



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

Epiphany Associates LLC  
New Life Adult Family Home  
1911 Jones Ct SE  
Renton , WA 98055

RE: New Life Adult Family Home License # 753100

Dear Provider:

This letter addresses Compliance Determination(s) 49703 (Completion Date 11/01/2024) and 46571 (Completion Date 09/11/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/01/2024 and found that you have corrected the violations listed in the Full report dated 09/11/2024. Your home is back in compliance as of 09/10/2024 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 388-76-10355-7-a, WAC 388-76-10810-2-b

The Department staff who did the on-site verification:  
Liza Flowers, AFH Licenser

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager  
Region 2, Unit E  
Residential Care Services



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

Statement of Deficiencies	License #: 753100	Compliance Determination # 46571
Plan of Correction	New Life Adult Family Home	Completion Date
Page 1 of 4	Licensee: Epiphany Associates LLC	09/11/2024

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 the unannounced on-site full inspection on 08/30/2024 and 08/30/2024 of:

New Life Adult Family Home  
1911 Jones Ct SE  
Renton , WA 98055

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licenser

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 2 , Unit E  
20425 72nd Avenue S, Suite 400  
Kent, WA 98032

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.

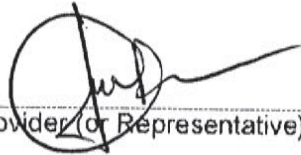
\_\_\_\_\_  
Residential Care Services

09/11/2024  
\_\_\_\_\_  
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.

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

Statement of Deficiencies	License #: 753100	Compliance Determination # 46571
Plan of Correction	New Life Adult Family Home	Completion Date
Page 2 of 4	Licensee: Epiphany Associates LLC	09/11/2024



Provider (or Representative)

9/16/2024

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:
  - (a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

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

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 2) negotiated care plan (NCP) contained safety and management plan of the resident's seizure diagnosis. This placed the resident at risk of having complications and unmet care needs.

**Findings included...**

During unannounced visit to the AFH, on 08/30/2024 between 10:36 AM and 5:30 PM, Staff A, Entity Representative, and Staff B, Caregiver, interacted with and provided care to Resident 2.

Record review of the assessment, dated 05/03/2024, showed Resident 2's medical conditions that included but not limited to seizure disorder.

Record review of Resident 2's NCP, dated 04/30/2024, showed no directives to staff on what to do in an event the resident experienced seizure activity/attack.

In an interview on 08/30/2024 at 5:29 PM, Staff A stated that it was an oversight for the caregiver directives not being included in Resident 2's NCP.

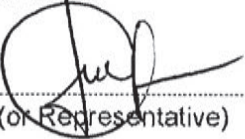
**Attestation Statement**

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

Statement of Deficiencies	License #: 753100	Compliance Determination # 46571
Plan of Correction	New Life Adult Family Home	Completion Date
Page 3 of 4	Licensee: Epiphany Associates LLC	09/11/2024

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, New Life Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 9/12/2024.

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

 \_\_\_\_\_  
 Provider (or Representative)

9/16/2024  
 \_\_\_\_\_  
 Date

**WAC 388-76-10810 Fire extinguishers.**

- (2) The home must ensure fire extinguishers are:
  - (b) Inspected and serviced annually;

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

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 fire extinguisher had a tag/label to show the date it was purchased or serviced. This failure resulted in inability to identify whether the fire extinguisher was serviced annually and safe to use in an event of a fire and placed all residents at risk of burn or injury.

**Findings included...**

During unannounced visit to the AFH, on 08/30/2024 between 10:36 AM and 5:30 PM, observation showed the AFH was one level home. Observation showed, Staff A, Entity Representative, and Staff B, Caregiver, interacted with and provided care to Residents 1, 2, 3, and 4.

During the environmental tour on 08/30/2024 at 3:45 PM, observation showed the fire extinguisher that was mounted on the wall by the kitchen had no tag or label of when it was serviced or purchased.

In an interview on 08/30/2024 at 3:45 PM, Staff A stated that the wall was just recently painted and maybe the painter dropped the service tag when they removed the fire extinguisher from the wall.

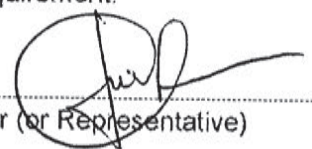
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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, New Life Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 9/12/2024.

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



Provider (or Representative)

9/16/2024  
Date

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STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
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20425 72nd Avenue S, Suite 400, Kent, WA 98032

09/11/2024

Epiphany Associates LLC  
New Life Adult Family Home  
1911 Jones Ct SE  
Renton, WA 98055

RE: New Life Adult Family Home # 753100

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/11/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

**The Department:**

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement':
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Cecile Leano, Field Manager  
Residential Care Services  
Region 2, Unit E  
20425 72nd Avenue S, Suite 400

New Life Adult Family Home # 753100

09/11/2024

Page 2 of 4

Kent, WA 98032

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

**Consultation(s):**

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10575 Resident rights Privacy.**

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(c) Clinical or resident records;

During the tour of the home with Staff A, Entity Representative, on 08/30/2024 at 3:36 PM, the residents' list dated 08/02/2018 was observed together with the statement of deficiencies (SOD's) that was posted on the wall. Staff A immediately removed the residents' list when notified about the residents' violation of privacy.

**WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:**

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

During the tour of the home with Staff A, Entity Representative, on 08/30/2024 at 3:29 PM, observation showed the evacuation plan was not visible for anyone to see as it was posted on the wall behind the home's menu page of paper. Staff A immediately posted the evacuation plan visible to anyone.

**You Are Not:**

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

**You May:**

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

**If You Have Any Questions:**

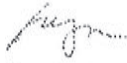
- Please contact me at (253)234-6033.

New Life Adult Family Home # 753100

09/11/2024

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Sincerely,



Cecile Leano, Field Manager  
Region 2, Unit E  
Residential Care Services

Enclosure

<p><b>Plan</b> <b>(Plan of Correction)</b></p> <p><b>You Must:</b> Return the plan, on the enclosed report, within 10 <u>calendar</u> days after you receive this letter.</p> <p>Include the following in your plan <u>for each deficiency</u>:</p> <ul style="list-style-type: none"> <li>• The date you have or will correct each deficiency; and</li> <li>• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.</li> </ul> <p>Send your plan to:</p> <p>Cecile Leano, Field Manager Residential Care Services Region 2, Unit E 20425 72nd Avenue S, Suite 400 Kent, WA 98032</p>
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<p><b>INFORMAL DISPUTE RESOLUTION [RCW 70.128]</b></p> <p><b>You May:</b> Request an Informal Dispute Resolution (IDR) meeting within 10 <u>working</u> days after the date you receive this letter. You <b>must</b> use an '<b>IDR Request Form</b>' for <b>each</b> citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: <a href="https://www.dshs.wa.gov/altsa/idr">https://www.dshs.wa.gov/altsa/idr</a></p> <hr style="border: 0.5px solid black; margin: 20px 0;"/> <p style="text-align: center;"><b>Provider Process for Choosing a Panel or Traditional IDR:</b></p> <p>You may only choose a <b>Panel IDR</b> if you are disputing <b>three or fewer</b> citations or enforcement actions. You may choose a <b>Traditional IDR</b> regardless of the number of citations or enforcement actions you intend to dispute. If you choose a <b>Panel IDR</b>, all documents supporting your dispute must be submitted within <b>20</b></p>
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New Life Adult Family Home # 753100

09/11/2024

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**working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDR**s you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to [rcsidr@dshs.wa.gov](mailto:rcsidr@dshs.wa.gov):

Adult Family Home IDR Program  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600