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

GRACEFUL LIVING GROUP LLC
SEDRO WOOLLEY ADULT FAMILY HOME
904 ALDERWOOD LANE
SEDRO WOOLLEY, WA 98284

RE: SEDRO WOOLLEY ADULT FAMILY HOME License # 757591

Dear Provider:

This letter addresses Compliance Determination(s) 58705 (Completion Date 04/28/2025) and 54945 (Completion Date 03/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/28/2025 and found that you have corrected the violations listed in the Complaint report dated 03/13/2025. Your home is back in compliance as of 04/27/2025 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 388-76-10163, WAC 388-76-10163-1, WAC 388-76-10163-2, WAC 388-76-10355, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-4, WAC 388-76-10355-5, WAC 388-76-10355-6, WAC 388-76-10355-6-a, WAC 388-76-10355-6-b, WAC 388-76-10355-6-c, WAC 388-76-10355-6-d, WAC 388-76-10355-7-d, WAC 388-76-10355-9, WAC 388-76-10360, WAC 388-76-10340, WAC 388-76-10340-1, WAC 388-76-10340-2, WAC 388-76-10340-3, WAC 388-76-10340-4, WAC 388-76-10340-5, WAC 388-76-10375, WAC 388-76-10375-1, WAC 388-76-10375-2

The Department staff who did the on-site verification:
Jennifer Nichols, Community Complaint Investigator

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

Sincerely,

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

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

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 02/18/2025 of:

SEDRO WOOLLEY ADULT FAMILY HOME
904 ALDERWOOD LANE
SEDRO WOOLLEY, WA 98284

This document references the following complaint number(s): 167376

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

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator

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.

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

WAC 388-76-10163 Background checks Process Background authorization form. Before the adult family home employs, directly or by contract, a resident manager, entity representative, caregiver, or noncaregiving staff, or accepts as a caregiver any volunteer or student, or allows a household member over the age of eleven unsupervised access to residents, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit form to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 staff (Staff C, Caregiver
& D, Caregiver) had a Washington name and date of birth background check (WNDOB) completed and submitted to the department’s background check central unit. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 & 6) at risk for being cared for and having unsupervised access by someone with a disqualifying criminal background.

Findings included…

Observation, on 02/18/2025 at 2:39 PM, showed six

residents lived at the AFH.

Record review of staff records, on 02/18/2025 at
3:52 PM, showed there was no documentation of a WNDOB for Staff C or Staff D.

In an interview, on 02/18/2025 at 4:06 PM, Staff C
stated that they began working at the AFH 02/17/2025. Staff C stated they were on duty at the AFH during the night shift that began on 02/17/2025 with only Staff D.

In an interview, on 02/18/2025 at 4:07 PM, Staff D
stated that they began working at the AFH 02/17/2025. Staff D stated they were on duty at the AFH during the night shift that began on 02/17/2025 with only Staff C

In an interview, on 02/18/2025 at 3:52 PM, Staff A
(Entity Representative) stated that they did not complete or submit a WNDOB for Staff C or Staff D yet because they did not know if they will stay working at the AFH or not. Staff A stated they did not remember to submit a WNDOB for Staff C and Staff D before allowing them unsupervised access to the residents.

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, SEDRO WOOLLEY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(5) The resident's activities preferences and how the preferences will be met;

(6) Other preferences and choices about issues important to the resident, including, but not limited to:

(a) Food;

(b) Daily routine;

(c) Grooming; and

(d) How the home will accommodate the preferences and choices.

(7) If needed, a plan to:

(d) Respond to a resident's refusal of care or treatment, including when the resident's physician or practitioner should be notified of the refusal;

(9) A statement of the ability for resident to be left unattended for a specific length of time; and

This requirement was not met as evidenced by:

Based on
interview and record review, the Adult Family Home (AFH) failed to ensure that

3 of 6 Resident's (Resident 1, 4 & 6) Negotiated Care Plan (NCP) included all the care and services required. This failure placed Residents 1, 4 & 6 at risk for unrecognized and unmet care needs.

Findings included…

Resident 1-

Record review showed the AFH admitted Resident 1 on [redacted]/2024. Review of Resident 1's assessment, dated 02/13/2024, showed Resident 1 required caregiver administration of medications, caregiver assistance with behaviors and caregiver assistance with activities of daily living. Resident 1's assessment showed they refused caregiver assistance with medications at times and had activity preferences of music, singing and drawing.

Review of Resident 1's undated NCP showed no documentation of all the care and services they required, who will provide the care and services or when and how the care and services will be provided. Resident 1's undated NCP showed no documentation of how their medications or behaviors were managed, how their activity preferences were met, how their refusal of care needs was met and no documentation of if they could be left unattended for a specific length of time.

Resident 4-

Record review showed the AFH admitted Resident 4 on [redacted]/2024. Review of Resident 4's assessment, dated 11/08/2024, showed they required caregiver administration of medications, caregiver assistance with activities of daily living, disliked spicy food and found strength in religious faith for activity preferences.

