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

NJERI WAIHARO
COZIE ADULT FAMILY HOME
30732 58TH CT S
AUBURN , WA 98001

RE: COZIE ADULT FAMILY HOME License # 752223

Dear Provider:

This letter addresses Compliance Determination(s) 33541 (Completion Date 12/07/2023) and 28723 (Completion Date 09/15/2023).

The Department completed a follow-up inspection of your Adult Family Home on 12/07/2023 and found that you have corrected the violations listed in the Full report dated 09/15/2023. Your home is back in compliance as of 09/29/2023 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 388-76-10285, WAC 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10530-1, WAC 388-76-10530, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-e, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10320, WAC 388-76-10320-10, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10810, WAC 388-76-10810-1, WAC 388-76-101632, WAC 388-76-101632-1, WAC 388-76-10198, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-4

The Department staff who did the off-site verification:
Susan Aromi, 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

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

Statement of Deficiencies	License #: 752223	Compliance Determination # 28723
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 1 of 10	Licensee: NJERI & PETER WAIHARO	09/15/2023

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 08/28/2023 and 08/28/2023 of:
COZIE ADULT FAMILY HOME
30732 58TH CT S
AUBURN , WA 98001

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Susan Aromi, 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 — 09/20/2023

Residential Care Services — 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 #: 752223	Compliance Determination # 28723
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 2 of 10	Licensee: NJERI & PETER WAIHARO	09/15/2023

Njeriwaharo — Provider (or Representative)

9/29/23 — Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

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 staff (Staff D, Caregiver) had two-step tuberculosis (TB) skin testing. This failure placed all residents at risk of possible exposure to TB, a communicable disease affecting the lungs.

Findings included...

Observation on 08/28/2023 at 10:26 AM showed four residents (Residents 1, 2, 3 and 4) in the AFH with Staff C, Caregiver.

On 08/28/2023 at 10:59 AM, Staff A, Provider, arrived at the AFH.

In an interview on 08/28/2023 at 11:00 AM, Staff A said Staff D worked full time at the AFH.

Observation on 08/28/2023 at 1:48 PM showed Staff D in the kitchen. On 08/28/2023 at 3:20 PM, Staff D took Resident out for an activity.

Review of staff records showed the AFH hired Staff D on 04/16/2022. Staff D had a negative TB skin test dated 04/16/2022. There was no record of a second skin test done one to three weeks after Staff D's first TB test.

In a phone interview on 08/29/2023 at 4:00 PM, Staff D said they did only one TB skin test.

Attestation Statement

Statement of Deficiencies	License #: 752223	Compliance Determination # 28723
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 3 of 10	Licensee: NJERI & PETER WAIHARO	09/15/2023

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, COZIE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 9/29/23 .

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

Njeriwaharo — Provider (or Representative)

9/29/23 — Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide 2 of 2 sampled residents (Residents 1 and 4) written notice of the house rules, resident rights, services and activities provided, and the charges for them, at least every 24 months after admission. This failure may have resulted in the residents and/or the residents' representatives being unaware of house rules, rights, services, and costs.

Findings included...

Observation on 08/28/2023 at 10:26 AM showed four residents (Residents 1, 2, 3 and 4) in the AFH with Staff C, Caregiver.

Statement of Deficiencies	License #: 752223	Compliance Determination # 28723
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 4 of 10	Licensee: NJERI & PETER WAIHARO	09/15/2023

In an interview on 08/28/2023 at 10:47 AM, Staff C said they provided care and services to Residents 1 and 4, who were not interviewable.

Review of Resident 1's records revealed their admission agreement (which included house rules, resident rights, services and activities provided, and charges for them) was signed by their representative on 09/26/2019. There was no current admission agreement found for Resident 1.

In an interview on 08/28/2023 at 12:54 PM, Staff A, Provider, said they did not review and update Resident 1's Admission Agreement.

Resident 4's records revealed their admission agreement was signed by their representative on 03/23/2020. There was no current admission agreement for Resident 4.

