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

SELAMAWIT MENGSTAB
SELAM AFH
14423 11TH AVE SW
BURIEN, WA 98166

RE: SELAM AFH License # 751315

Dear Provider:

This letter addresses Compliance Determination(s) 63133 (Completion Date 08/12/2025) and 58505 (Completion Date 05/23/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/12/2025 and found that you have corrected the violations listed in the Full report dated 05/23/2025. Your home is back in compliance as of 06/30/2025 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 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-d, WAC 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10201, WAC 388-76-10201-1, WAC 388-76-10201-2, WAC 388-76-10015-1, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10351-2-d, WAC 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10355-5, WAC 388-76-10355-7-a, WAC 388-76-10355-7-b, WAC 388-76-10355-7-c, WAC 388-76-10355-9, WAC 388-76-10380-2, WAC 388-76-10380-4, WAC 388-76-10315-1-b, WAC 388-76-10315-1-g, WAC 388-76-10315-2, WAC 388-76-10455-2

The Department staff who did the on-site verification:
Angelica Rios, ALF Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community 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

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 04/29/2025 of:
SELAM AFH
14423 11TH AVE SW
BURIEN, WA 98166

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

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.

Residential Care Services — 5-30-2025 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) — 06/06/25 Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(d) Ensure the medical device is properly installed.

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 residents (Resident 4) had an assessment and information regarding the safety and benefits of using a [redacted] before installing and using the device. Additionally, the AFH failed to ensure Resident 4's [redacted] was installed properly. These failures placed Resident 4 at risk of injury from using a [redacted] that was not safe to use.

Findings included...

Observation on 04/29/2025 at 11:00 AM showed Resident 4 lived and received care from the AFH. Further observation showed that Resident 4 had a [redacted] in their bedroom on the right side of their bed. Additional observation showed that the top of [redacted] leaned to the left and did not stand straight from the floor to the ceiling.

Review of Resident 4's most recent annual assessment dated [redacted]/2024, showed

Resident 4 required the use of a [redacted] to transfer from their bed to their wheelchair. Further review showed no information on the use of a [redacted].

Review of Resident 4's Negotiated Care Plan (NCP) dated 03/15/2025, showed that Resident 4 needed assistance for transfers. Further review showed a written note that stated, "Resident use the pull for transfers but sometimes because of tremors use the [redacted] for transfers [sic]". Additional review showed no other information regarding the use of Resident 4's [redacted].

During an interview on 04/29/2025 at 3:55 PM, Staff B, Caregiver, stated that they helped transfer Resident 4 everyday with the use of the [redacted]. Staff B further stated that they did not use the [redacted] when transferring Resident 4.

During a phone interview on 05/12/2025 at 4:00 PM, Collateral Contact 2 (CC2), stated that Resident 4's medical team prescribed the use of a [redacted] a few years before Resident 4 moved into the AFH. CC2 further stated that an occupational therapist should evaluate where the [redacted] is placed in relation to Resident 4's bed. Additionally, CC2 stated that they were not sure if Resident 4 used the [redacted] in a beneficial manner.

During an interview on 04/29/2025 at 11:45 AM, Staff A, Entity Representative/Resident Manager, stated that Resident 4 moved into the AFH with the [redacted] and it was installed by Resident 4's representative and not by a medical professional. Staff A further stated that they did not have an assessment or any documentation for Resident 4's use of the [redacted]. Staff A stated that when Resident 4 first moved in, they notified Resident 4's representative that the AFH needed an assessment for the medical device. Additionally, Staff A stated that they did not follow up on an assessment, information on safety risks, or benefits for the use of Resident 4's [redacted].

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, SELAM AFH is or will be in compliance with this law and / or regulation on (Date) 06/30/25.

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

Selam — Provider (or Representative)

06/06/25 — Date

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.

(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 2 of 3 sampled residents (Residents 3 and 4) received medications as prescribed. Additionally, the AFH failed to log medication as required. These failures placed Residents 3 and 4 at risk of medication errors and worsening condition from not receiving medication as prescribed.

Findings included...

