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

Genesis Corner AFH LLC

Genesis Corner AFH LLC
24239 14th Ave S
Des Moines, WA 98198

RE: Genesis Corner AFH LLC License # 755363

Dear Provider:

This letter addresses Compliance Determination(s) 19461 (Completion Date 02/08/2023) and 14083 (Completion Date 11/23/2022).

The Department completed a follow-up inspection of your Adult Family Home on 02/08/2023 and found that you have corrected the violations listed in the Complaint report dated 11/23/2022. Your home is back in compliance as of 12/25/2022 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 388-76-10380-2, WAC 388-76-10400-3-b

The Department staff who did the on-site verification:
Zwelithini Mabhena, AFH Licensor

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Genesis Corner AFH LLC **Provider Type:** Adult Family Home
License/Cert.#: 755363
Compliance Determination #: 14083 **Intake ID:** 52699
Investigator: Zwelithini Mabhena **Region/Unit #:** RCS Region 2 / Unit G
Investigation Date(s): 09/22/2022 through 11/23/2022
Complainant Contact Date(s):

Allegation(s):
1. The Adult Family Home (AFH) did not follow the plan of care that resulting in Named Resident (NR) sustaining an injury from a a fall while using the bathroom.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 1 Closed records sample size: 1
Observations:	General Adult Family Home (AFH) environment. Staff/resident interactions
Interviews:	NR Collateral Contacts (CC) AFH Staff AFH residents Entity Representative (ER)
Record Reviews:	NR Negotiated Care Plan (NCP) NR Assessment Progress notes Incident log Staff Background checks Abuse Neglect policy Fall Policy

Investigation Summary:
General observations of the AFH did not reveal any immediate concerns
1. Interviews with NR's CC revealed they felt that NR sustained the fall because the AFH staff did not follow the plan of care. Interviews with ER, AFH staff revealed NR wanted privacy while using the bathroom. AFH staff stated NR fell while they were waiting for them outside the bathroom. Records reviewed showed the NCP was not updated to include fall safety interventions while NR was left alone in the bathroom.
Failed practice identified for WAC 388-76-10380 (2)- Revision and Reviews of NCP and WAC 388-76-10400 (3)(b)- Care and Services. Statement of deficiency dated 11/23/2022.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Genesis Corner AFH LLC **Provider Type:** Adult Family Home
License/Cert.#: 755363
Compliance Determination #: 14083 **Intake ID:** 49769
Investigator: Zwelithini Mabhena **Region/Unit #:** RCS Region 2 / Unit G
Investigation Date(s): 09/22/2022 through 11/23/2022
Complainant Contact Date(s):

Allegation(s):
1. The Named Resident (NR) sustained a fall with injury while using the bathroom.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 1 Closed records sample size: 1
Observations:	General Adult Family Home (AFH) environment. Staff/resident interactions
Interviews:	NR Collateral Contacts (CC) AFH Staff AFH residents Entity Representative (ER)
Record Reviews:	NR Negotiated Care Plan (NCP) NR Assessment Progress notes Incident log Staff Background checks Abuse Neglect policy Fall Policy

Investigation Summary:
General observations of the AFH did not reveal any immediate concerns
1. Interviews with NR's CC revealed they felt that NR sustained the fall because the AFH staff did not follow the plan of care. Interviews with ER, AFH staff revealed NR wanted privacy while using the bathroom. AFH staff stated NR fell while they were waiting for them outside the bathroom. Records reviewed showed the NCP was not updated to include fall safety interventions while NR was left alone in the bathroom.
Based on the evidence collected, Failed practice identified for WAC 388-76-10380 (2)- Revision and Reviews of NCP and WAC 388-76-10400 (3)(b)- Care and Services. Statement of deficiency dated 11/23/2022.

Conclusion / Action:

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

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

11/29/2022

CERTIFIED MAIL

9489 0090 0027 6382 5695 99

Licensee: Genesis Corner AFH LLC
Genesis Corner AFH LLC
24239 14th Ave S
Des Moines, WA 98198

RE: Genesis Corner AFH LLC License # 755363

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 11/23/2022 and found that your home does not meet the Adult Family Home licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Lydia Owusu-Acheampong, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
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.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

• 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.

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

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Lydia Owusu-Acheampong, Field Manager
Residential Care Services
Region 2, Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** 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:

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

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 #: 755363	Compliance Determination # 14083
Plan of Correction	Genesis Corner AFH LLC	Completion Date
Page 1 of 4	Licensee: Genesis Corner AFH LLC	11/23/2022

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 09/22/2022, 09/22/2022 and 09/22/2022 of:

Genesis Corner AFH LLC
24239 14th Ave S
Des Moines, WA 98198

This document references the following complaint number(s): 51496, 52699, 49769

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Zwelithini Mabhena, AFH Licensor

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 — 11/29/2022 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.

