STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

MICHAEL TESFAY
HAPPY FAMILY ADULT FAMILY HOME
21905 55TH AVE W
MOUNTLAKE TERRACE, WA 98043

RE: HAPPY FAMILY ADULT FAMILY HOME License # 751446

Dear Provider:

This letter addresses Compliance Determination(s) 57426 (Completion Date 04/03/2025) and 55035 (Completion Date 02/27/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/03/2025 and found that you have corrected the violations listed in the Complaint report dated 02/27/2025. Your home is back in compliance as of 02/19/2025 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, WAC 388-76-10655, WAC 388-76-10655-1, WAC 388-76-10655-2, WAC 388-76-10655-3, WAC 388-76-10655-4, WAC 388-76-10655-4-a, WAC 388-76-10655-4-b, WAC 388-76-10655-4-c, WAC 388-76-10655-5

The Department staff who did the on-site verification:
Meazawork Tekie, Complaint Investigator

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 an unannounced on-site complaint investigation on 02/19/2025 of:

HAPPY FAMILY ADULT FAMILY HOME
21905 55TH AVE W
MOUNTLAKE TERRACE, WA 98043

This document references the following complaint number(s): 167784, 168039

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Meazawork Tekie, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

03/12/2025
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

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 record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the negotiated care plan (NCP) for 1 of 5 residents (Resident 2) was agreed to and signed by Resident 2 and Resident 2's Representative after NCP were updated. This failure placed the Resident 2 at risk of unrecognized and unmet care needs.

Findings included...

Record review of Resident 2's NCP, dated November 2024, showed AFH admitted Resident 2 on [redacted]/2011 with several diagnoses. Record review also showed Resident 2's NCP had been signed by Staff A (Provider) on 12/30/2024. Resident 2's NCP had not included signatures of Resident 2 and Resident 2's Representative.

In an interview, on 02/19/2025 at 12:40 PM, Staff B (General Manager) stated that they had not reviewed the updated NCP with Resident 2's representative yet and had not obtained signatures.

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, HAPPY FAMILY ADULT FAMILY HOME 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

WAC 388-76-10655 Physical and mechanical restraints. The adult family home must ensure:

(1) Each resident's right to be free from physical and mechanical restraints used for discipline or convenience;

(2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;

(3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and

(4) If physical or mechanical restraints are used to treat a resident's medical symptoms, the restraints are applied and immediately supervised on-site by a:

(a) Licensed registered nurse;

(b) Licensed practical nurse; or

(c) Licensed physician.

(5) For the purposes of this section, "immediately supervised" means that the licensed person is in the home and quickly and easily available.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure staff did not mechanically restrain 1 of 5 Residents (Resident 1) for staff convenience. This failure resulted in Resident 1 not having the freedom of movement and placed Resident 1 at risk of physical and mental harm from use of restraint.

Findings included...

In observation, on 02/19/2025 at 11:20 AM, showed Staff C (Manager) and Staff D (Caregiver) providing care for 4 Residents (Resident 1,2,3, and 4). Observation did not show Resident 5 in the AFH.

In observation, on 02/19/2025 at 11:45 AM, showed Resident 1 sitting on a wheelchair. Observation showed Resident 1 had a [redacted] around their waist, buckled (through the teeth of the metal buckle and through the loop). The metal section of the buckle was positioned on the back of their (Resident 1's) wheelchair: out of Resident 1's reach.

Record review of Resident 1's assessment, dated 09/11/2024, showed the AFH admitted Resident 1, on [redacted]/2024 with diagnoses of [redacted] ([redacted]).

Record review of Resident 1's negotiated care plan (NCP), updated December 2024, showed Resident 1 were high risk for falls. Resident 1's NCP had instructed AFH staff to follow fall preventive measures that included monitoring for safety, schedule toileting needs, communicate with doctors for changes of condition, and encourage Resident 1 to be physically active. Resident 1's NCP had not included the use of restraint to prevent falls.

In an interview, on 02/19/2025 at 12:07 PM, Staff C (Manager) stated that they had placed the [redacted] on Resident 1 to prevent them from falling while they (Staff C) assisted another Resident. Staff C stated that they had restrained Resident 1 for few minutes.

In an interview, on 02/19/2025 at 12:40 PM, Staff B (General Manager) stated that AFH staff were instructed to always monitor Resident 1 and AFH staff had not been directed to apply restraint to AFH Resident 1,2,3,4 or 5.

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, HAPPY FAMILY ADULT FAMILY HOME 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