On 08/28/2023 at 1:10 PM, when asked if they reviewed and updated Resident 4's Admission Agreement, Staff A stated, "We have to do it."

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Njeriwaiharo — Provider (or Representative)

9/29/23 — 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) did not

have a personal belongings inventory (PBI) for 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk of losing their belongings without accountability from the AFH.

Findings included...

Observation on 08/28/2023 at 12:08 PM showed Bedroom A had a walk-in closet with several clothes, shoes and other personal belongings.

Observation on 08/28/2023 at 12:13 PM showed Bedroom B, Resident 4's bedroom, had a bed, an empty closet without doors, and no personal belongings.

On 08/28/2023 at 12:13 PM, Staff C, Caregiver, said that Resident 4, who was non-verbal, tended to destroy everything including their clothes. Staff C said the AFH staff stored Resident 4's personal belongings in the walk-in closet in Bedroom A.

In an interview on 08/28/2023 at 2:48 PM, Staff A, Provider, said they admitted Resident 4 in [redacted] 2023. Staff A said Resident 4 brought their clothes, a television, a small piano and other belongings.

Review of Resident 4's Negotiated Care Plan showed the AFH admitted them on [redacted]/2020. There was no PBI for Resident 4.

In an interview on 08/28/2023 at 2:08 PM, Staff B, Resident Manager, said they did not do a PBI for Resident 4 when they were admitted to the AFH.

Attestation Statement

Statement of Deficiencies	License #: 752223	Compliance Determination # 28723
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 6 of 10	Licensee: NJERI & PETER WAIHARO	09/15/2023

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NjeriWaiharo — Provider (or Representative)

9/29/23 — Date

WAC 388-76-10810 Fire extinguishers.

(1) The adult family home must have an approved five pound 2A:10B-C rated fire extinguisher on each floor of the home.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have a fire extinguisher in 1 of 2 floors (basement) of the home, This failure placed all residents of the AFH at risk of injury in the event a fire started at the basement.

Findings included...

Observation on 08/28/2023 at 10:27 AM showed the residents' bedrooms were on the main floor.

In an interview on 08/28/2023 at 11:53 AM, Staff B, Resident Manager, said they had a basement where the caregivers' room and the storage area were.

On 08/28/2023 at 11:53 AM, the department staff asked Staff B to bring the basement fire extinguisher and show it to the department staff.

On 09/28/2023 at 11:54 AM, Staff B stated that they did not have a fire extinguisher in the basement.

Attestation Statement

Statement of Deficiencies	License #: 752223	Compliance Determination # 28723
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 7 of 10	Licensee: NJERI & PETER WAIHARO	09/15/2023

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Njeriwaharo — Provider (or Representative)

9/29/23 — Date

WAC 388-76-101632 Background checks National fingerprint background check.

(1) Individuals specified in WAC 388-76-10161 (2) who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 8 current staff (Staff D, Staff G, and Staff H, Caregivers) hired after 01/07/2012, had the required national fingerprint-based background check (FBC). This failure placed all residents at risk of harm from staff with unknown national criminal backgrounds.

Findings included...

In an interview on 08/28/2023 at 10:25 AM, Staff C, Caregiver, said they had four residents. Staff C said they worked with Staff D and both of them worked full time at the AFH.

In an interview on 08/28/2023 at 1130 AM, Staff A, Provider, said Staff G was their on-call caregiver.

Review of Staff D's records showed a hire date of 01/04/2023. Staff D's 01/13/2023 Washington state name and date-of-birth background check (NDOBBC), with an expiration date of 01/13/2025, showed no disqualifying record. There was no FBC found for Staff D.

On 08/28/2023 at 3:34 PM, Staff A said they thought they did a FBC for Staff D. Staff A asked Staff E, Caregiver who helped Staff A with resident and staff records, to find Staff D's FBC and none was found.

