



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Grace Manor LLC
Grace Manor LLC
906 E Seattle Ave
Ellensburg, WA 98926

RE: Grace Manor LLC License # 756836

Dear Provider:

This letter addresses Compliance Determination(s) 48285 (Completion Date 10/07/2024) and 44101 (Completion Date 08/06/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/07/2024 and found that you have corrected the violations listed in the Full report dated 08/06/2024. Your home is back in compliance as of 09/13/2024 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 388-76-10146-2-a, WAC 388-76-10146-2-b, WAC 388-76-10146-2-c, WAC 388-76-10146-2-d, WAC 388-76-10146-6, WAC 388-76-10175-1, WAC 388-76-10175-2, WAC 388-76-10175-3, WAC 388-76-10265-1-a, WAC 388-76-10265-1-d, WAC 388-76-10810-2-b, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b

The Department staff who did the on-site verification:
Melanie Hopkins, NHI-AFH Licensors

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons

Selena Clemons, Field Manager
Region 1, Unit C
Residential Care Services

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 756836	Compliance Determination # 44101
Plan of Correction	Grace Manor LLC	Completion Date
Page 1 of 7	Licensee: Grace Manor LLC	08/06/2024

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 07/12/2024 and 07/19/2024 of:

Grace Manor LLC
906 E Seattle Ave
Ellensburg, WA 98926

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Melanie Hopkins, NHI-AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

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.

Michelle Closner

Residential Care Services

08/09/2024

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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Statement of Deficiencies	License #: 756836	Compliance Determination # 44101
Plan of Correction	Grace Manor LLC	Completion Date
Page 2 of 7	Licensee: Grace Manor LLC	08/06/2024

ANNA SOLI
Provider (or Representative)

08.21.2024
Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to.

- (a) Orientation and safety;
- (b) Basic;
- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and
- (6) The adult family home must ensure that all staff receive the orientation and training necessary to perform their job duties.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure training requirements were in place for 2 of 7 staff (Staff B & C). This failure place residents at risk from an unqualified caregiver.

Findings included . . .

From 10:30 AM to 5:00 PM on 07/12/2024, Staff C, Caregiver, was observed providing care to residents in the AFH.

Review of Provider Letter dated 05/05/2022 "Emergency Rules and Proposed Rules Files Regarding Long-Term Care Worker (LTCW) Training Requirements" showed the Department of Social and Health Services (department) filed emergency rules to begin reimplementation of long-term care training requirements that were suspended in response to the COVID-19 public health emergency. The rules extended the time in which LTCW must complete training and set specific dates for completing training based on the date of hire. In Provider Letters dated 11/04/2022 and 04/28/2023, the dates to complete the required training were extended. In the Provider Letter dated 10/13/2023 "Basic Training Deadlines and Home Care Aid Certification Deadline Changes for LTCW Qualifications Related to COVID-19" showed when the LTCW must complete training, including required specialty training based on date of hire. Continuing education (CE), 12 hours annually, was required by 08/31/2023.

 Provider (or Representative)

 Date

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This requirement was not met as evidenced by:

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Findings included . . .

From 10:30 AM to 5:00 PM on 07/12/2024, Staff C, Caregiver, was observed providing care to residents in the AFH.

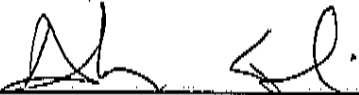
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Review of administrative records on 07/12/2024 showed Staff B, Caregiver, hired 12/05/2023, had not completed basic training requirements or specialty training within 120 days of hire or First Aid certification within 30 days of hire. Staff C, hired 02/28/2024, had not completed basic training requirements within 120 days of hire.

In an interview on 07/12/2024 at 12:45 PM, Staff A, Provider, stated that they believed Staff B had their NAR licensure from prior to 2012 which deferred the basic training requirement.

A Department of Health credential search on 07/12/2024 showed Staff B had Nursing Assistant Registered (NAR) credentials that had expired on 03/19/2010.