Review of Resident
4's NCP, dated 11/11/2024, showed no documentation of how they would get their medications when not in the AFH, how their activity preference of religious faith was met, their food preference of disliking spicy food and no documentation of if they could be left unattended for a specific length of time.

Resident 6-

Record review showed
the AFH admitted Resident 6 on [redacted]/2024. Review of Resident 6's assessment, dated [redacted]/2024, showed they required caregiver administration with medications, caregiver assistance with activities of daily living, caregiver assistance with behaviors, refused caregiver assistance with activities of daily living and enjoyed music for an activity preference.

Review of Resident
6's NCP, dated [redacted]/2024, showed no documentation of all the care and services they required, who will provide the care and services or when and how the care and services will be provided. Resident 6's NCP showed no documentation of how their medications or behaviors were managed, how their activity preferences were met, how their refusal of care needs was met and no documentation of if they could be left unattended for a specific length of time.

In an interview, on
02/18/2025 at 4:10 PM, Staff A (Entity Representative) stated that Resident 1's undated NCP did not include all required information because they were still working on it. Staff A stated that Resident 4's NCP, dated 11/11/2024, did not include all required information because they thought it was already complete. Staff A stated that Resident 6's NCP, dated [redacted]/2024, did not include all required information because they did not realize it was not completed.

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, SEDRO WOOLLEY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 6 residents' (Resident 5) Negotiated Care Plan (NCP) was developed and completed within 30 days of their admission. This failure placed Resident 5 at risk for unrecognized and unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 5 on [redacted]/2024 with multiple diagnoses. Review of Resident 5's assessment, dated 10/28/2024, showed they required caregiver assistance with activities of daily living. Review of Resident 5's record showed it did not contain a NCP. Resident 5 was admitted 63 days before the onsite investigation on [redacted]/2025.

In an interview, on 02/18/2025 at 4:10 PM, Staff A (Entity Representative) stated that they did not complete a NCP for Resident 5 within 30 days of their admission because "it was my failure".

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, SEDRO WOOLLEY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

WAC 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on record review
and interview, the Adult Family Home (AFH) failed to ensure 1 of 6 residents (Resident 5) had a Preliminary Service Plan (PSP) developed and completed. This failure placed Resident 5 at risk of unrecognized and unmet care needs.

Findings included…

Record review showed the AFH admitted Resident 5 on [redacted]/2024
with multiple diagnoses. Review of Resident 5's assessment, dated 10/28/2024, showed they required caregiver assistance with activities of daily living.

Review of Resident 5's
record showed it did not contain a PSP to indicate how the AFH would meet
Resident 5's needs.

In an interview, on
02/18/2025 at 4:10 PM, Staff A (Entity Representative) stated that they did not
complete a PSP for Resident 5 because "it was my failure".

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, SEDRO WOOLLEY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date

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

(2) Adult family home.

This requirement was not met as evidenced by:

Based on interview
and record review, the Adult Family Home (AFH) failed to ensure that 4 of 6
residents' (Resident 1, 3, 4 & 6) Negotiated Care Plan (NCP) was agreed to
and signed and dated by the resident or their representative and AFH. This failure placed Residents 1,
3, 4 & 6 at risk for unrecognized and unmet care needs.

Findings included…

Record review showed
the AFH admitted Resident 1 on [redacted]/2024. Review of Resident 1's assessment, dated 02/13/2024, showed Resident 1 required caregiver assistance with activities of daily living. Review of Resident 1's undated NCP showed no documentation of signatures from Resident 1 or their representative and the AFH that would indicate agreement of the NCP.

Record review showed
the AFH admitted Resident 3 on [redacted]/2024. Review of Resident 3's assessment, dated 03/07/2024, showed Resident 3 required caregiver assistance with activities of daily living. Review of Resident 3's NCP, dated 09/18/2024, showed no documentation of signatures from Resident 3 or their representative and the AFH that would indicate
agreement of the NCP.

Record review showed
the AFH admitted Resident 4 on [redacted]/2024. Review of Resident 4's assessment, dated 11/08/2024, showed Resident 4 required caregiver assistance with activities of daily living. Review of Resident 4's NCP, dated 11/11/2024, showed no documentation of signature from the AFH that would indicate agreement of the NCP.

Record review showed
the AFH admitted Resident 6 on [redacted]/2024. Review of Resident 6's assessment, dated [redacted]/2024, showed Resident 6 required caregiver assistance with activities of daily living. Review of Resident 6's NCP, dated [redacted]/2024, showed no documentation of signatures from Resident 6 or their representative and the AFH that would indicate agreement of the NCP.

In an interview, on 02/18/2025
at 4:10 PM, Staff A (Entity Representative) stated that they did not realize all signatures were not documented on Resident 1, Resident 3, Resident 4 and Resident 6's NCPs. Staff A stated that they thought required signatures were documented on all NCPs and said they were running behind on paperwork.

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, SEDRO WOOLLEY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Provider (or Representative) Date