



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

July 16, 2019

GLORY HOMES LLC
GLORY HOMES
4610 SOUTH RYAN WAY
TUKWILA, WA 98178

RE: GLORY HOMES License #752187

Dear Provider:

On July 12, 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 May 20, 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:
Shalahna Rhodes, Community Complaint Investigator

If you have any questions please, contact me at (253) 234-6007.

Sincerely,

for Dana Oles

Elena Atanasova, Field Manager
Region 2, Unit G
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



**Residential Care Services
Investigation Summary Report**

Provider/Facility: GLORY HOMES (689379) **Intake ID(s):** 3636992

License/Cert. #: AF752187

Investigator: Rhodes, Shalahna **Region/Unit:** RCS Region 2/Unit G **Investigation Date(s):** 05/08/2019 through 05/20/2019

Complainant Contact Date(s): 05/08/2019

Allegations:

1. The named resident (NR) remained dirty from a bowel accident for up to an hour and a half to two hours.
 2. The adult family home (AFH) did not have enough staff.
-

Investigation Methods:

<input checked="" type="checkbox"/> Sample:	Residents	<input checked="" type="checkbox"/> Observations:	Residents, Resident and Caregiver Interactions, Meal
<input checked="" type="checkbox"/> Interviews:	Residents, Caregiver, Entity Representative (ER), Co-Representative (CO-ER)	<input checked="" type="checkbox"/> Record Reviews:	Resident Records, Caregiver Record

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**Residential Care Services
Investigation Summary Report**

Allegation Summary:

1. Review of records found the NR was obsessive about getting daily personal care and wanted needs met immediately.

Interview with the NR revealed the longest the NR had to wait for assistance after a bowel movement was 15 minutes and that was because the caregiver was assisting another resident.

Interview with the ER, CO-ER, and a caregiver in the AFH revealed no one had been left for a long period of time dirty from a bowel movement. The NR had an unrealistic expectation of care as if the NR was the only resident in the AFH. The AFH developed a plan with the NR to ease the NR's anxiety surrounding personal daily care.

2. Observation of the AFH showed one caregiver in the AFH upon arrival.

Interview with the NR found the AFH had one caregiver during the day and the ER and CO-ER would come to the AFH during the day and conduct administrative duties.

Interview with a caregiver, the ER and CO-ER revealed one caregiver would be on duty but the ER and CO-ER would float in and out of the home during the day seven days a week. The CO-ER stated that four of the residents in the AFH were independent with transfers and two of the residents needed one-person assistance. The caregiver on duties lived in the AFH while on duty.

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

1. The (AFH) failed to ensure a background check was completed for one staff.

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

See statement of deficiency written 05/20/2019.

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 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

RECEIVED
 JUN 3 2019
 DSHS/ALTS/RCS

Statement of Deficiencies	License #: 752187	Completion Date
Plan of Correction	GLORY HOMES	May 20, 2019
Page 1 of 2	Licensee: GLORY HOMES LLC	

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: 5/8/2019

GLORY HOMES
 10628 61ST AVE SOUTH
 SEATTLE, WA 98178

This document references the following complaint number: 3636992

The department staff that inspected and investigated the adult family home:
 Shalahna Rhodes, RN, MSn, Community Complaint Investigator

From:

DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit G
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6007

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.

Residential Care Services

05/23/2019

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)

5/30/19

Date

This document was prepared by Residential Care Services for the Locator website.

RECEIVED JUN - 9 2019 DSHS/ALTA/PC

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the adult family home (AFH) failed to ensure a background check was completed every twenty four months for one of two sampled staff (Staff A, Entity Representative (ER)). This placed six of six residents (R#1, R#2, R#3, R#4, R#5, and R#6) at risk of harm from a staff member with an unknown criminal background.

Findings included...

Review of Staff A's records on 05/08/19 showed Staff A did not have a current background check completed. The last background check was completed on 03/15/17 and expired on 03/15/19.

Review of an email sent from the Background Check Central Unit (BCCU), on 05/13/19 at 11:12 AM showed the last background check for Staff A was completed on 05/09/19 and the one prior was completed on 03/15/17.

During an interview with Staff C (Caregiver) on 05/08/19 at 12:00 PM, Staff C stated that Staff A had a current background check completed and that the current background check would be sent to department staff by email. The email was sent to department staff on 05/09/19 at 3:06 PM with a message from Staff C, which stated the current background check could not be found for Staff A, so another background check was completed for Staff A on 05/09/19, the day after department staff visited the AFH.

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, GLORY HOMES is or will be in compliance with this law and / or regulation on (Date) 05/09/19 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

05/30/19

Date

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