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, Grace Manor LLC is or will be in compliance with this law and / or regulation on (Date) <u>08-21-2024</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 <hr/> Provider (or Representative)	<u>08-21-2024</u> <hr/> Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

- (1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;
- (2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;
- (3) Does not allow the individual to have unsupervised access to any resident;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to submit a date of birth background check (BGI) prior to allowing unsupervised access to residents for 2 of 11 caregiving staff (Staff F & K). This failure placed residents at risk from an unqualified person.

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

Review of administrative records on 07/12/2024 showed Staff B, Caregiver, hired 12/05/2023, had not completed basic training requirements or specialty training within 120 days of hire or First Aid certification within 30 days of hire. Staff C, hired 02/28/2024, had not completed basic training requirements within 120 days of hire.

In an interview on 07/12/2024 at 12:45 PM, Staff A, Provider, stated that they believed Staff B had their NAR licensure from prior to 2012 which deferred the basic training requirement.

A Department of Health credential search on 07/12/2024 showed Staff B had Nursing Assistant Registered (NAR) credentials that had expired on 03/19/2010.

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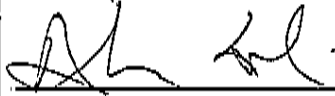
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Statement of Deficiencies	License #: 756836	Compliance Determination # 44101
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Findings included . . .

Review of administrative records on 07/12/2024 showed Staff F, Caregiver, hired 11/28/2023, had an authorization signed on 11/21/2023 though request for BGI was not submitted and results received until 12/20/2023. Staff K, Caregiver, hired 12/13/2023, had a BGI resulted 12/19/2023.

In an interview on 07/12/2024 at 2:15 PM, Staff A, Provider, stated Staff F had been hired prior to the AFH being licensed and Staff K shortly after and that the required time to submit BGI for the two caregivers was missed.

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Provider (or Representative)	<u>08-21-2024</u> _____ Date

WAC 388-76-10265 Tuberculosis Testing Required.

- (1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:
 - (a) Provider;
 - (d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure tuberculosis (infectious disease affecting primarily the lungs) (TB) testing was completed within three days of hire for 3 of 8 staff (Staff A, B & C) This failure placed residents at potential risk for exposure to a communicable disease.

Findings included . . .

From 10:30 AM to 5:00 PM on 07/12/2024. Staff A, Provider, and Staff C, Caregiver, were observed providing care to residents in the AFH.

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Findings included . . .

Review of administrative records on 07/12/2024 showed Staff F, Caregiver, hired 11/28/2023, had an authorization signed on 11/21/2023 though request for BGI was not submitted and results received until 12/20/2023. Staff K, Caregiver, hired 12/13/2023, had a BGI resulted 12/19/2023.

In an interview on 07/12/2024 at 2:15 PM, Staff A, Provider, stated Staff F had been hired prior to the AFH being licensed and Staff K shortly after and that the required time to submit BGI for the two caregivers was missed.

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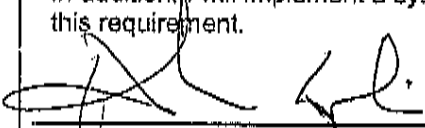
Findings included . . .

From 10:30 AM to 5:00 PM on 07/12/2024, Staff A, Provider, and Staff C, Caregiver, were observed providing care to residents in the AFH.

Statement of Deficiencies	License #: 756836	Compliance Determination # 44101
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Review of administrative records on 07/12/2024 showed Staff A, Provider, opened AFH on 12/02/2023, Staff B, Caregiver, hired 12/05/2023 and Staff C, hired 02/28/2024 had no TB testing within three days of hire.

In an interview on 07/12/2024 at 12:50 PM, Staff A stated that they had not understood the TB testing requirements.

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 <hr/> Provider (or Representative)	<u>07-21-2024</u> <hr/> 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, interview and record review, the Adult Family Home (AFH) failed to have the fire extinguishers annually serviced. This failure placed 7 out of 7 persons residing on premises, including three AFH residents (Residents 1, 2 & 3) and four household members at risk due to potential failure of safety equipment.

Findings included . . .

The home had two levels; the AFH was located on the ground floor and the household residence was located on the upper level. On 07/12/2024 at 11:00 AM, two fire extinguishers with purchase receipts dated 06/01/2023, more than one month past the required service date of one year, were seen on the main level dining room/kitchen space and in the upper level living space.

