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

FRANCISCA KARANJA & JOSEPH KURIA
Alpha 2 Adult Family Home
2622 S 296th Pl
Federal Way, WA 98003

RE: Alpha 2 Adult Family Home License # 754730

Dear Provider:

This letter addresses Compliance Determination(s) 39785 (Completion Date 04/16/2024) and 35857 (Completion Date 03/07/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/16/2024 and found that you have corrected the violations listed in the Complaint, Full report dated 03/07/2024. Your home is back in compliance as of 03/26/2024 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 388-76-10365, WAC 388-76-10430-2-d, WAC 388-76-10163, WAC 388-76-10163-1, WAC 388-76-10163-2, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Alpha 2 Adult Family Home **Provider Type:** Adult Family Home

License/Cert.#: 754730
Intake ID: 112126
Compliance Determination #: 35857
Region/Unit #: RCS Region 2 / Unit G
Investigator: Michele Grumke
Investigation Date(s): 01/25/2024 through 03/07/2024
Complainant Contact Date(s): 01/19/2024, 03/06/2024

Allegation(s):
Adult Family Home (AFH) was overdue for November 2023 licensing fee in the amount of $1350.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 2 Closed records sample size: 0
Observations:	Home Environment, Resident Rooms, Staff to Resident Interactions
Interviews:	4 Residents and Staff
Record Reviews:	Secure Tracking and Reporting System (STARS)

Investigation Summary:
Review of STARS on 01/25/2024 showed the AFH's licensing fee was due the in the month of November and by the15th day annually. Review of the STARS record showed the annual licensing fee for the AFH was overdue in the amount of $1350.00. Staff stated they had forgotten to pay the license fee. Four residents stated they felt safe and had no issues with care. Deficient practice identified and cited under 388-76-10025. See Statement of Deficiencies dated 03/07/2024.

Conclusion / Action:

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

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20425 72nd Avenue S, Suite 400, Kent, WA 98032

03/12/2024

FRANCISCA KARANJA & JOSEPH KURIA
Alpha 2 Adult Family Home
2622 S 296th Pl
Federal Way, WA 98003

RE: Alpha 2 Adult Family Home # 754730

Dear Provider:

This document references the following complaint numbers 112126.

The Department completed a full inspection of your Adult Family Home on 03/07/2024 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:

Dahl Kim, 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 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

The Adult Family Home (AFH) failed to implement their medication disposal policy for unused and expired medication. Observation on 01/25/2024 at 1:18 PM showed 2 Motrin + Tylenol pill packs expired on 12/2022 in the AFH's first aid kit. Review of the AFH's "Medication Disposal Policy" stated that all unused medications would be dissolved in RX destroyer liquid, a liquid solution that dissolves medication. Staff A, Entity Representative/Resident Manager, discarded the expired medication during the inspection.

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,

Dahl Kim

Dahl Kim, 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:
Dahl Kim, 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

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 and complaint investigation on 01/25/2024 and 01/25/2024 of:

Alpha 2 Adult Family Home
30043 13th Ave S
Federal Way, WA 98003

This document references the following complaint numbers: 112126.

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
Angelica Rios, ALF 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.

Dahl Kim

Residential Care Services

03/12/2024

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)

03/26/24
Date

WAC 388-76-10365 Negotiated care plan Implementation Required. The adult family home must implement each resident's negotiated care plan.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide enough staff to ensure 2 of 2 residents (Resident 1 and 4) received the constant one on one (1:1) care and services that was listed in their Negotiated Care Plan (NCP). This failure placed Resident 1 and Resident 4 at risk of not having their care needs met and a decreased quality of life.

Finings included...

During a visit on 01/25/2024 at 9:02 AM, observation showed Resident 1 and 4 lived in and received care from the AFH. Further observation showed that Staff C, Caregiver, and Staff D, Caregiver, were providing care to all residents in the home.

Review of the Department record using the Secure Tracking and Reporting System (STARS) showed the AFH had a current Specialized Behavior Support (SBS) contract with the Department. SBS is "specific care and support provided to residents who have been identified by Department of Social and Health Serviced as requiring SBS, including personal care and behavioral." SBS included an implementation of an NCP and increased staffing levels to ensure daily activities and care needs were met.

In an interview on 01/25/2024 at 10:30 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 and Resident 4 received SBS services. Staff A further stated that two caregivers were always in the home to ensure resident needs were met.

Resident 1
Review of Resident 1's NCP dated [redacted]/2019 showed Resident 1 was admitted to the AFH on [redacted]/2019. Further review of Resident 1's NCP showed the resident received SBS program for their challenging behaviors and required a caregiver to provide 1:1 care for 6 to 8 hours a day. Further review of Resident 1's NCP showed 1:1 time was scheduled every day from 7:00 AM to 1:00 PM.

