



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) 28109 (Completion Date 08/17/2023) and 17902 (Completion Date 05/22/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/17/2023 and found that you have corrected the violations listed in the Complaint report dated 05/22/2023. Your home is back in compliance as of 06/25/2023 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 388-76-10225-4, WAC 388-76-10380-1

The Department staff who did the on-site verification:
Deborah Ashley, Nursing Consultant Institutional

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

Sincerely,

A handwritten signature in black ink, appearing to read "Cecile Leano".

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



Residential Care Services Investigation Summary Report

Provider/Facility: New Life Adult Family Home **Provider Type:** Adult Family Home

License/Cert.#: 753100

Intake ID: 63727

Compliance Determination #: 17902

Region/Unit #: RCS Region 2 / Unit E

Investigator: Deborah Ashley

Investigation Date(s): 12/29/2022 through 05/22/2023

Complainant Contact Date(s): 12/29/2022

Allegation(s):

Named resident now Former Resident (FR) had an unexplained black eye and bruising to the left lower leg.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 2 Closed records sample size:
Observations:	Identified resident Residents Resident rooms Resident care equipment Staff to resident interactions Skin check
Interviews:	Identified resident Residents Staff Collateral Contact (CC)
Record Reviews:	Negotiated Care Plan (NCP) Assessment AFH records- progress notes, wound care notes Medication Administration Record (MAR)

Investigation Summary:

During an unannounced visit to the Adult Family Home (AFH) on 12/29/2022, FR lived and received care in the home. Review of the NCP showed that FR had lived in the AFH from [REDACTED]/2016 until [REDACTED]/2023 when they were transferred to the hospital for a change in condition and passed away on [REDACTED]/2023 in the hospital.

In an interview, AFH staff stated that FR usually bruised easily, and they were not sure why, but the black eye was due to an eye infection that was followed up on by FR's primary care physician.

While in the home, skin observation of FR showed no blackened areas on or around the eyes and no bruising noted on the left lower leg. Further skin assessment showed a

dime sized bruise on FR's right middle finger, two bandages on the bilateral wrists which staff stated were from FR's blood draws during a medical appointment and a silver dollar sized bruise on the right shin. FR refused skin assessment of their bottom.

Review of FR's NCP while in the AFH showed that none of the bruises noted during the skin assessment were updated in the NCP. Review of the incident log showed that FR's representative was notified about the black eye and an appointment with the primary care physician was set, but the NCP was not updated to reflect this.

In an interview, FR and sampled resident stated that they felt safe and had no issues with the care provided.

When asked, FR's Department staff case manager, stated that the AFH did not communicate effectively with them, and they were not notified when FR was transferred to the hospital and when they passed away.

Failed practice identified. See Statement of Deficiencies dated 05/22/2023 WAC 388-76-10225 Reporting requirement and WAC 388-76-10380 Negotiated care plan—Timing of reviews and revisions.

Conclusion / Action:

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A



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Statement of Deficiencies	License #: 753100	Compliance Determination # 17902
Plan of Correction	New Life Adult Family Home	Completion Date
Page 1 of 3	Licensee: Epiphany Associates LLC	05/22/2023

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 12/29/2022 and 12/29/2022 of:

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

This document references the following complaint number(s): 63727

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 investigated the Adult Family Home:

Deborah Ashley, Nursing Consultant Institutional

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

 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
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WAC 388-76-10225 Reporting requirement.

(4) The adult family home must notify the department's case management office within twenty-four hours whenever a resident, whose stay is paid for by the department is discharged for more than twenty-four hours on medical leave to a nursing home or hospital.

This requirement was not met as evidenced by:

Based on observations, interviews and record review, the Adult Family Home (AFH) failed to report the hospitalization and death of 1 of 4 residents (Resident 1) to the Department as required. This delayed Department Staff from investigating whether AFH residents received appropriate care and services.

Findings included...

During an unannounced visit to the AFH on 12/29/2022 4:00 PM, Resident 1 lived and received care in the home. Review of the Negotiated Care Plan (NCP) dated 02/01/2021 showed that Resident 1 had lived in the AFH from [REDACTED]/2016 until [REDACTED]/2023 when they were transferred to the hospital for a change in condition and passed away on [REDACTED]/2023 in the hospital.

In an interview on 05/04/2023 at 10:20 AM, Department Staff, stated that the AFH did not notified them that Resident 1 was transferred to the hospital and that they had passed away while there. When asked on 05/04/2023 at 10:52 AM, Staff A, Provider, stated that Resident 1 was transferred to the hospital for change in condition and passed away while there. Staff A stated that they did not inform Resident 1's Department staff case manager about the hospital admission and death.

Attestation Statement	
<p>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)_____ .</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
_____ Provider (or Representative)	_____ Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

- (1) After an assessment for a significant change in the resident's physical or mental condition;

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the Adult Family Home (AFH) failed to ensure that 1 of 4 resident's (Resident 1) Negotiated Care Plan (NCP) was updated to reflect a black eye and bruising on Resident 1's left lower leg. This failure placed the resident at risk for developing complications from skin issues.

Findings included...

During an unannounced visit to the AFH on 12/29/2022, Resident 1 lived and received care in the home.

Review of the NCP 02/01/2021 showed that Resident 1 had lived in the AFH from [redacted]/2016 until [redacted]/2023 when they were transferred to the hospital for a change in condition and passed away on [redacted]/2023 in the hospital.

On 12/29/2022 at 4:25PM while in the AFH, skin observation of Resident 1 showed no blackened areas on or around the eyes and no bruising noted on the left lower leg. Further skin assessment showed a dime sized bruise on Resident 1's right middle finger, two bandages on the bilateral wrists which staff stated were from Resident 1's blood draw during a medical appointment and a silver dollar sized bruise on the right shin. Resident 1 refused skin assessment of their bottom.

Review of Resident 1's NCP while in the AFH on 12/29/2023, showed that none of the bruises noted during the skin assessment were updated in the NCP as required. The previous concerns about the black eye and bruise on the left lower leg were also not documented in the NCP.

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

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, New Life 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