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

This document was prepared by Residential Care Services for the Locator website.

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:

This document references Compliance Determination 26035 (08/02/2023), which included complaint number(s) 87791.

The Department completed a complaint investigation of your Adult Family Home on 08/02/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Keyondra Okeke, AFH Compliant 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 388-76-10220 Incident log. The adult family home must keep a log of:

(2) Accidents or incidents affecting a resident's welfare; and

The facility failed to compile an incident log for the Adult Family Home (AFH). Progress notes and incident reports are used by the home to document incidents. The Caregiver

recorded the event involving the Named Resident (NR) in an incident log during the visit. During the investigation, a complete log of incidents in the home was submitted to the Investigator.

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 (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
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:

This document was prepared by Residential Care Services for the Locator website.

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

This document was prepared by Residential Care Services for the Locator website.

Residential Care Services
Investigation Summary Report

Provider/Facility: Grace and Hope Adult Family Home LLC
License/Cert.#: 753470
Compliance Determination #: 26035
Investigator: Keyondra Okeke
Provider Type: Adult Family Home
Intake ID: 87791
Region/Unit #: RCS Region 3 / Unit A
Investigation Date(s): 06/29/2023 through 08/02/2023
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) was found deceased by Adult Family Home (AFH) Staff.
2. The facility doesn't have an incident log.

Investigation Methods:

Sample:	Total residents: 2 Resident sample size: 2 Closed records sample size: 1
Observations:	Residents Activities Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions Medication administration Kitchen
Interviews:	Residents Caregiver Provider
Record Reviews:	Negotiated Care Plan (NCP) Medical Examiner Report Police Report Incident Log

Investigation Summary:

1. Based on the interview and record review, the NR died from an overdose. The facility contacted all appropriate parties, including law enforcement and emergency medical services. No failed facility practice was identified.
2. Based on interview and record review, the facility did not have an incident log. The caregiver was able to complete an incident log during the visit. Failed facility practice was identified.

This document was prepared by Residential Care Services for the Locator website.

Conclusion / Action:

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

This document was prepared by Residential Care Services for the Locator website.