Observation on 04/29/2025 at 11:00 AM showed Resident 3 and Resident 4 lived in and received medication assistance from the AFH.
Resident 3

Review of Resident 3's pharmacy-generated April 2025 Medication Administration Record (MAR) showed resident 2 was prescribed Aspirin 81 Milligrams (mg) tablet, take 1 tablet by mouth every morning for Cerebrovascular Disease, a condition that affects the blood supply to the brain. Further review showed the medication was initialed as administered between April 1st through April 28th. Additional review showed Resident 3 was prescribed Calcium 600 mg tablet, take one tablet by mouth twice daily for Hypocalcemia, a condition caused by low calcium levels in the blood. Review showed the medication was initialed as administered between April 1st through April 28th.

Observation on 04/29/2025 at 1:55 PM, showed Resident 3's medication storage container did not contain Aspirin or Calcium tablets.

During an interview on 04/29/2025 at 2:12 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 3 was transitioning from state pay to private pay status and some of their medications were no longer covered. Staff A further stated that Resident 3 had not received Aspirin or Calcium medication in April.

Resident 4

Review of Resident 4's pharmacy-generated April 2025 MAR showed Resident 4 was prescribed Vitamin D3 2000 International Units (IU), take 2 capsules (4000 IU) by mouth every morning.

Observation on 04/29/2025 at 1:50 PM, showed Resident 4's medication storage container did not contain Vitamin D3.

During an interview on 04/29/2025 at 1:53 PM, Staff A stated that Resident 4 ran out of Vitamin D3 on 04/27/2025. Staff A further stated that Resident 4's representative always purchased the Vitamin D3 and dropped it off at the AFH. Additionally, Staff A stated that they would follow up with Resident 4's representative for the Vitamin D3.

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, SELAM AFH is or will be in compliance with this law and / or regulation on (Date) 06/30/25 .

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

Selam — Provider (or Representative)

06/06/25 — Date

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.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have a succession plan. This failure placed all residents (Residents 1, 2, 3 and 4) at risk of displacement if the provider was no longer able to fulfill their oversight duties for the AFH due to emergencies.

Findings included...

During a visit on 04/29/2025 at 11:00 AM, observation showed Residents 1, 2, 3, and 4 lived in and received care from the AFH.

During an interview on 04/29/2025 at 12:49 PM, Staff A, Entity Representative/Resident Manager, stated that they did not know what a succession plan was and that it was required for all AFHs. Staff A further stated they would work on creating a succession plan.

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, SELAM AFH is or will be in compliance with this law and / or regulation on (Date) 06/30/25 .

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

Selam — 06/06/25

Provider (or Representative) — 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

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have a 1 of 1 Medical Test Site Waiver (MTSW), a license required to perform certain medical tests in an AFH. This failure led to AFH conducting tests on Resident 3 without a MTSW.

Findings included...

During a visit on 04/29/2025 at 11:00 AM observation showed Resident 3 lived in and received care from the AFH.

During an interview on 04/29/2025 at 12:49 PM Staff A, Entity Representative/Resident Manager, stated that Resident 3 had Diabetes, a disease caused when the body does not produce enough insulin, and used to be insulin dependent. Staff A further stated that glucose testing was conducted in the AFH when Resident 3 was insulin dependent in the past. Staff A stated that they did not know a MTSW was required. Additionally, Staff A stated they would apply for a medical test site waiver.

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, SELAM AFH is or will be in compliance with this law and / or regulation on (Date) 06/30/25 .

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

Selam — 06/06/25

Provider (or Representative) — Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to complete a personal belongings inventory for 1 of 3 sampled residents (Resident 4). This failure placed Resident 4 at risk of losing personal belongings with no accountability on part of the AFH.

Findings included...

During a visit on 04/29/2025 at 11:00 AM observation showed Resident 4 lived in and received care from the AFH.

Review of Resident 4's records showed Resident 4 was admitted to the AFH on [redacted]/2024. Further review of Resident 4's records showed no personal belongings inventory.
During an interview on 04/29/2025 at 1:07 PM, Staff A, Entity Representative/Resident Manager, stated that they did not complete a personal belongings inventory for Resident 4 because they were a private pay resident. Staff A further stated that they thought the personal belongings inventory was only required for state pay residents.

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, SELAM AFH is or will be in compliance with this law and / or regulation on (Date) 06/30/25 .

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

Selam 06/06/25

Provider (or Representative) Date

WAC 388-76-10351 Assessment Updates required Requirements in effect from January 18, 2022, through June 8, 2023, in response to the state of emergency related to COVID-19.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months, except beginning January 18, 2022, assessments for residents whose care is state funded may be extended an additional 12 months during the COVID-19 public health emergency.

