of 1 of 3 caregivers (Staff A) did not include TB documentation. The documentation of TB testing was received 01/29/2024 to correct the issue.

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)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

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 IDR**s 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