



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Heavenly Acres AFH, Inc
HEAVENLY ACRES II
27115 76TH AVE E
GRAHAM, WA 98338

RE: HEAVENLY ACRES II License # 510302

Dear Provider:

This letter addresses Compliance Determination(s) 31862 (Completion Date 11/01/2023) and 27372 (Completion Date 09/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/01/2023 and found that you have corrected the violations listed in the Full report dated 09/05/2023. Your home is back in compliance as of 09/20/2023 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 388-76-10430-2-d

The Department staff who did the on-site verification:

Andria Underwood, LTC Surveyor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Field Manager
Region 3, Unit G
Residential Care Services



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6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501

Statement of Deficiencies

License #: 510302

Compliance Determination # 27372

Plan of Correction

HEAVENLY ACRES II

Completion Date

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Licensee: Heavenly Acres AFH, Inc

09/05/2023

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 the unannounced on-site full inspection on 07/28/2023 and 07/28/2023 of:

HEAVENLY ACRES II
27215 76TH AVENUE E
GRAHAM, WA 98338

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Andria Underwood, LTC Surveyor

From:

DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit G
6639 Capitol Blvd SW, Floor 1
Tumwater, WA 98501

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.

Jennifer LeMaster
Residential Care Services

09/20/2023

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.

Statement of Deficiencies	License #: 510302	Compliance Determination # 27372
Plan of Correction	HEAVENLY ACRES II	Completion Date
Page 2 of 3	Licensee: Heavenly Acres AFH, Inc	09/05/2023

Shaniece N. Stett
Provider (or Representative)

9-20-2023
Date

WAC 388-76-10430 Medication system.

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

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to administer medications as prescribed to 1 of 6 residents (Resident 3). This failure placed Resident 3 at risk of medical complications due to not receiving medications when needed.

Findings included...

Record review of Resident 3's Medication Administration Record (MAR) dated July 2023 showed they were prescribed a blood pressure medication that was to be given if their systolic blood pressure (first number of a blood pressure reading that indicates how much pressure blood is exerting against artery walls) was over 170. Resident 3's MAR showed that on 07/17/2023 and 07/19/2023, Resident 3's systolic blood pressure was documented to be at 177. The July 2023 MAR showed the blood pressure medication was not administered to Resident 3 on these dates despite their blood pressure being above the prescribed administration level.

During an interview with Resident Manager on 07/28/2023 at 12:05 PM, they said this was an error on their part and they confirmed they did not give Resident 3 medications as prescribed on 07/17/2023 and 07/19/2023.

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, HEAVENLY ACRES II is or will be in compliance with this law and / or regulation on (Date) 9/20/2023.

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

Shaniece Stett
Provider (or Representative)

9/20/2023
Date

Statement of Deficiencies	License #: 510302	Compliance Determination # 27372
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To whom it may concern.

★ I have made adjustments on the MAR with helpful pointers reminding staff that if the patients blood pressure is within a certain range that they need to check the PRN med list and give medications accordingly.

Thank you.

sincerely,
Shaniece Steele/Manager