



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Grace Elderly Care LLC
Grace Elderly Care LLC
15418 SE 21ST PL
BELLEVUE, WA 98007

RE: Grace Elderly Care LLC License # 754913

Dear Provider:

This letter addresses Compliance Determination(s) 24998 (Completion Date 06/07/2023) and 22988 (Completion Date 05/03/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/07/2023 and found that you have corrected the violations listed in the Full report dated 05/03/2023. Your home is back in compliance as of 04/26/2023 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 388-76-10380-4, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10015-1

The Department staff who did the off-site verification:

Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
Residential Care Services

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 754913	Compliance Determination # 22988
Plan of Correction	Grace Elderly Care LLC	Completion Date
Page 1 of 5	Licensee: Grace Elderly Care LLC	05/03/2023

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 04/24/2023 and 04/24/2023 of:

Grace Elderly Care LLC
15418 SE 21ST PL
BELLEVUE, WA 98007

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

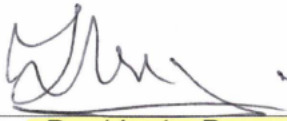
As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Ann Lee-Hunter
Residential Care Services

05/09/2023
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.

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



Provider (or Representative)

5/15/2023

Date

①

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 ensure that the negotiated care plan (NCP) for 1 of 5 residents (Resident 3) was reviewed and revised at least every 12 months by the resident or resident representative and the AFH representative. This failure placed the resident at risk for unrecognized/unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 3 on [REDACTED]/2021. Review of Resident 1's NCP dated 09/06/2021 showed Resident 3's NCP was one year and seven months overdue for review and updates. The NCP showed no documentation of signatures, initials, or dates related to reviewing and updating the NCP.

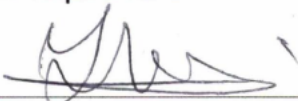
On 04/24/2023 at 05:10 PM, Staff A (Provider) stated that they missed it. They forgot to have the Resident review it.

see: 5 Attachments: DLa-e. PROOF OF COMPLIANCE

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 Elderly Care LLC is or will be in compliance with this law and / or regulation on (Date) 4/25/23

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



Provider (or Representative)

5/15/2023

Date

②

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability

to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based upon record review, observation and interview, the Adult Family Home (AFH) failed to have a system in place for 1 of 5 (Resident 3) residents to ensure an assessment was completed and the care plan included how the resident will use the [REDACTED] before the medical device with a known safety risk was used. This failure placed Resident 3 at risk for unmet safety needs.

Findings included...

NOTE: On 05/15/2013 a "Dear Adult Family Home Provider" letter was issued to AFH providers related to the safety risks associated with the use of all medical devices, including transfer poles, Posey or lap belts, and side bed rails. The letter stated, "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

Record review of Resident 3's Assessment dated 04/12/2023 showed diagnoses of [REDACTED]

and [REDACTED]

[REDACTED]. The Assessment showed Resident 3 required two-person physical assistance with bed mobility. The Assessment showed, "due to MS, quadriplegia, client is unable to assist with task, relying fully on CGs [caregivers] to complete task." No information about [REDACTED] was found in the assessment.

Record review of the Negotiated Care Plan (NCP) dated 09/06/2021 in the bed mobility section showed Resident 3 was dependent on caregivers to position and reposition every 2 hours or as needed. The NCP did not contain any information about [REDACTED], Resident 3's ability to use [REDACTED] or caregiver instructions regarding [REDACTED].

In a joint observation with Staff B (Caregiver) on 04/24/2023 at 10:25 AM showed Resident 3 in bed with bilateral half [REDACTED] elevated.

During an interview on 04/24/2023 at 03:35 PM, Staff B (Caregiver) stated that Resident 3 was assessed in the hospital. They stated that they would have to find that assessment. They stated that Resident 3 had used [REDACTED] for several years. Staff B stated that they hadn't noticed the [REDACTED] weren't addressed in the NCP, but they would add it.

Res #3 uses [REDACTED] for comfort, not for restraint or discipline.

Attestation Statement

See proof of corrections ATT: D2a-g (7pages)

Proof of correction was emailed to inspector on 4/27/23 See ATT: C/D
 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 Elderly Care LLC is or will be in compliance with this law and / or regulation on (Date) 4/25/2023

Resident is a consenting adult and signed [redacted] use upon admission for [redacted] 2021. Assessment done 4/25/23 / Doctor order 6/17/23

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



Provider (or Representative)

5/15/2023

5-15-2023

Date

Confirmation
4 pages

Confert not
for resfrom
by her own
free will.

