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

Alpha 4 Adult Family Home, LLC

Alpha 4 Adult Family Home, LLC
2622 south 296th Pl
Federal Way, WA 98003

RE: Alpha 4 Adult Family Home, LLC License # 754221

Dear Provider:

This letter addresses Compliance Determination(s) 48950 (Completion Date 10/18/2024) and 45911 (Completion Date 09/03/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/18/2024 and found that you have corrected the violations listed in the Full report dated 09/03/2024. Your home is back in compliance as of 09/17/2024 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 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10401-1-e, WAC 388-76-10420-7-b, WAC 388-76-10430-2-d, WAC 388-76-10430-2-c, WAC 388-76-10685-2-b, WAC 388-76-10895-2-b

The Department staff who did the on-site verification:
Michele Grumke, 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

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 #: 754221	Compliance Determination # 45911
Plan of Correction	Alpha 4 Adult Family Home, LLC	Completion Date
Page 1 of 9	Licensee: Alpha 4 Adult Family Home, LLC	09/03/2024

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 08/23/2024 and 08/23/2024 of:
Alpha 4 Adult Family Home, LLC
31228 8th Avenue S
Federal Way, WA 98003

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:

Michele Grumke, 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 — 09/09/2024 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.

Provider (or Representative) 09/17/24 Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

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 3 sampled staff (Staff E, Caregiver) had an initial Tuberculosis (TB), a bacterial infection that affects the lungs and can be fatal without treatment, skin test completed within 3 days of hire. This failure placed all residents and staff in the AFH at risk of possible exposure to TB, a communicable disease affecting the lungs.

Findings included...

During a visit on 08/23/2024 at 9:15 AM, observation showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH. Further review showed Staff E and Staff F, Caregiver, worked in the home.

Review of Staff E's personnel file showed a hire date of 07/27/2022. Further review showed a negative one-step skin test result dated 05/13/2022, completed before they were hired in the AFH. There were no further TB skin test results for Staff E.

In a follow-up phone interview on 08/26/2024 at 4:41 PM, Staff A, Entity Representative, stated that they were not aware TB testing was required within 3 days of hire.

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, Alpha 4 Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 09/17/24 .

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

Provider (or Representative) 09/17/24 Date

WAC 388-76-10401 Home and community-based setting requirements.

(1) The home must ensure that the following conditions are present for each resident:

(e) Access to food and water at any time; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6) had access to food at any time. This failure placed all 6 residents at risk of not receiving adequate nutrition.

Findings included...

During a visit on 08/23/2024 at 9:15 AM, observation showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH.

On 08/23/2024 at 9:47 AM observation showed the AFH refrigerator in the kitchen had a pad lock, preventing the refrigerator from being opened without a key.

In an interview on 08/23/2024 at 9:48 AM, Staff A, Entity Representative, stated that the AFH had been locking the refrigerator for the last year due to Resident 2's behavior. Staff A further stated that Resident 2 had been going into the refrigerator and had taken food or thrown it on the floor. In addition, Staff A stated that they had nothing posted or signed by the residents or their Representatives about how the residents could get food when hungry. Staff A stated that they could not leave snacks out for the other residents as Resident 2 would eat them.

Review of Resident 2's Negotiated Care Plan (NCP) updated on 01/09/2024 showed Resident 2 had a history of removing food from the refrigerator and freezer and throwing it on the floor. Further review showed Resident 2 had removed frozen pizza and hot dogs and had eaten them frozen. Additionally, Resident 2's NCP showed there were no interventions for staff to address Resident 2 going into the refrigerator. Resident 2's NCP documented that Resident 2 always had staff.

On 08/23/2024 at 11:15 AM observation showed Resident 2 quickly walked into the kitchen with Staff E following behind them. Staff F had been making lunch for the residents and left the refrigerator unlocked. Resident 2 opened the refrigerator and had begun rifling through moving items around. Observation further showed Staff A told both staff to let Resident 2 get something from the refrigerator. Staff A then spoke

directly to Resident 2 stating they could get 1 item from the refrigerator such as a yogurt. Resident 2 emerged from the refrigerator with a container of coconut milk.

In an interview on 08/23/2024 at 11:16 AM, Staff A stated that happens, when the refrigerator is unlocked. Staff A further stated that Resident 2's family member had bought the coconut milk for Resident 2 and the resident knew it was in the refrigerator.

Review of Resident 2's Crisis Plan dated September 2023 from their behavioral health provider showed Resident 2 had Pica (an eating disorder that involves eating objects), and that the AFH should lock the pantry. Further review showed there was no documentation that the refrigerator should be locked.

Attestation Statement

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

Provider (or Representative) 09/17/24 Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure staff followed food handling procedures for 1 of 1 staff (Staff F, Caregiver) when they prepared lunch for 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6). This failure placed all residents at risk of food borne illnesses.

Findings included...

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Foodborne Illnesses" dated, May 2013 from the Washington Department of Health, showed that when handling food, clean gloves helped to prevent germs from contaminating food.

During a visit on 08/23/2024 at 9:15 AM, observation showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH. Observation further showed Staff F worked in the AFH.

On 08/23/2024 at 11:26 AM observation showed Staff F prepared lunch for the residents. Further observation showed Staff F opened and closed the dishwasher twice with gloved hands. In addition, Staff F opened a bag of bread and stuck their hand inside wearing the same gloves.

In an interview on 08/23/2024 at 11:27 AM, Staff F stated that they had their gloved hand in the bag of bread but did not touch the bread.

