



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

ESKADAR GEMETYLLEW
MARTHA LAKE ADULT FAMILY HOME
809 167TH PL SW
LYNNWOOD, WA 98037

RE: MARTHA LAKE ADULT FAMILY HOME License # 752352

Dear Provider:

This letter addresses Compliance Determination(s) 52693 (Completion Date 01/07/2025) and 50834 (Completion Date 12/03/2024).

The Department completed a follow-up inspection of your Adult Family Home on 01/07/2025 and found that you have corrected the violations listed in the Complaint report dated 12/03/2024. Your home is back in compliance as of 12/25/2024 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 388-76-10198-4

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

This document was prepared by Residential Care Services for the Locator website.



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Statement of Deficiencies	License #: 752352	Compliance Determination # 50834
Plan of Correction	MARTHA LAKE ADULT FAMILY HOME	Completion Date
Page 1 of 2	Licensee: ESKADAR GEMETYLLEW	12/03/2024

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 11/25/2024 and 11/25/2024 of:

MARTHA LAKE ADULT FAMILY HOME
809 167TH PL SW
LYNNWOOD, WA 98037

This document references the following complaint number(s): 153700, 153944

The following sample was selected for review during the unannounced on-site visit: 5 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

12/17/2024
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.

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Residential Care Services

Date

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DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 752352	Compliance Determination # 50834
Plan of Correction	MARTHA LAKE ADULT FAMILY HOME	Completion Date
Page 2 of 2	Licensee: ESKADAR GEMETYLLEW	12/03/2024

ESKADAR GEMETYLLEW
Provider (or Representative)

12/25/24
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:

(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 have system in place to ensure 2 of 5 staff (Staff D and F, Former Caregivers) records were readily available for review and contained background check records. This failure potentially placed the safety of all residents at risk of being cared by unqualified caregivers.

Findings included...

Record review of AFH personnel records showed the required background check results for Staff D and F were not included.

In an interview, on 11/25/2024 at 11:30 AM, Staff A (Provider) stated that they had completed the background checks for Staff D and F but had not printed the results. Staff A had not been able to locate Staff D and F's background check results.

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, MARTHA LAKE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/25/24.

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

ESKADAR GEMETYLLEW
Provider (or Representative)

12/25/24
Date

Provider (or Representative)

Date

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