STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Living Grace Adult Family Home LLC

Living Grace Adult Family Home LLC
11902 Alexander Rd
Everett, WA 98204

RE: Living Grace Adult Family Home LLC License # 754767

Dear Provider:

This letter addresses Compliance Determination(s) 37851 (Completion Date 03/07/2024) and 35720 (Completion Date 02/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/07/2024 and found that you have corrected the violations listed in the Full report dated 02/07/2024. Your home is back in compliance as of 02/19/2024 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 388-76-10255-2

The Department staff who did the on-site verification:
Shelly Scarboro, AFH Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

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

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Statement of Deficiencies	License #: 754767	Compliance Determination #35720
Plan of Correction	Living Grace Adult Family Home LLC	Completion Date
Page 1 of 2	Licensee: Living Grace Adult Family Home LLC	02/07/2024

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 01/25/2024 of:
Living Grace Adult Family Home LLC
11902 Alexander Rd
Everett, WA 98204

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:

Shelly Scarboro, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

2/13/2024
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.

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Statement of Deficiencies	License #: 754767	Compliance Determination #: 35720
Plan of Correction	Living Grace Adult Family Home LLC	Completion Date
Page 2 of 2	Licensee: Living Grace Adult Family Home LLC	02/07/2024

Provider (or Representative) — Date: 02/14/2024

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;

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection.

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home failed to ensure 1 of 2 sampled staff (Staff B, Caregiver) washed their hands during food preparation and clean-up. This failure placed residents at risk for food borne illness.

Findings included...

In an observation on 1/25/2024 at 1:26 PM, Staff B opened and closed the lid of the kitchen trash can with their gloved hand, went to the kitchen sink and grabbed a paper towel, picked up a dirty cutting board that was used for lunch food preparation, and wiped it with the paper towel. Staff B opened the kitchen cabinet door and placed the cutting board in its storage place.

In an interview on 01/25/2024 at 1:28 PM, Staff B was asked what happened when they open and closed the trash can lid. Staff B stated "Contamination." Staff B was observed washing their hands, getting the cutting board from the cabinet, and washing it.

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, Living Grace Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 02/19/2024

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

Provider (or Representative) — Date: 02/19/2024

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STATE OF WASHINGTON
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AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

02/13/2024

Living Grace Adult Family Home LLC
Living Grace Adult Family Home LLC
11902 Alexander Rd
Everett, WA 98204

RE: Living Grace Adult Family Home LLC # 754767

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/07/2024 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:

Nicholette Flynn, Field Manager
Residential Care Services
Region 2, Unit B
3906-172nd St NE, Suite #100

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Arlington, WA 98223

• 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 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

The Adult Family Home (AFH) had unsecured disinfecting chemicals set up on a high shelve in a closet of a resident's room. The AFH promptly secured the chemicals.

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

The Adult Family Home (AFH) willingly stated, without questioning, that they were behind on getting their fire extinguisher re-certified and had planned to do so. The AFH had the fire extinguisher re-certified by the end of the inspection.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(3) Tuberculosis testing results.

The Adult Family Home (AFH) did not have a Tuberculosis (TB) Test results on-site for Department review. The AFH obtained the TB records by the end of the inspection.

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.

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

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
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:
Nicholette Flynn, Field Manager
Residential Care Services
Region 2, Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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:

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.