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

Divine Living Adult Family Homecare LLC
Divine Living Adult Family Homecare
34318 43rd Ave S
Auburn, WA 98001

RE: Divine Living Adult Family Homecare License # 754464

Dear Provider:

This letter addresses Compliance Determination(s) 25260 (Completion Date 07/05/2023) and 22080 (Completion Date 04/25/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/05/2023 and found that you have corrected the violations listed in the Full report dated 04/25/2023. Your home is back in compliance as of 06/06/2023 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 388-76-10161, WAC 388-76-10161-2, WAC 388-76-10161-2-b, WAC 388-76-10845, WAC 388-76-10845-1, WAC 388-76-10845-2, WAC 388-76-10320, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10784, WAC 388-76-10784-2, WAC 388-76-10784-2-b, WAC 388-76-10784-2-c, WAC 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10129-1, WAC 388-76-10129-1-c, WAC 388-76-10129-1-e, WAC 388-112A-0610-1, WAC 388-112A-0610-1-a, WAC 388-112A-0610-1-a-i, WAC 388-112A-0610-1-a-ii, WAC 388-112A-0610-1-a-iii, WAC 388-112A-0610-1-a-iv, WAC 388-112A-0610-1-b, WAC 388-112A-0610-1-f, WAC 388-76-10380-4, WAC 388-76-10380

The Department staff who did the on-site verification:
Susan Aromi, Licensor
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 754464	Compliance Determination # 22080
Plan of Correction	Divine Living Adult Family Homecare	Completion Date
Page 1 of 11	Licensee: Divine Living Adult Family Homecare LLC	04/25/2023

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 04/04/2023 and 04/04/2023 of:

Divine Living Adult Family Homecare
34318 43rd Ave S
Auburn, WA 98001

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Susan Aromi, Licensor

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From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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

5/2/2023
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) 5/6/23 Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

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(b) A national fingerprint background check.

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 5 of 5 staff (Staff A, Entity Representative, Staff B, Resident Manager, Staff C, Caregiver, Staff D, Caregiver, and Staff E, Caregiver) hired after 01/07/2012, had the required national fingerprint-based background check (FBBC). This failure placed all the residents at risk of harm from staff members with unknown fingerprint-based criminal histories.

Findings included...

Observation on 04/04/2023 at 10:19 AM showed two staff (Staff C and Staff E) and four residents (Residents 1, 2, 4 and 5) at the AFH.

In an interview on 04/04/2023 at 10:35 AM, Staff C said that Staff B went to the store with Resident 3.

On 04/04/2023 at 10:44 AM, Staff B and Resident 3 arrived at the AFH.

In an interview on 04/04/2023 at 12:20 PM, Staff B said that they had five current staff (Staff A, B, C, D and E).

On 04/04/2023 at 4:42 PM, Staff B said the date the AFH was licensed was Staff A and Staff B's hire date.

Review of the department's 04/04/2023 AFH Summary Report showed the AFH was licensed on 04/07/2020 with Staff A as the Entity Representative and Staff B as the Resident Manager.

Review of staff records showed there were no FBBC for Staff A and Staff B.

The AFH staff files on Staff B's computer showed the following hire dates: Staff C's on 06/01/2022, Staff D's on 11/16/2020 and Staff E's on 01/16/2021. There were no FBBC records for Staff C, D and E.

In further interview on 04/04/2023 at 4:33 PM, Staff B said that none of the staff had FBBC and they (Staff B) did not think they needed it because all of them had the name and date-of-birth background checks.

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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, Divine Living Adult Family Homecare is or will be in compliance with this law and / or regulation on (Date) 6/6/23.

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

Provider (or Representative) — Date: 5/6/23

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure they had emergency drinking water for their license capacity of 6 of 6 residents, and 3 of 5 staff (Staff B, Resident Manager, Staff C, Caregiver and E, Caregiver). This failure placed all residents and staff who lived and worked at the AFH at risk for dehydration in the event of an emergency.

