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

DAE KIM
Algreen House AFH II
31244 Military Road S.
Auburn, WA 98001

RE: Algreen House AFH II License # 755115

Dear Provider:

This letter addresses Compliance Determination(s) 32696 (Completion Date 11/29/2023) and 30527 (Completion Date 10/13/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/29/2023 and found that you have corrected the violations listed in the Complaint report dated 10/13/2023. Your home is back in compliance as of 11/06/2023 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 388-76-10225-4, WAC 388-76-10375-1

The Department staff who did the off-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

Residential Care Services
Investigation Summary Report

Provider/Facility: Algreen House AFH II
Provider Type: Adult Family Home
License/Cert.#: 755115
Compliance Determination #: 30527
Intake ID: 101097
Investigator: Marites Gatan
Region/Unit #: RCS Region 2 / Unit G
Investigation Date(s): 10/04/2023 through 10/13/2023
Complainant Contact Date(s):

Allegation(s):

1.The Adult Family Home (AFH) did not notify the Department Case Manager (DCM)within 24 hours when the Named Resident (NR) was sent to the Local Health Facility (LHF).
2. The NR's Negotiated Care Plan (NCP) was not reviewed and signed by their Collateral Contact.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 2 Closed records sample size: 0
Observations:	Residents General Tour
Interviews:	AFH Staff Collateral Contact
Record Reviews:	Medical records (face sheet) Negotiated Care Plans

Investigation Summary:

1.Interview on 10/04/2023, AFH staff stated that NR was admitted to the LHF. AFH staff stated that they notified NR family, primary care physician and forgot to notify the DCM. Failed practice identified. WAC 388-76-10225.

2. Record review of NR's NCP showed that there was no signature of the CC. AFH staff stated that NR refused to sign. AFH staff stated the NCP was not complete when CC visited. AFH Staff stated that they would email the NCP to CC for signing. Failed practice identified. WAC 388-76-10375.

Conclusion / Action:

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

☐ N/A

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Statement of Deficiencies	License # 755115	Compliance Determination # 30527
Plan of Correction	Algreen House AFH II	Completion Date
Page 1 of 4	Licensee: DAE KIM	10/13/2023

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 an unannounced on-site complaint investigation on 10/04/2023 and 10/04/2023 of:

Algreen House AFH II
29654 20TH AVE S
FEDERAL WAY, WA 98003

This document references the following complaint number(s): 100075, 101097

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that investigated 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

10/19/2023
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.

STATE OF WASHINGTON

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

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Residential Care Services _____ 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: 10/22/23

WAC 388-76-10225 Reporting requirement.

(4) The adult family home must notify the department's case management office within twenty-four hours whenever a resident, whose stay is paid for by the department is discharged for more than twenty-four hours on medical leave to a nursing home or hospital.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to notify the Department's Case Manager (DCM)within 24- hours when 1 of 1 resident (Resident 6) who resides in the AFH was admitted to in a Local Health Facility (LHF). This failure placed Resident 6 at risk of not receiving appropriate services and losing their benefits.

Findings included...

In an interview on [redacted]/2023 at 5:27 PM, Staff D, Caregiver stated that five residents (Residents 1, 2, 3, 4, and 5) lived and received care from the AFH. Staff D added that Resident 6 was on admission at an LHF.

In an interview on [redacted]/2023 at 5:40 PM, Staff B, Caregiver stated that Resident 6 went to the LHF the previous day. Staff B stated that Resident 6 was found on the floor at around 7:38 AM, the previous day Staff B further added the LHF did not know when Resident 6 would come back.

. In an interview on [redacted]/2023 at 5:42 PM. Staff B stated that they notified Resident 6's family, their Primary Care Physician (PCP), and had not notified the DCM.

In an interview on [redacted]2023 at 5:59 PM, Staff B stated that their process was to call the Case Manager, family, and PCP when a resident was sent to the LHF. Staff B added that they forgot to call the DCM when Resident 6 was admitted but would do so.

In a follow up phone interview on [redacted]/2023 at 6:01 PM, when ask if DCM had been notified of Resident 6's admission to LHF, Staff B stated they have not notified DCM as yet.

Attestation Statement

Provider (or Representative) _____ Date _____

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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, Algreen House AFH II is or will be in compliance with this law and / or regulation on (Date) 11/6/2023 .

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

Provider (or Representative) — Date: 10/22/23

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) provider failed to ensure that the Negotiated Care Plan (NCP) for 1 of 6 residents (Resident 6) was agreed to, signed, and dated by the resident and their Representative. This failure put Resident 6 at risk of unmet care needs and at risk of not receiving necessary care.

Findings included...

In an interview on [redacted]/2023 at 5:27 PM, Staff D, Caregiver stated that five residents (Residents 1, 2, 3, 4, and 5) lived and received care from the AFH. Staff D added that Resident 6 was on admission at a Local Health Facility (LHF).

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Review of Resident 6's NCP dated 03/26/2023 showed an admission date of [redacted]/2023. The NCP showed signature of Provider dated [redacted]/2023 and there was no signature of the resident nor the resident's Collateral Contact (CC).

In an interview on [redacted]/2023 at 5:55 PM, Staff B stated Resident 6 would not sign any document as they thought someone would take away their money.

In an interview on [redacted]2023 at 5:56 PM, Staff B stated that Resident 6's NCP was not

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