



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744**

September 10, 2019

Soon H Kim  
GRACE MANOR AFH  
22808 84TH AVE WEST  
EDMONDS, WA 98026

RE: GRACE MANOR AFH License #728200

Dear Provider:

On September 6, 2019 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated July 17, 2019 and August 13, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:  
Katie Flom, Licensors  
Marjean Hook, Adult Family Home Licensors

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

Brenda Mooney, Field Manager  
Region 2, Unit I  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** GRACE MANOR AFH (687676)      **Intake ID(s):** 3661420  
**License/Cert. #:** AF728200  
**Investigator:** Hook, Marjean      **Region/Unit:** RCS Region 2/Unit A      **Investigation Date(s):** 07/31/2019 through 08/13/2019  
**Complainant Contact Date(s):**

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**Allegations:**

AFH licensing fee is overdue, Due on 06/15/2019, Amount \$1350.00

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**Investigation Methods:**

<input checked="" type="checkbox"/> <b>Sample:</b>	no sample	<input checked="" type="checkbox"/> <b>Observations:</b>	Toured AFH
<input checked="" type="checkbox"/> <b>Interviews:</b>	Interviewed Provider and caregiver	<input checked="" type="checkbox"/> <b>Record Reviews:</b>	Reviewed Departments records and found licensing fee had been sent late

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**Allegation Summary:**

AFH licensing fee is overdue. Due on 06/15/2019, Amount \$1350.00

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**Unalleged Violation(s):**       **Yes**       **No**

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**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**       **Failed Provider Practice Not Identified / No Citation Written**

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AFH was overdue on licensing fee, Due 06/15/2019.



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RECEIVED  
 AUG 20 2019  
 DSHS/ALTSA/RCS

Statement of Deficiencies	License #: 728200	Completion Date
Plan of Correction	GRACE MANOR AFH	August 13, 2019
Page 1 of 2	Licensee: SOON KIM	

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 complaint investigation of: 7/31/2019 and 8/13/2019

GRACE MANOR AFH  
 22808 84TH AVE WEST  
 EDMONDS, WA 98026

This document references the following complaint number: 3661420

The department staff that inspected and investigated the adult family home:

Marjean Hook, Adult Family Home Licensors

From:

DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit I  
 20816 44th Ave West, Suite 240  
 Lynnwood, WA 98036-7744  
 (425)670-6061

As a result of the on-site complaint investigation 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.

Brenda Sporey  
 Residential Care Services

8/14/19  
 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.

Soon Kim  
 Provider (or Representative)

8/20/19  
 Date

**WAC 388-76-10025 License annual fee.**

- (1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .
- (2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
- (3) The home must ensure that the department receives the annual license fee when it is due.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

**This requirement was not met as evidenced by:**

Based on observation, record review and interview, the provider failed to ensure the department received the license fee timely. Failure to pay the annual license fee timely had the potential to expose 6 of 6 residents (Resident #1, #2, #3, #4, #5, #6) to care in a home without a valid license.

**Findings included:**

All observation, record review and interview occurred on 08/13/19.

Record review revealed the home was licensed for 6 beds. Observation on-site revealed six residents were receiving care and services in the home. Electricity, heat, water, food and resident supplies were available in the home for the resident's health and well-being.

The due date of the licensing fee was 06/15/19. In an interview, the Provider stated she sent the licensing fee on 06/19/2019 which made the payment late. Department records showed the fee had not been received by the department as of 7/24/19.

The provider acknowledged the payment was sent late.

**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 MANOR AFH is or will be in compliance with this law and / or regulation on (Date) 8-20-19 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency. *Sorry it happens.*

*Next time I'll pay on time  
Thank you*

*Soon Kim*  
Provider (or Representative)

8-20-19  
Date



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RECEIVED  
 AUG 15 2019  
 DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 728200	Completion Date
Plan of Correction	GRACE MANOR AFH	July 17, 2019
Page 1 of 4	Licensee: SOON KIM	

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:  
 7/15/2019

GRACE MANOR AFH  
 22808 84TH AVE WEST  
 EDMONDS, WA 98026

The department staff that inspected the adult family home:  
 Katie Flom, BA, Licensor

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 2, Unit I  
 20816 44th Ave West, Suite 240  
 Lynnwood, WA 98036-7744  
 (425)670-6061

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.

