STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

TEZERA ALULA
HEAVEN HOME CARE
16305 NE 24TH ST
VANCOUVER, WA 98684

RE: HEAVEN HOME CARE License # 750291

Dear Provider:

This letter addresses Compliance Determination(s) 59797 (Completion Date 05/19/2025) and 58730 (Completion Date 04/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/19/2025 and found that you have corrected the violations listed in the Full report dated 04/29/2025. Your home is back in compliance as of 05/13/2025 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 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375

The Department staff who did the off-site verification:
Shawn Swanstrom, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

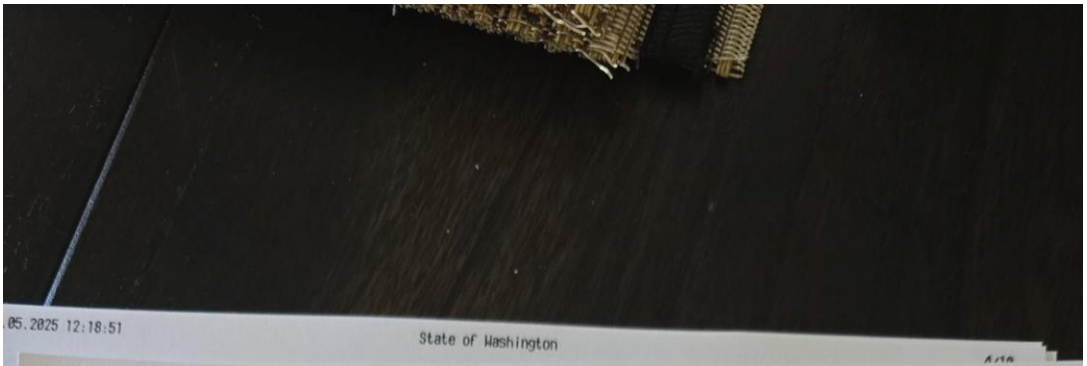
The department completed data collection for the unannounced on-site full inspection on 04/28/2025 of:
HEAVEN HOME CARE
16305 NE 24TH ST
VANCOUVER, WA 98684

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Shawn Swanstrom, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684



05.05.2025 12:18:51 State of Washington

Statement of Deficiencies	License #: 750291	Compliance Determination #:58730
Plan of Correction	HEAVEN HOME CARE	Completion Date
Page 2 of 3	Licensee: TEZERA ALULA	04/29/2025

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

05/05/2025
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.

Tezera
Provider (or Representative)

5-9-25
Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident, and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to review and obtain signatures for two of two sampled residents Negotiated Care Plans (NCP) (Resident 4 (R4) and Resident 5 (R5). This deficient practice resulted in (R4) and (R5) and/or their representatives not reviewing and accepting the plan of care at the AFH.

Findings included...

An unannounced inspection was initiated on 04/28/2025. Record review was conducted at 11:10 AM and showed R4 and R5's NCP were not signed by the residents, their representatives, and the Provider. The Provider stated that they would contact R4's and R5's representatives and review the current NCP's and obtain signatures.

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

05/05/2025
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)

Date

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Findings included...

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12:18:51

State of Washington

Statement of Deficiencies Plan of Correction Page 3 of 3	License #: 750291 HEAVEN HOME CARE Licensee: TEZERA ALULA	Compliance Determination #58730 Completion Date 04/29/2025

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, HEAVEN HOME CARE is or will be in compliance with this law and / or regulation on (Date) 5/13/25.

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

Tezera

Provider (or Representative)

5-9-25

Date

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, HEAVEN HOME CARE is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

05/05/2025

TEZERA ALULA
HEAVEN HOME CARE
16305 NE 24TH ST
VANCOUVER, WA 98684

RE: HEAVEN HOME CARE # 750291

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/29/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Jennifer LeMaster, Community Nurse Field Manger
Residential Care Services
Region 3, Unit F
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to ensure that they had a succession plan in place. The provider submit the succession plan to the licensor within 24 hours.

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

The Adult Family Home did not have three as needed medications for Resident 5 (R5) – all three medications were for constipation. The Provider stated on 04/28/2025 at 12:31 PM R5 had not requested or required medications since admission (05/23/2025). The Provider stated they would contact R5's physician to discontinue the three medications.

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 (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manger
Region 3, Unit F
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:
Jennifer LeMaster, Community Nurse Field Manger
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225