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

Anchored By Grace AFH LLC

Anchored By Grace AFH LLC
2937 15th St SE
Auburn, WA 98092

RE: Anchored By Grace AFH LLC License # 754520

Dear Provider:

This letter addresses Compliance Determination(s) 43643 (Completion Date 07/03/2024) and 41601 (Completion Date 05/29/2024).

The Department completed a follow-up inspection of your Adult Family Home on 07/03/2024 and found that you have corrected the violations listed in the Complaint report dated 05/29/2024. Your home is back in compliance as of 05/24/2024 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 388-76-10430, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Vadim Panitkov, NCI

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

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

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

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Statement of Deficiencies	License #: 754520	Compliance Determination # 41501
Plan of Correction	Anchored By Grace AFH LLC	Completion Date
Page 1 of 3	Licensee: Anchored By Grace AFH LLC	06/26/2024

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 an unannounced on-site complaint investigation on 05/21/2024 and 05/21/2024 of:

Anchored By Grace AFH LLC
2937 15th St SE
Auburn, WA 98092

This document references the following complaint number(s): 130288, 132800

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Vadim Panitkov NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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 — 6/3/2024 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.

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Residential Care Services Date

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Provider (or Representative) Date

Kristyne Arlidge 06-11-2024

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required

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 5 residents (Resident 1) received an oral inhaler as ordered, and they also failed to ensure Resident 1's medications log was kept current. This placed the resident at risk of worsening condition from not getting their medications as prescribed.

Findings included...

On 05/21/2024 at 9:07 AM, observation showed Residents 1, 2, 3, and 4 with Staff C, Caregiver, and Staff D, Caregiver, in the home. Resident 5 was at an appointment. Staff B, Resident Manager, arrived shortly after.

On 05/21/2024, record review of Resident 1's physician orders dated 02/27/2024 showed that the resident had orders for "Nutritional Supplements (BOOST VHC) LIQD, take 1 bottle by mouth 2 times daily (after breakfast and dinner) for 121 days." Review of Resident 1's Medication log for May 2024 showed that the order for Nutritional Supplement was not transcribed on the medication log.

Resident 1's medication log dated May 2024 also showed that they had orders for Combivent Respimat Spray (an oral inhaler that is used to treat and prevent symptoms caused by lung disease) dated 10/16/2023 with instructions to inhale one puff by mouth into the lungs 3 times daily.

On 05/21/2024 at 9:35 AM, observation showed Residents 1's medicated inhaler in a labeled opened manufacturer's box. Combivent Respimat (ipratropium bromide and albuterol) 20 mcg/100 mcg per actuation (the function of actuation is to allow the patient to operate the inhaler and direct the medicine into their lungs). Inhale one puff by mouth into the lungs 3 times daily. Observation showed that the inhaler canister was not in the manufacturers box and the meter device was empty with 120 metered doses remaining out of 120 total doses. The prescription box showed a prescription fill date of

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Provider (or Representative) Date

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02/14/2024

On 05/21/2024 at 9:42 AM, department staff showed the Combivent Respimat inhaler to Staff C and was asked how the staff administered the medication. Staff C stated that they gave the inhaler to Resident 1 and that Resident 1 used it. Department staff showed the Combivent Respimat inhaler had no canister and the doses that remained on inhaler meter showed 120 doses. Department staff showed Staff C the Combivent Respimat inhaler prescription fill date of 02/14/2024. When asked why the inhaler device had no canister, Staff C stated that Resident 1 requested have it so they can administer their inhaler themselves.

On 05/21/2024 at 10:38 AM, Staff B presented to department staff an unopened Combivent inhaler box for Resident 1 labeled: Combivent (ipratropium bromide and albuterol) 20 mcg/100 mcg per actuation. Inhale one puff by mouth into the lungs 3 times daily. Observed prescription box showed a fill date of 05/09/2024. Staff B was asked how Resident 1 was getting their medication when the Combivent inhaler filled on 02/14/2024 and 05/09/2024 have not been used, Staff B stated that Resident 1 had not received it.

On 05/21/2024 at 10:44 AM, in an interview, Staff B was asked where Resident 1's Nutritional Supplement was documented, Staff B stated that they just gave the supplement to Resident 1. When asked how they knew how much Resident 1 drank or if Resident 1 refused, Staff B stated that they did not have documentation. Staff B stated that they should have documented the nutritional supplement administration on the medication log.

On 05/24/2024 at 11:23 AM, in a phone interview, Staff A, Entity Representative, stated that they replaced the canister in the Respimat inhaler when the staff informed them of the missing canister.

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, Anchored By Grace AFH LLC is or will be in compliance with this law and / or regulation on (Date) 06-11-2024

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

Roselyne Manyi — Provider (or Representative)

06-11-2024 — Date

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02/14/2024.

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