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

Agape Senior Garden, LLC

Agape Senior Garden, LLC
2635 SW 335TH CT
FEDERAL WAY, WA 98023

RE: Agape Senior Garden, LLC License # 754470

Dear Provider:

This letter addresses Compliance Determination(s) 27949 (Completion Date 08/10/2023) and 22468 (Completion Date 07/26/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/10/2023 and found that you have corrected the violations listed in the Complaint report dated 07/26/2023. Your home is back in compliance as of 07/01/2023 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 388-76-10685-11

The Department staff who did the on-site verification:
Deborah Ashley, Nursing Consultant Institutional

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Agape Senior Garden, LLC **Provider Type:** Adult Family Home

License/Cert.#: 754470
Intake ID: 75176
Compliance Determination #: 22468
Region/Unit #: RCS Region 2 / Unit E
Investigator: Deborah Ashley
Investigation Date(s): 04/13/2023 through 07/26/2023
Complainant Contact Date(s): 04/13/2023

Allegation(s):

1. Named resident now Former Resident (FR) had a device for call light (device or bell system used to alert staff when a residents need assistance) use that did not work.
2. Adult Family Home (AFH) staff did not answer when FR would call for assistance.
3. AFH staff did not monitor FR while they were eating.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 5 Closed records sample size: 1
Observations:	Residents Resident rooms Staff to resident interactions
Interviews:	Residents Staff Collateral Contact (CC)
Record Reviews:	Department policies Assessment Negotiated Care Plan (NCP)

Investigation Summary:

1. During an unannounced visit to the Adult Family Home (AFH), FR was not in the home. FR had lived and received care in the home from [redacted]/2023 until [redacted]/2023 when they were moved out of the home. In an interview, CC stated that they moved FR because they were not pleased with the care provided in the AFH.

When asked, AFH staff stated that FR used a "granddad pad" (tablet device given to FR by their healthcare team) to call AFH phone line when they needed help. Staff stated that they discussed with FR and their case manager before setting up the "granddad pad" as a call light system.

Observation of all resident rooms showed that none of the residents had a call light or call bell to use when they needed assistance. Observation of the general environment showed that the private living area for AFH staff was in a part of the home that was not within hearing distance of the resident rooms. Staff would not be able to always hear

all residents if they yelled for help.
Sampled resident stated that they made a noise or yelled whenever they needed assistance.
When asked, AFH staff could not respond as to why the residents did not have a call light or call bell system as required.

Failed practice identified. See Statement of Deficiencies dated 07/26/2023 2023 WAC 388-76-10685 (11) Bedrooms.

2. In an interview, AFH staff stated that they never ignored any call for assistance from FR or any other resident in the home.
In an interview, sampled resident stated that they felt safe and had no issues with the care provided. Sampled resident added that staff attended to them when they needed assistance.
In an interview, CC stated that FR's "granddad pad" that was used as a call light often did not work so staff could not respond to FR's needs.
While in the AFH, FR was not present. AFH staff were observed responding to residents' request for assistance. Department staff was unable to substantiate this allegation.

3. Review of FR's assessment dated 01/27/2023 showed that FR required supervision and set-up assistance for meals. Further review of the records showed that FR needed to be repositioned for meals and allowed extra time to eat as they ate very slowly.
In an interview, AFH staff stated that they always positioned FR upright in bed for all meals, set-up the food and checked in on FR while they ate.
When asked, sampled resident stated that they had no issues with the meal service or care in the AFH.

Conclusion / Action:

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

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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 an unannounced on-site complaint investigation on 04/13/2023 and 04/13/2023 of:

Agape Senior Garden, LLC
2635 SW 335TH CT
FEDERAL WAY, WA 98023

This document references the following complaint number(s): 75176

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Deborah Ashley, Nursing Consultant Institutional
Nemy Rose James, NCI

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 — 07/27/2023 (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) Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on observations and interviews, the Adult Family Home (AFH) failed to ensure that 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4 and Resident 5) in the home had a call bell as required. This placed all residents at risk of not having their care needs met and their safety put at risk without AFH staff being aware of it.

Findings included...

During an unannounced visit to the AFH on 04/13/2023 at 11:23 AM, there were five residents present in the AFH.
At 11:29 AM on 04/13/2023, observation of all resident rooms showed that there were no call bell or call lights as required and the private living area for AFH staff was not within hearing distance of the resident rooms and AFH staff could not always be within hearing distance of the residents. The main exit door of the AFH was directly across from the kitchen separated by a wall. The AFH private living space was in the inner most part of the kitchen. Resident rooms were to the right of one moderate length hallway from the private living space.

When asked on 04/13/2023 at 11:30 AM, Staff A, Provider could not answer why there were no call bells or call lights for any resident in the AFH. Staff A only stated that they would purchase and install call lights in the home for all residents.

In an interview on 04/13/2023 at 11:40 AM, sampled resident stated that they had no call light but would usually make a sound or yell out when they needed assistance from staff.

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, Agape Senior Garden, LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date