



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

Statement of Deficiencies	License #: 602400	Completion Date
Plan of Correction	AMAZING GRACE II AFH INC	October 29, 2015
Page 1 of 4	Licensee: AMAZING GRACE AFH	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of:
 10/15/2015

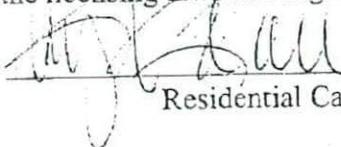
AMAZING GRACE II AFH INC
 7404 BRAEMAR DRIVE
 EDMONDS, WA 98026

The department staff that inspected the adult family home:
 Jolene Smith, RN/BSN, Adult Family Home Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit G
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

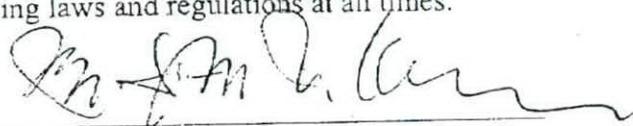
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 ADSA/RCS
 Smokey Point

As a result of the on-site full inspection 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

11/9/15
 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)

11/15/15
 Date

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

- (1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;
- (2) Ensure that there is existing outdoor space that is safe and usable for residents;
- (3) Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident;
- (4) Provide safe and functioning systems for:
 - (a) Heating;
 - (b) Cooling, which may include air circulating fans;
 - (c) Hot and cold water;
 - (d) Electricity;
 - (e) Plumbing;
 - (f) Garbage disposal;
 - (g) Sewage;
 - (h) Cooking;
 - (i) Laundry;
 - (j) Artificial and natural light;
 - (k) Ventilation; and
 - (l) Any other feature of the home.
- (5) Ensure water temperature does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:
 - (a) Tubs;
 - (b) Showers; and
 - (c) Sinks.
- (6) Provide storage for toxic substances, poisons, and other hazardous materials that is only accessible to residents under direct supervision, unless the resident is assessed for and the negotiated care plan indicates it is safe for the resident to use the materials unsupervised;
- (7) Provide rapid access for all staff to any bedroom, toilet room, shower room, closet, other room occupied by each resident;
- (8) Keep all firearms locked and accessible only to authorized persons; and
- (9) Keep the home free from:
 - (a) Rodents;
 - (b) Flies;
 - (c) Cockroaches, and
 - (d) Other vermin.

This requirement was not met as evidenced by:

Based on observation and interview the provider failed to develop and implement a system to ensure the home was maintained in good repair and condition with a safe and clean environment that was free of hazards. This failure placed residents at the potential risk for harm and a diminished quality of life.

Findings include:

The home was licensed to provide care to residents with dementia and mental health disabilities. The home had six residents (Residents 1, 2, 3, 4, 5 and 6). Observation, interview and record

review revealed the cognitive ability of each of the residents was impaired.

On 10/15/15 at 10:20 AM during a tour of the home with the provider, the following conditions were observed:

-The water temperature was tested in the upper hall bathroom used by residents. The temperature reading was, 122.1 Fahrenheit (F). At 10:40 AM on 10/15/15, the water temperature in the lower bathroom, also used by residents, was 120.4 F.

The home's water temperature was adjusted down. The provider indicated the home periodically checked the water temperatures, but failed to document these checks. The provider speculated that the elevated water temperatures may have been related to a recent "blackout" (temporary loss of power) the home had experienced as a result of inclement weather. The provider further denied having checked the home's water temperatures after the loss of power.

-Five lights in the upper bathroom were non-functioning. The providers husband indicated the residents complained about the light bulbs being too bright and a possible solution would be bulbs of a lesser wattage. The light bulbs were replaced.

-The toilet paper holders in two of the lower bathrooms were partially dismantled, each with one post remaining in the wall. The provider indicated one of the residents had poor vision and would grab onto the toilet paper holder instead of the grab bar. The displaced toilet paper holders were replaced.

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, AMAZING GRACE II AFH INC is or will be in compliance with this law and / or regulation on (Date) 10/20/15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

11/15/15

Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

(2) After receiving the results letter of the national fingerprint background check the adult family home must not employ, directly or by contract, a caregiver, entity representative or resident manager who has been convicted of a disqualifying crime or who:

- (i) Has a disqualifying conviction or pending charge under chapter 388-113 WAC; or
- (ii) Has a disqualifying negative action listed in WAC 388-76-10180.

(3) The provider may accept a copy of a national fingerprint background check result letter and any additional information from the department's background check central unit from an

individual who previously completed a national fingerprint background check through the background check central unit, provided the national fingerprint background check was completed after January 7, 2012.

This requirement was not met as evidenced by:

Based on record review and interview the provider failed to develop and implement a system to ensure 1 of 8 caregivers (Caregiver G) had completed a National fingerprint background check (Fingerprint check). This failure placed residents at risk for receiving care from a person with a criminal history and therefore at a greater risk for potential neglect and/or abuse.

Findings include:

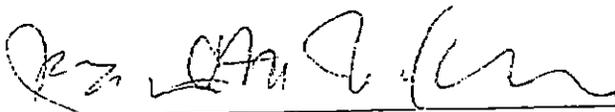
On 09/08/15, during the home's annual inspection, employee records were reviewed. Additionally, records received from the provider 10/28/15 and 10/29/15 were also reviewed. Based on these record reviews, it was determined that Caregiver G was hired on 01/08/15 and had completed a State of Washington name and date of birth background check in January 2015. However, there was no evidence that a National Fingerprint background check had been obtained for Caregiver G at her time of hire.

On 10/29/15 the provider submitted paperwork to show that Caregiver G had completed a Fingerprint check on 10/23/15, 9 months after her hire date.

During an interview on 10/15/15 and 10/29/15 the provider indicated Caregiver G may have completed a Fingerprint check through another employer and would follow-up.

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, AMAZING GRACE II AFH INC is or will be in compliance with this law and / or regulation on (Date) 10/20/15. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

11/15/15

Date

Plb. NOTE :

ALL deficiency has been corrected... H2O temp corrected 10/29 - 10/20/15. Toilet paper holder been installed 10/29/15 before licensur left the premises. Fingerprint from US Immigration of Staff G. been cleared and was issued US citizenship since Dec. 2014 and was fingerprinted prior to working @ Amazing Grace Blg we had also requested her to do another fingerprint on ~~10/20/15~~ to comply AFH requirements. Thank You



STATE OF WASHINGTON
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3906-172nd St NE, Suite #100, Arlington, WA 98223

January 18, 2016

AMAZING GRACE AFH INC
AMAZING GRACE II AFH INC
PO BOX 345
LYNNWOOD, WA 98046

RE: AMAZING GRACE II AFH INC License #602400

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on January 12, 2016 for the deficiency or deficiencies cited in the report/s dated October 29, 2015 and found no deficiencies.

The Department staff who did the inspection:
Jolene Smith, Adult Family Home Licenser

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

A handwritten signature in black ink, appearing to read "Kay Randall".

Kay Randall, Field Manager
Region 2, Unit B
Residential Care Services