Blenda A. Flom  
 Residential Care Services

7/26/19  
 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.

Soon Kim  
 Provider (or Representative)

8/5/2019  
 Date

**WAC 388-76-10805 Automatic smoke detectors. The adult family home must ensure approved automatic smoke detectors are:**

- (1) Installed, at a minimum, in the following locations:  
 (a) Every bedroom used by a resident;

**This requirement was not met as evidenced by:**

Based on observation and interview, the provider failed to ensure a smoke detector for one of six sampled residents (Resident #3) was working. This failure placed all residents (Residents #1, #2, #3, #4, #5, and #6) at risk of injury in the event of a fire.

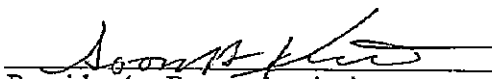
**Findings included...**

During the testing of the smoke detectors on 07/15/19 at approximately 2:00 PM, the light in the smoke detector in Resident #3's room was not lit. When Caregiver A hit the test button, no sounds came from the detector. When interviewed on 07/15/19 at approximately 2:15PM, the provider said she was unaware the battery needed to be changed and she would do so right away.

The smoke detector remained un-repaired at the time the inspection ended.

**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 MANOR AFH is or will be in compliance with this law and / or regulation on (Date) 7-15-2019 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 Provider (or Representative)

8/5/2019  
 Date

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

- (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;

**This requirement was not met as evidenced by:**

Based on observation and interview the provider failed to ensure all chemicals were kept in locked storage and inaccessible to six of six sampled residents (Residents #1, #2, #3, #4, #5, and #6). This failure placed all residents at risk of injury from chemical contact.

**Findings included...**

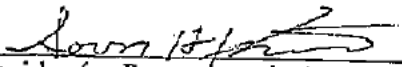
Upon arrival to the adult family home on 07/15/19 at 10:40 AM, two gas cans were observed in the front yard. During a tour of the adult family home on 07/15/19 at approximately 11:00 AM, a bottle of hardwood cleaner, a bottle of window/glass cleaning fluid, and several containers of clorox wipes were found throughout the common living areas in the adult family home. When



interviewed on 07/15/19 at 3:00 PM the provider said she was working with Caregiver A in training him to lock up the chemicals.

**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 MANOR AFH is or will be in compliance with this law and / or regulation on (Date) 07/15/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

8/5/2019  
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:**

- (7) If needed, a plan to:
- (b) Reduce tension, agitation and problem behaviors;

**This requirement was not met as evidenced by:**

Based on record review and interview the provider failed to ensure the negotiated care plan for one of two sampled residents (Resident #2) included strategies for reducing problem behaviors. This failure placed Resident #2 at risk of unmet care needs.

**Findings included...**

Record review of Resident #2's assessment dated 03/27/19, listed behaviors such as hiding items, [REDACTED] and becoming easily irritated. Review of Resident #2's most recent negotiated care plan dated 07/28/18, showed the care plan did not address any behavior strategies. When interviewed on 07/15/19, the provider said she would work on obtaining the resident's most recent assessment, then she would also update the care plan.

**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 MANOR AFH is or will be in compliance with this law and / or regulation on (Date) 7/20/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

8/5/2019  
Date

**WAC 388-76-10315 Resident record Required. The adult family home must:**

- (f) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:
- (g) Be available so that department staff may review them when requested; and

**This requirement was not met as evidenced by:**

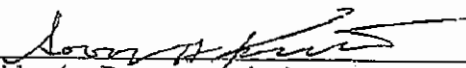
Based on record review and interview the provider failed to ensure one of two sampled residents (Resident #2) had their most recent assessment on file at the adult family home. This failure placed Resident #2 at risk of unmet care needs.

**Findings included...**

Record review of Resident #2's most recent assessment available in the adult family home showed a date of 06/28/17. When interviewed on 07/15/19, the provider said she had not obtained a copy of the most recent assessment (which was dated 03/27/19).

**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 MANOR AFH is or will be in compliance with this law and / or regulation on (Date) 7/20/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
Provider (or Representative)

8/5/2019  
Date