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 residents (Resident 3) had an annual assessment. This failure placed Resident 3 at risk of unmet care needs.

Findings included...

During a visit on 04/29/2025 at 11:00 AM, observation showed Resident 3 lived in and received care from the AFH.

Review of Resident 3's records showed they were a private pay resident. Further review of Resident 3's records showed an assessment dated 01/29/2024. Additional review should no assessment for 2025.

During an interview on 04/29/2025 at 1:30 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 3's most current assessment was from January 2024. Staff A further stated that they needed to schedule an assessment for Resident 3.

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, SELAM AFH is or will be in compliance with this law and / or regulation on (Date) 06/30/25 .

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

Selam — 06/06/25

Provider (or Representative) — Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

(5) The resident's activities preferences and how the preferences will be met;

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

(b) Reduce tension, agitation and problem behaviors;

(c) Respond to resident's special needs, including, but not limited to medical devices and related safety plans;

(9) A statement of the ability for resident to be left unattended for a specific length of 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 that 3 of 3 sampled residents (Residents 2, 3 and 4) had a Negotiated Care Plan (NCP) that included their ability to be left unattended and information regarding all their care needs. This failure placed Residents 2, 3, and 4 at risk of unmet care needs.

Findings included...

During a visit on 04/29/2025 at 11:00 AM observation showed Residents 2, 3, and 4 lived in and received care from the AFH.

Resident 2

Review of Resident 2's records showed a letter dated 06/09/2014 from the State law enforcement department. Further review showed Resident 2's special conditions of supervision included no access to the internet. Additional review showed that Resident 2 was not allowed within 100 feet of where minors are known to frequent without the prior approval from Collateral Contact 3 (CC3).

Review of Resident 2's records showed a safety plan dated 10/25/2021created to address Resident 2's restrictions. Further review showed the safety plan included a plan for if a minor visited the AFH. Additional review showed no information regarding Resident 2's restricted access to the internet and that they were prohibited to be within 100 feet of where minors are known to frequent without the prior approval from CC3.

Review of Resident 2's NCP signed on 04/29/2024 showed no information of the ability for Resident 2 to be left unattended for a specific length of time. Additional review showed no information regarding Resident 2's restricted access to the internet and that they were prohibited to be within 100 feet of where minors are known to frequent without the prior approval from CC3.

During a phone interview on 05/09/2025 at 2:10 PM, Staff A, Entity Representative/Resident Manager, stated that they had a safety plan for Resident 2 for their current restrictive status. Staff A further stated that the only safety concern for Resident 2 was their ability to be around children.

Resident 3

Review of Resident 3's most recent assessment dated 01/29/2024, showed Resident 3 was prescribed psychopharmacological medications for their diagnosed [redacted]. Further review showed that Resident 3 was at risk of seizures and that caregivers should follow a "Seizure Protocol".

Review of Resident 3's most recent NCP dated 01/29/2024, showed no information on the ability for Resident 3 to be left unattended for a specific length of time. Further review showed no information regarding Resident 3's psychopharmacological medications and their mood disorders. Additional review of Resident 3's NCP showed no information or intervention regarding Resident 3's risk of seizures.

During an interview on 04/29/2025 at 1:30 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 3's most current NCP was from January 2024. Staff A further stated that they needed to schedule an assessment for Resident 3 to update their NCP. Additionally, Staff A stated that they were aware they were behind on

revising Resident 3's NCP and would schedule an assessment as soon as possible.

Resident 4

Review of Resident 4's most recent NCP dated 03/15/2025 showed Resident 4 was admitted to the AFH on [redacted]/2025. Further review showed no information on the ability for Resident 4 to be left unattended for a specific length of time. Review showed Resident 4 was dependent for all activities and social needs. Additional review of Resident 4's NCP showed no information regarding Resident 4's social needs or activity preferences.

Review of Resident 4's Negotiated Care Plan (NCP) dated 03/15/2025, showed that Resident 4 needed assistance for transfers. Further review showed that sometimes "Resident use the pull for transfers but sometimes because of tremors use the [redacted] for transfers [sic]". Additional review showed no other information regarding the use of Resident 4's [redacted].

During an interview on 04/29/2025 at 1:07 PM, Staff A stated that they would update Resident 4's NCP to include more information about Resident 4's care needs. Staff A further stated that they would revise and add more detail to Resident 4's NCP.