On 08/28/2023 at 3:38 PM, when asked for the Orientation and Hire Date, Washington NDOBBC and FBC records for Staff G, Staff A said Staff G worked full time at their other AFH

Statement of Deficiencies	License #: 752223	Compliance Determination # 28723
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 8 of 10	Licensee: NJERI & PETER WAIHARO	09/15/2023

and their records were there (at their other AFH). Staff A said they would fax the records to the department.

On 09/14/2023, the AFH faxed to the department, the following records for Staff G: Orientation and Hire Date of 11/28/2022, Washington NDOBBC (expiration date of 12/01/2024) that showed no disqualifying record, and an IdentoGo (fingerprinting center) registration for a FBC. The appointment date on the IdentoGo record was for 09/19/2023. Staff G did not have a FBC. The AFH also faxed to the department, the following records for Staff H (who was not mentioned as a staff member during the 08/28/2023 full inspection): Orientation and Hire Date of 05/15/2023, Washington NDOBBC (expiration date of 06/02/2025) that showed no disqualifying record, and an IdentoGo registration for a FBC. The appointment date on the IdentoGo record was for 09/18/2023. Staff H did not have a FBC.

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Njeri Waiharo — Provider (or Representative)

9/29/23 — Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 7 current staff (Staff F, G, and H, Caregivers) had staff records readily available to review. This failure delayed the Department from determining if Staff F, G and H were qualified to care for their residents.

Statement of Deficiencies	License #: 752223	Compliance Determination # 28723
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page 9 of 10	Licensee: NJERI & PETER WAIHARO	09/15/2023

Findings included...

In an interview on 08/23/2023 at 11:30 AM, Staff A, Provider and a multiple-AFH owner, said Staff F and Staff G were their on-call caregivers.

Staff F and Staff G had no records available in the home to review.

On 09/20/2023 at 3:38 PM, when asked for the Orientation and Hire Date, Washington Name and Date-of-birth Background (NDOBBC) and Fingerprint Background Check (FBC) records for Staff F and Staff G, Staff A said Staff F and Staff G worked full time at their other AFH and their records were there (at their other AFH). Staff A said they would fax the records to the department.

The department phoned Staff A on 09/13/2023 at 3:40 PM and informed them the department had not received the requested records for Staff F and Staff G. Staff A said Staff E, Caregiver who helped with resident and staff records, tried to send the records to the department but "was having a hard time sending them". Staff A said they would connect me with Staff E.

In a phone interview on 09/13/2023 at 3:41 PM, Staff E said they waited to have all the requested resident and staff records completed before sending Staff F and Staff G's records.

On 09/14/2023, the AFH faxed to the department, the following records for Staff G: Orientation and Hire Date (11/28/2022), Washington NDBBC (expiration date of 12/01/2024), and an IdentoGo registration for a FBC. The appointment date on the IdentoGo record for FBC was for 09/19/2023. AFH also faxed to the department, the following records for Staff H (who was not mentioned as a staff member during the 08/28/2023 full inspection): Orientation and Hire Date of 05/15/2023, Washington NDOBBC (expiration date of 06/02/2025) that showed no disqualifying record, and an IdentoGo registration for a FBC. The appointment date on the IdentoGo record for FBC was for 09/18/2023 (see WAC 388-76-101632 for no FBC citation). There were no staff records faxed for Staff F. Staff A wrote a note on the fax cover page that Staff F "is no longer an employee".

In further interview on 09/15/2023, Staff E said Staff F had left the AFH in June 2023 and "it's been a while since" Staff F was hired, so Staff E did not send their records to the department. Staff E said Staff H was their on-call caregiver.

Attestation Statement

Statement of Deficiencies	License #: 752223	Compliance Determination # 28723
Plan of Correction	COZIE ADULT FAMILY HOME	Completion Date
Page of 10	Licensee: NJERI & PETER WAIHARO	09/15/2023

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

Njeri Waiharo — Provider (or Representative)

9/29/23 — Date