In an interview on 07/12/2024 at 11:15 AM, Staff A, Provider, stated they did not realize the fire extinguishers were due for service as the AFH had opened in December 2023.

Attestation Statement

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Review of administrative records on 07/12/2024 showed Staff A, Provider, opened AFH on 12/02/2023, Staff B, Caregiver, hired 12/05/2023 and Staff C, hired 02/28/2024 had no TB testing within three days of hire.

In an interview on 07/12/2024 at 12:50 PM, Staff A stated that they had not understood the TB testing requirements.

Attestation Statement	
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Findings included . . .

The home had two levels; the AFH was located on the ground floor and the household residence was located on the upper level. On 07/12/2024 at 11:00 AM, two fire extinguishers with purchase receipts dated 06/01/2023, more than one month past the required service date of one year, were seen on the main level dining room/kitchen space and in the upper level living space.

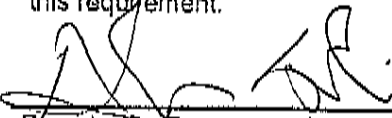
In an interview on 07/12/2024 at 11:15 AM, Staff A, Provider, stated they did not realize the fire extinguishers were due for service as the AFH had opened in December 2023.

Attestation Statement

Statement of Deficiencies	License #: 756836	Compliance Determination # 44101
Plan of Correction	Grace Manor LLC	Completion Date
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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, Grace Manor LLC is or will be in compliance with this law and / or regulation on (Date) 07/16/2024.

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


 Provider (or Representative) 08.21.2024
Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

- (a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;
- (b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to conduct emergency evacuation drills annually and at least every two months as required. This failure placed 3 of 3 residents (Residents 1, 2, & 3) and household members at risk for harm in the event of an emergency.

Findings included . . .

Review of evacuation drills for the AFH, opened 12/02/2023, showed that only one evacuation drill had been conducted by staff on 04/04/2024.

In an interview on 07/12/2024 at 2:15 PM with Staff A, Provider, they stated that the evacuation drill frequency had been overlooked since opening the home.

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, Grace Manor LLC is or will be in compliance with this law and / or regulation on (Date) 07.21.2024.

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

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Statement of Deficiencies	License #: 756636	Compliance Determination # 44101
Plan of Correction	Grace Manor LLC	Completion Date
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 Provider (or Representative)	<u>08-21-2024</u> Date
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Statement of Deficiencies

License #: 756836

Compliance Determination # 44101

Plan of Correction

Grace Manor LLC

Completion Date

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08/06/2024

_____	_____
Provider (or Representative)	Date

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Grace Manor LLC #756836

Plan of Correction

The proposed solution or correction for each deficiency

The date you have or will correct each deficiency

Provide signature and date certifying that you will or have take corrective measures to correct each cited deficiency

DEFICIENCIES:

1. WAC 388-76-10146 Qualifications Training and Home Care Aid Certification

Correction: fired and rehired staff that were out of compliance as of 7/13/2024. Began training requirements immediately, including, HCA training, Orientation and Safety and made sure that all staff have Dementia and Mental Health. The HCA will be completed within 120 days of hire.

All staff have current CPR and First Aid as of 08/21/2024.

Training and orientation checklists are completed for each employee as of 08/21/2024.

2. WAC 388-76-10175 Background Checks Employment Conditional Hire

Correction: All employees have their background checks within 1 day of hire and complete a RCS Character, Competence, and Suitability (CCS) Determination for Unsupervised Access to Minors and Vulnerable Adults for any background results requiring it. Effective 08/06/2024.

3. WAC 388-76-10265 Tuberculosis Testing Required

Correction: All staff will have TB testing within 3 days of hire. Effective 09/13/2024.

4. WAC 388-11-10810 Fire Extinguishers

Correction: 2 Replacement Fire Extinguishers were purchased and placed as of 07/16/2024.

Handwritten signature and date: Ah [signature] 08.21.2024

5. WAC 388-11-10895 Emergency Evacuation Drills Frequency and Participation
Correction: Drills will be completed on a time schedule of every 60 days for partial drills and annually for full drills to ensure safety of residents and occupants of home. Effective 09/13/2024.

Sh *sl.* 08.21.2024

Sh *sl.* 08.21.2024

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