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, SELAM AFH is or will be in compliance with this law and / or regulation on (Date) 06/30/25 .

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

Selam — 06/06/25

Provider (or Representative) — Date

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;

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 sampled residents (Residents 2 and 3) had their Negotiated Care Plan (NCP) revised every year or when their plan no longer addressed their needs. This failure placed Resident 2 and Resident 3 at risk of unmet care needs.

Findings included...

During a visit on 04/29/2025 at 11:00 AM observation showed Resident 2 and Resident 3 lived in and received care from the AFH.

Resident 2

Review of Resident's 2 NCP dated 03/17/2025, showed that Resident 2 was on legal restriction, and was "not to be close to female kids or around them". Further review showed that Resident 2 received a visit from Collateral Contact 3 (CC3) every 2-4 weeks. Additional review showed no other information regarding Resident 2's current restrictive status.

During a phone interview on 05/09/2025 at 3:00 PM, CC3 stated that Resident 2's restrictions ended in December 2024. CC3 further stated that Resident 2 no longer receive regular visits to monitor compliance of legal restrictive terms.

Resident 3

Review of Resident 3's records showed an NCP dated 01/29/2024. Further review should no NCP review or revision for 2025.

During an interview on 04/29/2025 at 1:30 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 3's most current NCP was from January 2024. Staff A further stated that they needed to schedule an assessment for Resident 3 to update their NCP.

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, SELAM AFH is or will be in compliance with this law and / or regulation on (Date) 06/30/25 .

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

Selam — 06/06/25

Provider (or Representative) — Date

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(b) Be in a format useful to the home;

(g) Be available so that department staff may review them when requested; and

(2) Ensure staff has access to the parts of residents' records needed by staff to provide care and services; and

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure nurse delegation records were available in the AFH for 2 of 3 sampled residents (Residents 3 and 4). This failure placed Resident 3 and Resident 4 at risk of medication error from staff not having access to nurse delegation records.

Findings included...

Observation on 04/29/2025 at 11:00 AM showed that Resident 3 and Resident 4 lived in and received care from the AFH. Further observation showed that Staff B, Caregiver, provided care to all residents.

Review of Resident 3's records showed the most recent nurse delegation visit documentation was dated 05/05/2023. Further review showed no documentation that Staff B was delegated to provide care to Resident 3.

Review of Resident 4's records showed no nurse delegation paperwork for Resident 4.

During an interview on 04/29/2025 at 1:00 PM, Staff A, Entity Representative/Resident Manager, stated that they could not find the nurse delegation records for Residents 3 and 4. Staff A further stated that Staff B was delegated to provide care to all residents. Staff A stated they could not find records that showed Staff B was delegated and they did not have them accessible to Staff B. Staff A stated that they had the records on their computer and could not currently access them. Additionally, Staff A stated that they would email the requested nurse delegation records to the Department and keep printed copies in the AFH.

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, SELAM AFH is or will be in compliance with this law and / or regulation on (Date) 06/30/25 .

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

Selam — 06/30/25

Provider (or Representative) — Date

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

WAC 246-840-930 Criteria for delegation.
(10) If the registered nurse delegator determines delegation is appropriate, the nurse:
(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care.

(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter **7.70** RCW.
Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task

additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 4) provided their consent before they started the nurse delegation process. This failure placed Resident 4 at risk of receiving care and services they did not agree to accept.

Findings included...

Observation on 04/29/2025 at 11:00 AM showed that Resident 4 lived in and received medication assistance from the AFH.

Review of an email correspondence from Staff A, Entity Representative/Resident Manager, on 04/30/2025 at 12:20 PM, showed that Resident 4 began nurse delegation services on 04/02/2025. Further review showed a document titled Consent for Delegation Process that was signed by Resident 4's representative on 05/04/2025, more than 30 days since the first day of delegation. Additional review showed no verbal consent was recorded prior to 05/04/2025.

During a phone interview on 05/13/2025 at 12:10 PM, Collateral Contact 1 (CC1), stated that Resident 4 began receiving nurse delegation services on 04/02/2025. CC1 further stated that they received verbal consent from Resident 4 prior to starting nurse delegation services. Additionally, CC1 stated that they should have documented verbal consent before they continued the nurse delegation process.

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, SELAM AFH is or will be in compliance with this law and / or regulation on (Date) 06/30/25 .

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

Selam — 06/06/25

Provider (or Representative) — Date