Review of Resident 1's assessment dated 01/27/2023, showed a proposed SBS staffing schedule that outlined activities based on Resident's 1 preferences. Further review showed a walk to the park was scheduled for Thursdays between 9:00 AM and 3:00 PM.

During a visit on Thursday, 01/25/2024 at 9:02 AM, observation showed no 1:1 activities occurred for Resident 1 between 9:02 AM and 1:00 PM. Further observation showed Resident 1 was in their room alone and in the living room watching television.

Resident 4
Review of Resident 4's NCP dated 01/06/2022, showed Resident 4 was admitted to the AFH on [redacted]2018. Further review of Resident 4's NCP showed the resident received SBS program for their challenging behaviors and required a caregiver to provide 1:1 care for 6 to 8 hours a day.

Review of Resident 4's records showed an undated SBS Staffing Schedule for 1:1 time every day between 2:00 PM to 8:00 PM. Further review showed that the staff personnel scheduled to provide 1:1 care and services to Resident 4, were not in the home during the inspection.

During an interview on 01/25/2024 at 3:15 PM, Staff A stated that the SBS staffing schedules were not updated to reflect current AFH staff. Staff A further stated that some of the staff listed on the schedule were no longer employed at the AFH.

Review of an email correspondence received by the department from Staff A on 02/01/2024 at 3:11 PM, showed an undated activity schedule for Resident 4. Further review showed an outdoor walk after lunch was scheduled every Thursday.

During a visit on Thursday, 01/25/2024 at 9:02 AM, observation showed no 1:1 activities occurred between 2:00 PM and 4:45 PM for Resident 4 when licensors left the AFH. Further observation showed Resident 4 was in their room alone and pacing in living room area throughout the licensing visit.

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 2 Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 03/26/24.

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

Provider (or Representative) — Date 03/26/24

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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 1) received their prescribed medication as ordered. This failure placed Resident 1 at risk of worsening conditions from missing prescribed medications.

Findings included...

During a visit on 01/25/2024 at 9:02 AM, observation showed Resident 1 lived in and received medication assistance from the AFH.

A review of Resident 1's January 2024 pharmacy-generated Medication Administration Record (MAR) showed they were prescribed Melatonin 3 milligram (mg), take one tablet at bedtime as needed for insomnia.

Observation on 01/25/2024 at 3:30 PM, showed Melatonin tablets were not in Resident 1's medication storage container.

In an interview on 01/25/2024 at 3:35 PM Staff A, Entity Representative/ Resident Manager, stated that Resident 1 was no longer taking Melatonin and that there was a discontinuation order for the medication. Staff A further stated that they could not find the discontinuation order and would email it to the department.

Review of an email correspondence received by the department on 02/05/2024 at 1:42 PM showed a discontinuation order for Resident 1's Melatonin 3mg tablet prescription, dated 02/05/2024, 10 days after the home visit.

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 2 Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 03/26/24.

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

Provider (or Representative) — Date: 03/26/24

WAC 388-76-10163 Background checks Process Background authorization form. Before the adult family home employs, directly or by contract, a resident manager, entity representative, caregiver, or noncaregiving staff, or accepts as a caregiver any volunteer or student, or allows a household member over the age of eleven unsupervised access to residents, the home must:

(1) Require the person to complete a DSHS background authorization form; and

(2) Submit form to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to submit a background authorization form for 2 of 2 staff (Staff D, Caregiver, and Staff E, Caregiver) prior to their employment by the AFH. This failure placed all residents (Resident 1, 2, 3, 4, 5 and 6) at risk of harm from staff with unknown criminal backgrounds.

Findings included...

During a visit on 01/25/2024 at 9:02 AM, observation showed Staff D and Staff E working in the home. Further observation showed Staff D and E provided care to all residents (Resident 1, 2, 3, 4, 5 and 6).

Review of Staff D's records showed the AFH submitted a background check on 04/26/2023, 36 days after their hire date on 03/20/2023. Review of Staff E's records showed the AFH submitted a background check on 11/28/2022, 27 days after their hire date on 11/01/2022.

During an interview on 01/25/2024 at 3:00 PM, Staff A, Entity Representative/Resident Manager, stated that during the COVID-19 pandemic some administrative items were overlooked and delayed.

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 2 Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 03/26/24.

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

Provider (or Representative) — Date: 03/26/24

WAC 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to pay their annual licensing fee when due. This failure resulted in operation of the AFH without a valid license since 11/15/2023 thereby placed all 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of displacement.

Findings included...

During a visit on 01/25/24 at 9:02 AM, observation showed Resident 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH.

Review of the Department record using the Secure Tracking and Reporting System (STARS) revealed the AFH's licensing fee was due annually on November 15th. Further review of STARS records showed the annual licensing fee for the AFH was overdue in the amount of $1,350.

In an interview on 01/25/24 at 2:55 PM Staff A, Entity Representative/Resident Manager, stated that they had forgotten to pay the licensing fee.

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 2 Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 03/26/24.

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

Provider (or Representative) — Date: 03/28/24