Findings included...

Observation on 04/04/2023 at 10:44 AM showed five residents (Residents 1, 2, 3, 4 and 5) and three staff at the AFH (Staff B, Staff C and Staff E).

In an interview on 04/04/2023 at 12:20 PM, Staff B said that they had five current staff (Staff A, Entity Representative, Staff B, Staff C, Staff D, Caregiver, and Staff E). Staff B said that Staff C and Staff E lived at the AFH, and that there were always two to three staff at the AFH.

Observation of the home's emergency drinking water on 04/04/2023 at 12:58 PM showed one case of bottled water totaling five point twenty eight (5.28) gallons, and one half (1/2) case of bottled water, totaling two point sixty four (2.64) gallons. The AFH had a total of seven point ninety-four (7.94) gallons of emergency drinking water for nine people, instead of the required 27 gallons.

On 04/04/2023 at 12:59 PM, when asked how much emergency drinking water they needed for each person in the home, Staff B said that they did not know.

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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, Divine Living Adult Family Homecare is or will be in compliance with this law and / or regulation on (Date) 4/16/23.

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

Provider (or Representative) _____ Date 5/6/23

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 observation, interview and record review, the Adult Family Home (AFH) did not have personal belongings inventory (PBI) for 2 of 2 sampled residents (Residents 2 and 4). This failure placed the resident at risk of losing their belongings without accountability from the AFH.

Findings included...

Observation on 04/04/2023 at 10:21 AM showed Residents 2 and 4 had several personal belongings like clothes, shoes, furniture, and other things in their respective bedrooms.

Review of Resident 2's 08/22/2022 Negotiated Care Plan (NCP) showed the AFH admitted them on [redacted]2021. There was no PBI found for Resident 2.

In an interview on 04/04/2023 at 4:07 PM, when asked where Resident 2's PBI was, Staff B, Resident Manager looked through the resident's files and showed the department staff a blank PBI form. Staff B said that they did not fill out the PBI form.

Review of Resident 4's 01/19/2023 NCP showed the AFH admitted them on [redacted]/2022. There was no PBI found for Resident 4.

On 04/04/2023 at 2:21 PM, Staff B showed the department staff a blank PBI form in Resident 4's file and said that they did not fill it 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, Divine Living Adult Family Homecare is or will be in compliance with this law and / or regulation on (Date) 4/12/23 .

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

Provider (or Representative) — Date: 5/6/23

WAC 388-76-10784 Water hazards Fences, gates, and alarms. For any adult family home licensed after July 1, 2007 or any currently licensed adult family home that adds or modifies a new or existing water hazard after July 1, 2007 must ensure:

(2) Water hazards over twenty-four inches deep are:

(b) Equipped with an audible alarm that sounds when any door, screen, or gate that directly leads to or surrounds the water hazard is opened; and

(c) Secured by locking any doors, screens, or gates that lead directly to or surround the water hazard.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to secure 3 of 3 gates that led to a lake behind the home. This failure placed 1 of 1 resident

(Resident 5) who was ambulatory and had exit-seeking behavior at risk of harm from possible drowning in the lake.

Findings included...

Observation on 04/04/2023 at 10:44 AM showed five residents (Residents 1, 2, 3, 4 and 5) and three staff (Staff B, Resident Manager, Staff C, Caregiver and Staff E, Caregiver) at the AFH.

In an interview on 04/04/2023 at 12:20 PM, Staff B said that all five of their residents had diagnoses that included [redacted] and they had two residents who ambulated independently (Residents 3 and 5). Staff B said that they were discharging Resident 5 on [redacted]/2023 because of their exit-seeking behavior, as the AFH was not able to keep Resident 5 safe.

