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

MEKONEN INC
MEKONEN INC
511 E SHARON AVE
MOSES LAKE, WA 98837

RE: MEKONEN INC License # 750283

Dear Provider:

This letter addresses Compliance Determination(s) 31288 (Completion Date 10/19/2023) and 29075 (Completion Date 09/27/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/19/2023 and found that you have corrected the violations listed in the Full report dated 09/27/2023. Your home is back in compliance as of 10/12/2023 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 388-76-10015-1, WAC 388-76-10015-3, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b

The Department staff who did the off-site verification:
Jo Whitney, AFH Licensor

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
Residential Care Services

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 #: 750283	Compliance Determination #29075
Plan of Correction	MEKONEN INC	Completion Date
Page 1 of 4	Licensee: MEKONEN INC	09/27/2023

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 09/06/2023 and 09/08/2023 of:
MEKONEN INC
511 E SHARON AVE
MOSES LAKE, WA 98837

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Jo Whitney, AFH Licensor
Tamera Laplerre, Community Complaint Investigator

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

10/03/2023
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 #: 750283	Compliance Determination #:29075
Plan of Correction	MEKONEN INC	Completion Date
Page 2 of 4	Licensee: MEKONEN INC	09/27/2023

negash mekonen
Provider (or Representative)

10-12-2023
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW, and

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a written Respiratory Protection Program (RPP) as required. This failure placed residents and staff at risk of exposure to a communicable disease.

Findings included...

Review of a Provider Letter dated 04/30/2021 "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment" showed the AFH is required to develop and maintain a Respiratory Protection Program and fit test health care workers with a N95 respirator (mask) for protection against communicable disease under WAC 296-842-12005.

Record review on 09/08/2023 showed the AFH had no written RPP or had ensured N-95 fit testing documentation was on file.

On 09/08/2023 at 4:00 PM, Staff B, Caregiver, stated the home had a supply of N95 masks. Staff B stated staff were not fit tested for the masks.

On 09/08/2023, Staff A, Provider, stated the AFH did not have a written RPP.

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, MEKONEN INC is or will be in compliance with this law and / or regulation on (Date) 10-12-2023

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

Statement of Deficiencies	License # 750283	Compliance Determination # 29075
Plan of Correction	MEKONEN INC	Completion Date
Page 3 of 4	Licensee: MEKONEN INC	09/27/2023

Negash mekonen
Provider (or Representative)

10-12-2023
Date

WAC 388-76-10165 Background checks. Washington state name and date of birth background check. Valid for two years. National fingerprint background check. Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the background check results for 3 of 3 staff (Staff A, B, C) were not over 2 years old. This failure placed the residents at risk from an unqualified caregiver.

Findings included...

On 09/06/2023 at 10:50 AM, Staff B, Caregiver, and Staff C, Caregiver, were working in the AFH together assisting the four residents with their various care needs.

On 09/06/2023, staff records were reviewed.
-Staff A, Provider, had a background check result dated 07/25/2020, more than 2 years old.
-Staff B, Caregiver, had a background check result dated 07/25/2020, more than 2 years old.
-Staff C, Caregiver, had a background check result dated 07/25/2020, more than 2 years old.

On 09/06/2023 at 4:30 PM, Staff B stated Staff A would have the most current results.

On 09/08/2023 at 1:36 PM, Staff A stated they did not have newer background results until 09/07/2023 when they had immediately submitted for new results. Staff A stated they did not do the authorizations in 2022 when required, it was "missed."

Attestation Statement

Statement of Deficiencies	License # 750283	Compliance Determination # 29075
Plan of Correction	MEKONEN INC	Completion Date
Page 4 of 4	Licensee: MEKONEN INC	09/27/2023

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, MEKONEN INC is or will be in compliance with this law and / or regulation on (Date) 09-27-2023

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

Negash mekonen
Provider (or Representative)

10-12-2023
Date

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

MEKONEN INC
MEKONEN INC
511 E SHARON AVE
MOSES LAKE, WA 98837

RE: MEKONEN INC # 750283

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/27/2023 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:

Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street

Union Gap, WA 98903

• 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 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

On 09/06/2023, the rabies vaccination for Shiro, the Adult Family Home's cat, had expired on 08/02/2023.

WAC 388-76-10475 Medication Log. The adult family home must:

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(iii) A logged call requesting written verification of the change; and

On 09/06/2023 at 2:45 PM, the nutritional supplement brought in for Resident 4 by the representative did not match what the physician had ordered 10/22/2022 and was not clarified until 09/06/2023.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

On 09/06/2023, the Adult Family Home did not ensure Resident 2 and Resident 4 signed the Disclosure of Charges form to keep in their record.

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 (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit C
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:
Michelle Closner, Field Manager
Residential Care Services
Region 1, Unit C
1200 Alder Street
Union Gap, WA 98903

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

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