Observation on 08/23/2024 at 11:28 AM showed Staff A, Entity Representative, explained to Staff F that they only needed to wear gloves when they touched food.

Attestation Statement

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

Provider (or Representative) — Date 09/17/24

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 2 sampled residents (Resident 1) had their prescribed medication available and their medication log was kept current. These failures placed Resident 1 at risk of worsening condition from not receiving prescribed medication and medication errors.

Findings included…

During a visit on 08/23/2024 at 9:15 AM, observation showed Resident 1 lived in and received medication assistance from the AFH.

A review of Resident 1's August 2024 pharmacy-generated medication log showed they were prescribed, Latanoprost 0.005 percent (%) eye drops, instill 1 drop into each eye at bedtime for glaucoma, a disease that causes vision loss, and Timolol Maleate 0.25% eye drops, instill 1 drop into both eyes twice daily for glaucoma.

Observation on 08/23/2024 at 2:55 PM showed Resident 1's Latanoprost 0.005% eye drops, and Timolol Maleate 0.25% eye drops were not in Resident 1's medication storage container.

In an interview on 08/23/2024 at 3:08 PM, Staff A, Entity Representative, stated that staff were to call them if a resident ran out of medication. Staff A further stated that they thought Resident 1's eye drops had been discontinued and they had not asked for a medication discontinuation order.

Further review of Resident 1's August 2024 pharmacy-generated medication log showed Resident 1's Latanoprost 0.005% eye drops had initials, and circled entries dated 08/01/2024-08/16/2024. Further review showed entries dated 08/17/2024-08/22/2024 had been initialed as given. In addition, the back of Resident 1's medication log showed an entry dated 08/01/2024 at 8:00 PM for Resident 1's Latanoprost 0.005% eye drops had not been given because the client refused, stating they did not need it.

In an interview on 08/23/2024 at 2:59 PM, Staff F, Caregiver, stated that Resident 1 had not received their Latanoprost 0.005% eye drops. Staff F further stated that the initialed entries from 08/17/2024-08/22/2024 should have been circled to represent the resident had not received the medication. Additionally, Staff F stated that they were waiting for the pharmacy to deliver Resident 1's Latanoprost 0.005% eye drops.

In an interview on 08/23/2024 at 3:10 PM, Staff A stated that staff were to circle the entry and document on the back of resident's medication log the reason the medication was not given.

Continued review of Resident 1's August 2024 pharmacy-generated medication log showed Resident 1's Timolol Maleate 0.25% eye drops dated 08/01/2024 through the morning dose on 08/23/2024 had initialed entries that were circled. Further review showed no documentation on the back of Resident 1's medication log indicating why the medication was not given.

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, Alpha 4 Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 09/17/24.

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

Provider (or Representative) — Date: 09/17/24

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Done

Based on observation and interview, the Adult Family Home (AFH) failed to have window screens in 2 of 6 resident bedrooms (Bedroom [redacted] used by Resident 5, and Bedroom [redacted], used by Resident 2) and failed to have a window screen in 1 of 6 bedrooms (Bedroom [redacted], used by Resident 6) that covered the window opening. These failures placed Resident 2, 5, and 6 at risk of flies or other insects entering their bedroom.

Findings included...

During a visit on 08/23/2024 at 9:15 AM, observation showed Resident 2, 5, and 6 lived in and received care from the AFH.

On 08/23/2024 at 11:49 AM observation showed the window in Bedroom [redacted] had no screen.

In an interview on 08/23/2024 at 11:50 AM, Staff A, Entity Representative, stated that Resident 2 had previously occupied Bedroom [redacted] and had a history of removing window screens.

On 08/23/2024 at 11:56 AM observation showed the window in Bedroom [redacted] had a screen that was bent with a 2-inch gap between the screen and the window.

In an interview on 08/23/2024 at 11:57 AM, Resident 6 stated that Resident 2 had entered their bedroom and punched the screen leaving it bent.

On 08/23/2024 at 11:59 AM observation showed the window in Bedroom [redacted] had no screen.

In an interview on 08/23/2024 at 12:00 PM, Staff A stated that Resident 2 had a history of punching screen's out of windows.

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, Alpha 4 Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 09/17/24.

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

Provider (or Representative) — Date: 09/17/24

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

(2) The adult family home must conduct:

(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

done

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a full emergency evacuation drill was completed at least once each calendar year. This failure placed all residents at risk of serious injury and harm if an emergency requiring evacuation of the AFH occurred.

Findings included...

During a visit on 08/23/2024 at 9:15 AM, observation showed Residents 1, 2, 3, 4, 5, and 6 lived in and received care from the AFH.

Review of the AFH's emergency evacuation drill Logs showed the last full emergency evacuation drill occurred on 04/10/2023.

In an interview on 08/23/2024 at 3:24 PM, Staff A, Entity Representative, stated that a full emergency evacuation drill was to occur once a year. Staff A further stated that they could not believe it had not been completed.

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, Alpha 4 Adult Family Home, LLC is or will be in compliance with this law and / or regulation on (Date) 09/17/24 .

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

Provider (or Representative) — Date: 09/17/24

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

09/09/2024

Alpha 4 Adult Family Home, LLC
Alpha 4 Adult Family Home, LLC
2622 south 296th Pl
Federal Way, WA 98003

RE: Alpha 4 Adult Family Home, LLC # 754221

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/03/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

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 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.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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;

The Adult Family Home failed to revise Resident 2's Negotiated Care Plan to include caregiver interventions in managing all of the resident's behaviors.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• 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.

• Contact me for clarification of the deficiency or deficiencies found.

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 IDR**s 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