Observation on 04/04/2023 at 12:54 PM, during the environmental tour with Staff B, showed two sliding glass doors leading to the backyard: one from the dining room and the other from the living room. The backyard was surrounded by a four-feet chicken wire fence, with a metal gate to the left side of the fence and another metal gate on the fence facing a lake. Outside the fence, parallel to the back of the AFH, was a grassy slope that led to the lake. Bedroom D (Resident 3's bedroom) was at the left end of the AFH. The openable window of Bedroom D overlooked the lake. There was a chicken wire fence to the left of Bedroom D that divided the AFH property and their neighbor's property to the left of the AFH. The fence ended at the edge of the lake. The area at right angles with the fence was wide open to the lake. The pathway to the lake was outside the fenced part of the backyard and had its own metal gate. The three gates had metal latches that one lifted easily to open. There were no locks or alarms on the three gates.

In an interview on 04/04/2023 at 12:55 PM, Staff B said the lake was about 60 feet deep. Staff B also said that the department staff who did the initial licensing of the AFH okayed the fence gates without locks.

Observation on 04/04/2023 at 2:40 PM showed Resident 5 entered Resident 3's bedroom and tried to open the bedroom window. Resident 3 told Resident 5 to get out of their bedroom.

In an interview on 04/04/2023 at 2:43 PM, Resident 3 said that they can walk everywhere by themselves. Resident 3 said that two weeks ago, Resident 5 snuck out and ran to the lake. Resident 3 said that Resident 5 went into the water, was dripping wet, and went to the neighbor's house. Resident 3 said that one of the male caregivers carried Resident 5, who was dripping wet, back to the AFH.

In an interview on 04/04/2023 at 3:05 PM, Staff C, Caregiver said that Resident 5 had

dementia and eloped from the AFH three times. Staff C said that they put alarms on all the exit doors after Resident 5 started eloping. Staff C said that the third elopement incident was when Resident 5 went to Resident 3's bedroom and jumped out of the window. Staff C said that Resident 5 went to the lake to get to the neighbor's house, as the end of the AFH fence stopped at the edge of the lake.

Review of Resident 5's 01/08/2023 Negotiated Care Plan (NCP) showed the AFH admitted the resident on [redacted]/2022. The NCP indicated that Resident 5 had diagnoses including [redacted] and [redacted]

Review of the [redacted]2023 incident report showed Resident 5 left the AFH on [redacted]2023 and went inside the neighbor's house.

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, Divine Living Adult Family Homecare is or will be in compliance with this law and / or regulation on (Date) 4/5/23.

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

Provider (or Representative) — Date 5/6/23

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

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(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff C, Caregiver) had two-step Tuberculosis (TB) skin testing, with the initial test done one to three days of employment. This failure placed all residents at risk of possible exposure to TB, a communicable disease.

Findings included...

Observation on 04/04/2023 at 10:19 AM showed Staff C and Staff E, Caregiver, with four residents (Residents 1, 2, 4 and 5) at the AFH.

In an interview on 04/04/2023 at 10:35 AM, Staff C said that they had another resident, Resident 3, who went to the store with Staff B, Resident Manager.

On 04/04/2023 at 10:44 AM, Staff B and Resident 3 arrived at the AFH.

In an interview on 04/04/2023 at 12:20 PM, Staff B stated that Staff C worked five days a week and lived at the AFH.

Staff records on Staff B's computer showed Staff C was hired on 06/01/2022. There were no records of TB testing for Staff C.

In further interview on 04/04/2023 at 5:21 PM, Staff C said that they had TB testing when they worked at another AFH in January 2019 and the test was negative for TB. Staff C said that they did not do any TB testing upon hire at this AFH.

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, Divine Living Adult Family Homecare is or will be in compliance with this law and / or regulation on (Date) 4/7/23 .

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

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Provider (or Representative) — Date 5/6/23

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(c) Resident manager;

(e) Caregivers.

WAC 388-112A-0610 Who in an adult family home is required to complete

continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(i) A certified home care aide;

(ii) A long-term care worker who is exempt from the seventy-hour long-term care worker basic training under WAC 388-112A-0090 (1) and (2);

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

(b) A long-term care worker who is a certified home care aide, must comply with continuing education requirements under chapter 246-980 WAC.