See ATT

D2 a -
(7 pages)

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to respiratory protection by failing to provide 5 of 5 Staff members (Staff A, B, C, D and E) with fit testing and medical clearance approval to wear a respirator based upon their written respiratory protection program (RPP). COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability and death. Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. Failure to implement specific elements of the RPP, specifically, not having 5 Staff members fit-tested placed the staff members and residents at risk for contracting COVID-19.

Findings included...

NOTE: Washington Department of Labor and Industries (L&I) Washington Administrative Code (WAC) 296-842 requires employers to implement a written respiratory protection program (RPP) any time respirators are used in the workplace. The RPP must include specific elements, including medical clearance approval to wear a respirator, initial and annual fit testing, annual training, record keeping, written program, designated administrator and identification of respiratory hazards in the workplace. COVID-19 is a respiratory hazard that requires employees to wear fit tested filtering facepiece respirators for protection and to prevent the spread of infection to residents. The COVID-19 virus can result in grave illness, disability and death. Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094) and a duty to prevent the spread of infection to residents in their facility.

Record review of the AFH's undated policy titled, "Respiratory Protection Plan" showed that all caregivers would be fit-tested annually. The AFH had no records of staff fit tested for N95 respirators.

During an interview on 04/24/2023 at 04:10 PM Staff B (Caregiver) stated that they were not aware annual fit testing with a N95 respirator was required for staff members. Staff A (Provider) stated that they would schedule N95 respirator fit testing for their staff.

See: Respirator Fit Test & Protection Plan to date

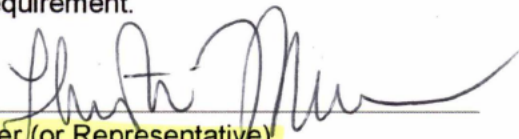
Attestation Statement

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 Elderly Care LLC is or will be in compliance with this law and / or regulation on (Date) 4/26/2023.

Mask Fitting was completed on 4/26/23

Compliance proof was emailed to supervisor on 4/27/23

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


Provider (or Representative)

5/15/2023
Date

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

Page

ATTACHMENTS: D3a-g
4pgs

RECEIVED

MAY 19 2023

DSHS/ALTSARCS



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

05/09/2023

CERTIFIED MAIL

9489009000276072996513

Grace Elderly Care LLC
Grace Elderly Care LLC
15418 SE 21ST PL
BELLEVUE, WA 98007

RE: Grace Elderly Care LLC # 754913

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/03/2023 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:

Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100

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

Lynnwood, WA 98036

- 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.

#1

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.

The Inventory Belonging form was completed during the inspection. 4/24/23
See attachment C - (Proof of correction)
In the future we will do our best to have it completed at time of admission or once all belonging are in
Based on record view and interview, the Adult Family Home (AFH) failed to ensure that 1 of 5 residents (Residents 2) had a current Personal Inventory List in their resident record. This failure placed Resident 2 at risk for lost, stolen or misplaced personal property identification. On 04/24/2023 at 01:22 PM, Staff B (caregiver) had Resident 2 to complete and sign the Personal Inventory List.

#2

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

See proof of compliance for Resident #2 ATT: C2a, b
See proof of compliance for Resident #5 ATT: C2c, d
The Adult Family Home (AFH) failed to ensure their Medicaid Policy was a separate document for 2 of 5 residents (Residents 2 and 5). This placed the residents at risk of not being aware of the AFH's policy and process for residents who become eligible for Medicaid after admission. Staff A (Provider) stated they would create a separate Medicaid Policy for Residents 2 and 5, then have them sign it.

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

05/03/2023

Page 3 of 4

If You Have Any Questions:

- Please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, Field Manager
Region 2, Unit K
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:

Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

WAC 288-76-10922-6, Compliance.

PLAN CORRECTIONS:

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

Consultation #1 in compliance in front of inspector 4/24/23
#2 Res #2 in compliance 4/24/23, Res #5 compliance 4/25/23.
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:

Both consultations have been corrected. prior (see attachments) to this report being completed.

x Hunter Mu
Representative

5/17/23
Date 5/17/23

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 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