Lillian Karanjic
Provider (or Representative)

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DSHS/ALTSA/RCS

12/05/2022
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:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on interview, and record review the Adult Family Home (AFH) failed to revise a Negotiated Care Plan (NCP) to include fall safety interventions for 1 of 5 residents (Resident 5). This failure may have contributed Resident 5 having a fall that ended in an injury.

Findings included...

In a review of Resident 5 NCP dated 07/15/2022, showed the AFH admitted Resident 5 on [redacted]/2022. The NCP also showed Resident 5 was unsteady on their feet, a fall risk, 1 person assist for toileting and was known to be impulsive.

In an interview on 09/22/2022 at 2:50 PM, Staff C, Caregiver stated that Resident 5 had asked for assistance to use the bathroom. Staff C stated they helped Resident 5 to the bathroom using a walker who often asked for privacy while on the toilet. Staff C stated Resident 5 was left on the toilet with the door ajar as usual, stood outside when they heard a loud noise coming from the bathroom. Upon entering the bathroom, Staff C stated Resident 5 was found face down. Staff C stated Resident 5 probably fell while trying to stand without assistance.

Review of a progress note dated 09/08/2022 showed that around 10:30 PM, Resident 5 was assisted onto the toilet, and they asked for privacy while using the toilet. The note stated the caregiver who assisted Resident 5, left the door to the bathroom cracked open, then a loud bang was heard. The progress note showed the caregiver entered the bathroom to find Resident 5 on the floor bleeding from their mouth.

A further review of the NCP did not show how the AFH implemented fall safety interventions, while Resident 5 was left alone on the toilet for privacy.

In an interview on 11/08/2022 at 11:18 AM, Staff A, Entity representative was asked how they ensured Resident 5's safety while left alone on the toilet. Staff A stated they would verbally check in with Resident 5 frequently, to monitor them while they were alone on the toilet. When asked if the verbal check ins were included in the NCP, they stated no. Following a joint review of the regulatory requirement, Staff A agreed that it was important that they should have updated the NCP to include the verbal check ins.

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, Genesis Corner AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/25/2022

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

Provider (or Representative) — Date: 12/05/2022

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(3) The care and services in a manner and in an environment that:

(b) Actively supports the safety of each resident; and

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DSHS/ALTSA/RCS

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to have fall safety precautions in place for 1 of 5 residents (Resident 5) who required privacy while they used the toilet. This failure may have contributed to Resident 5 sustaining a fall while they used the toilet, with injury that required hospitalization.

Findings included...

Review of the AFH undated fall policy titled "Accident/Fall Prevention Policy" stated the following:
-The purpose of the Accident Prevention Policy was to create a safe environment in the home by minimizing the likelihood of accidents.
-"Always verbally communicate directions to residents when assisting them with medical equipment, during transferring and positioning.

In a review of Resident 5 Negotiated Care Plan (NCP) dated 07/15/2022, the AFH admitted Resident 5 on [redacted]/2022. The NCP also showed Resident 5 was unsteady on their feet, a fall risk, 1 person assist for toileting and was known to be impulsive.

In an interview on 09/22/2022 at 2:50 PM, Staff C, Caregiver stated that Resident 5 had asked for assistance to use the bathroom. Staff C stated they helped Resident 5 ambulate to the bathroom using a walker. Staff C stated Resident 5 usually wanted privacy while on the toilet, so they would leave the bathroom door slightly open, and stood outside the while Resident 5 used the bathroom. Staff C stated on this day they stood outside the bathroom as usual, when after a while they heard a loud noise coming from the bathroom. Upon entering the bathroom, Staff C stated Resident 5 was found face down. Staff C stated

Resident 5 probably fell while trying to stand without assistance. Staff C did not state if any fall safety interventions were implemented while resident 5 was left alone on the toilet. Staff C added that they called emergency services and Resident 5 was transported to a local health facility.

In an interview on 10/20/2022 at 9:31 AM, Resident's 5 Collateral Contact 1 (CC1), stated that they felt the AFH did not follow the plan of care as agreed upon.

Review of a progress note dated 09/08/2022 showed that around 10:30 PM, Resident 5 was assisted onto the toilet, asked for privacy while using the toilet. The note stated the caregiver who assisted Resident 5, left the door to the bathroom cracked open, then a loud bang was heard. The progress note showed the caregiver entered the bathroom to find Resident 5 on the floor bleeding from their mouth. The progress note did not state if any fall safety interventions implemented while Resident 5 was left alone in the bathroom.

In an interview on 11/08/2022 at 11:18 AM, Staff A, Entity representative was asked what they should have done to ensure Resident 5's safety while left alone on the toilet. Staff A stated they could have verbally checked in with Resident 5 frequently, to monitor them while they were alone on the toilet. Staff A acknowledged their documentation should have included safety interventions for Resident 5 when left alone on the toilet.

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, Genesis Corner AFH LLC is or will be in compliance with this law and / or regulation on (Date) 12/25/2022.

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

Lilian Lacayo — Provider (or Representative)

12/05/2022 — Date

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DEC 07 2022
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