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

Faith House AFH LLC
Grace House AFH
2840 Alpine St SE
Auburn, WA 98002

RE: Grace House AFH License # 754736

Dear Provider:

This letter addresses Compliance Determination(s) 41153 (Completion Date 05/13/2024) and 36852 (Completion Date 04/16/2024).

The Department completed a follow-up inspection of your Adult Family Home on 05/13/2024 and found that you have corrected the violations listed in the Complaint, Full report dated 04/16/2024. Your home is back in compliance as of 04/24/2024 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 388-76-10255-1, WAC 388-76-10430-1

The Department staff who did the on-site verification:
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

04/17/2024

Licensee: Faith House AFH LLC
Grace House AFH
2840 Alpine St SE
Auburn, WA 98002

RE: Grace House AFH License # 754736

Dear Provider:

The Department completed a full inspection and a complaint investigation of your Adult Family Home on 04/16/2024 and found that your home does not meet the Adult Family Home licensing requirements.

The Department:

• Wrote the enclosed Statement of Deficiencies (SOD) report; and
• May take licensing enforcement action based on any deficiency listed on the enclosed report; and
• May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  o Mail the Plan/Attestation Statement and report with original signatures to:

Lydia Owusu-Acheampong, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

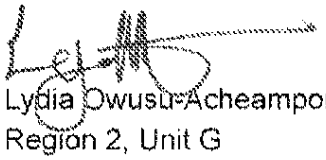
• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

You May:
• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

• 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.

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

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:
Lydia Owusu-Acheampong, Field Manager

Residential Care Services
Region 2, Unit G
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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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 the unannounced on-site full inspection and complaint investigation on 02/13/2024 and 02/13/2024 of:
Grace House AFH
2840 Alpine St SE
Auburn, WA 98002

This document references the following complaint numbers: 116019.

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

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 — 04/17/2024 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.

PETER Mukuna Njenga M
Provider (or Representative)

04/29/2024
Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure that 2 of 5 staff (Staff C, Caregiver and Staff D, Caregiver) used proper hand-washing technique during meal preparation in the AFH. This failure placed all residents at risk of acquiring food- borne illnesses.

Findings included...

In an interview on 02/13/2024 at 10:01 AM, Staff C stated that they had four residents (Residents 1, 2, 3 4 and 4) in the home that day. Staff C stated that their 5th resident (Resident 5) was transferred to the hospital last weekend for medical attention.

In an interview on 02/13/2024 at 11:10 AM, Staff A, Entity Representative stated that Staff C and Staff D worked full time at the AFH.

Observation on 02/13/2024 at 11:32 AM showed Staff D completed a meal preparation, removed their gloves, and washed their hands with soap and water in the kitchen sink. Staff D did not dry their hands and turned off the faucet. Department staff informed Staff D to repeat the procedure.

Observation on 02/13/2024 at 11:34 AM showed Staff D washed their hands with soap and water. Staff D with dripping hands turned off the faucet. Department staff informed Staff D to repeat the task. Staff A, demonstrated the correct handwashing procedure to Staff D.

Observation on 02/13/2024 at 11:40 AM showed, Staff C completed meal preparation, washed their hands with soap and water in the kitchen sink. Staff C did not dry their hands and turned off the faucet. Department staff informed them of the incorrect procedure and to repeat the task.

On Washington State Department of Social and Health Services Information for Adult Family Home Providers Website under "AFH Standard Precaution Table" was a guideline for Hand

Hygiene.

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 House AFH is or will be in compliance with this law and / or regulation on (Date) 04/29/2024 .

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

Peter Mwenda Njenga

Provider (or Representative)

04/29/2024

Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

This requirement was not met as evidenced by:

Based on observation, interviews, and record reviews, the Adult Family Home (AFH) failed to have a system in place to ensure 1 of the 4 resident's (Resident 4) medication log was updated when a medication was discontinued. Additionally, AFH staff signed a discontinued and unavailable medication as given. These failures placed Resident 4 at risk of medication errors.

Findings included...

In an interview on 02/13/2024 at 10:01 AM, Staff C stated that they had four residents (Residents 1, 2, 3 4 and 4) in the home that day. Staff C stated that their 5th resident (Resident 5) was transferred to the hospital last weekend for medical attention.

In an interview on 02/13/2024 at 11:10 AM, Staff A, Entity Representative stated that Resident 4 required medication assistance.

A review of Resident 4's AFH records indicated that resident was admitted to the AFH on [redacted]/2020. Resident 4's 03/20/2023 negotiated care plan showed that resident self-medicate with assistance.

Record review of Resident 4's February 2024 pharmacy-generated medication log showed that they were prescribed Lorazepam [medication for anxiety (feeling of fear, dread, and uneasiness)and sleeping problems related to anxiety] 0.5 milligram one tablet by mouth every evening.

Observation on 02/13/2024 at 1:56 PM showed there was no medication supply for Lorazepam.

In an interview on 02/13/2024 at 1:57 PM, Staff A requested for Staff C to look for the supply when department staff asked for the medication.

In an interview on 02/13/2024 at 1:58 PM, Staff A confirmed that they do not have the medication.

In an interview on 02/13/2024 at 2:13 PM, Staff A stated that they called the pharmacy and was told that it was a mistake that the medication was in Resident 4's February 2024 pharmacy-generated medication log. Staff A stated that pharmacy informed them that there was no Lorazepam prescription for Resident 4 and that it was not in Resident's 4's January 20204 pharmacy-generated medication log.

In an interview on 02/13/2024 at 2:15 PM, department staff informed Staff A that the Resident 4's February 2024 pharmacy-generated medication log showed that it was initialed as given for 02/01/2024 to 02/12/2024. Staff A stated that the caregivers signed without checking.

In a telephone conversation on 04/09/2024 at 4:16 PM, Collateral Contact 4 (CC 4) stated that the Lorazepam medication was never prescribed for Resident 4, and they did not provide the medication. CC 4 acknowledged that it was the pharmacy's error that it was printed in Resident 4's February 2024 pharmacy-generated medication log.

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 House AFH is or will be in compliance with this law and / or regulation on (Date) 04/24/2024.

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

Peter Njenga

Provider (or Representative)

04/29/2024

Date