STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Faith House AFH LLC
Hope House AFH
2510 Berry Ln E
Fife, WA 98424

RE: Hope House AFH License # 755752

Dear Provider:

This letter addresses Compliance Determination(s) 35399 (Completion Date 01/19/2024) and 30763 (Completion Date 10/27/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/19/2024 and found that you have corrected the violations listed in the Complaint report dated 10/27/2023. Your home is back in compliance as of 01/10/2024 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 388-76-10225-1-b-iii

The Department staff who did the on-site verification:
Lisa Charette, NCI AFH Complaint Investigator

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Hope House AFH
Provider Type: Adult Family Home
License/Cert.#: 755752
Compliance Determination #: 30763
Intake ID: 100359
Investigator: Lisa Charette
Region/Unit #: RCS Region 3 / Unit A
Investigation Date(s): 10/10/2023 through 10/27/2023
Complainant Contact Date(s):

Allegation(s):
The Named Resident was missing from the Adult Family Home (AFH).

Investigation Methods:

Sample:
Total residents: 5
Resident sample size: 1
Closed records sample size: 1

Observations:
Residents
Activities
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions
Kitchen

Interviews:
Nursing staff

Record Reviews:
Medical records
Hospital records
State reporting log
Incident investigation
Facility policies
Care Service Episode Records

Investigation Summary:
The Named Resident was missing from the AFH. The AFH did notify police to file a missing person report. The AFH did not notify the Hotline and failed to meet the reporting requirements. Facility failed practice was identified.

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 #: 755752	Compliance Determination # 30763
Plan of Correction	Hope House AFH	Completion Date
Page 1 of 3	Licensee: Faith House AFH LLC	10/27/2023

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 10/10/2023 and 10/10/2023 of:

Hope House AFH
2510 Berry Ln E
Fife, WA 98424

This document references the following complaint number(s): 100359

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

The department staff that investigated the Adult Family Home:

Lisa Charette, NCI AFH Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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

10/30/2023
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)

01/10/2024
Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(b) Report the following to the department by calling the complaint toll-free hotline number:

(iii) A missing resident.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to report 1 of 6 missing residents (Former Resident 1) to the Complaint Resolution Unit (CRU). This failure placed the resident at risk for having unmet needs and delayed the Department's ability to investigate a missing resident.

Findings included...

On 10/10/2023 in a record review, the progress notes dated [redacted]/2023, showed Former Resident 1 signed out, left the home at 9:28 AM, and did not return by 8:00 PM, which was curfew and the time the front entrance was locked per the AFH's House Rules. The notes showed Former Resident 1's phone went straight to voicemail when it was called, and a missing person report was filed with Local Law Enforcement (LLE). Former Resident 1's progress note dated [redacted]/2023, showed that they were found by LLE and taken to a hospital on [redacted]/2023.

On 10/27/2023 in a record review, the Department's Service Episode Record (SER) notes showed that Former Resident 1's Social Worker was notified on [redacted]/2023 by the Provider that Former Resident 1 left the AFH on [redacted]/2023, and that a missing person report was filed with LLE.

On 10/10/2023 at 10:50 AM in an interview, the Provider reported that they didn't report Former Resident 1 as a missing resident to CRU because they didn't think of it as a missing resident since Former Resident 1 signed out when they left.

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, Hope House AFH is or will be in compliance with this law and / or regulation on (Date) 01/10/2024.

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

	01/10/2024
Provider (or Representative)	Date