(f) Continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250 for a long-term worker who does not maintain a food handler's permit, and completed basic or modified basic caregiver training before June 30, 2005. A long-term* care worker who completed basic or modified basic training after June 30, 2005 is not required to have a food handler's permit.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled staff (Staff B, Resident Manager, and Staff C, Caregiver) had valid food safety trainings. This failure placed all five residents at risk of food-borne illnesses related to food handling issues. In addition, 4 of 4 current staff (Staff B, Staff C, Staff D, Caregiver and Staff E, Caregiver) and 1 of 1 former staff (Staff F, Former Caregiver) did not have the required facility orientation. These failures placed all the residents at risk of unmet care needs from staff who did not completely meet the caregiver qualifications.

Findings included...

Food Safety Training:
Observation on 04/04/2023 at 10:44 AM showed five residents (Residents 1, 2, 3, 4 and 5) and three staff (Staff B, Staff C and Staff E) at the AFH.

In an interview on 04/04/2023 at 12:20 PM, Staff B said that they worked at the AFH five days a week from 7:00 AM to 7:00 PM. Staff B said that Staff C worked at the AFH five days a week and lived at the AFH.

Observation on 04/04/2023 at 11:48 AM showed Staff B prepared lunch and at 12:15 PM served lunch to their five residents.

Observation on 04/04/2023 showed Staff C sat beside Resident 4 at the dining table and spoon-fed the resident their lunch.

In further interview on 04/04/2023 at 4:08 PM, Staff B looked at their computer files and said their hire date was on 04/07/2020 and Staff C's hire date was on 06/01/2022. There were no paper records of the AFH staff's hire dates.

Review of Staff B's records showed a Food Handler's Card that expired on 09/27/2021. Staff C's Food Safety Training expired on 01/02/2022.

On 04/04/2023 at 4:30 PM, Staff B said that they did not renew their Food Handler's Card and Staff C did not renew their Food Safety Training.

Facility Orientation:
In an interview on 04/04/2023 at 12:20 PM, Staff B said that they worked at the AFH five days a week, Staff C and Staff D worked five days a week and lived at the AFH, and Staff E was their on-call caregiver. Staff B said that their former caregiver, Staff F, left on 01/17/2021.

There were no paper records of the AFH staff's hire dates and orientation to review.

On 04/04/2023 at 4:08 PM, Staff B looked at their computer files and read their hire date as 04/07/2020, Staff C's as 06/01/2022, Staff D's as 11/16/2020, Staff E's as 01/16/2021, and Staff F's as 11/16/2020. Staff B said that they had no orientation records for the staff. Staff B said that Staff A, Entity Representative, oriented the staff (Staff B, C, D, E and F) and Staff B helped with the caregivers' orientation. Staff B said they were "not really" oriented to all the features of the AFH like emergency shut off valves for water, electricity, and others, and they did not have an orientation checklist. Staff B asked the department staff where they could get the orientation form.

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, Divine Living Adult Family Homecare is or will be in compliance with this law and / or regulation on (Date) 5/5/23 .

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

Provider (or Representative) 5/6/23 Date

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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2) at least every twelve months. This failure placed Resident 2 at risk of unmet needs and of receiving care and services they did not negotiate.

Findings included...

In an interview on 04/04/2023 at 10:55 AM, Staff B, Resident Manager, said that they assisted Resident 2 with their medications, personal care, and other services.

Review of Resident 2's initial, 05/15/2021, NCP showed the AFH admitted the resident on [redacted]/2021. The AFH updated Resident 2's NCP on [redacted]/2022, 15 months and seven days after the initial NCP.

On 04/04/2023 at 3:23 pm, Staff B said that the NCP should be updated every 12 months, and they missed updating Resident 2's NCP timely.

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, Divine Living Adult Family Homecare is or will be in compliance with this law and / or regulation on (Date) 4/5/23 .

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

Provider (or Representative) 5/6/23 Date

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