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

Emebet T. Seifu
Living In Comfort Adult Family Home
2317 N 159th St
Shoreline, WA 98133

RE: Living In Comfort Adult Family Home License # 752705

Dear Provider:

This letter addresses Compliance Determination(s) 38156 (Completion Date 03/20/2024) and 35026 (Completion Date 01/17/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/20/2024 and found that you have corrected the violations listed in the Complaint report dated 01/17/2024. Your home is back in compliance as of 03/02/2024 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 388-76-10015-1, WAC 388-76-10015-3

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Living In Comfort Adult Family Home
License/Cert.#: 752705
Compliance Determination #: 35026
Investigator: Meazawork Tekie
Investigation Date(s): 01/10/2024 through 01/17/2024
Complainant Contact Date(s):

Provider Type: Adult Family Home

Intake ID: 112322
Region/Unit #: RCS Region 2 / Unit I

Allegation(s):

1. The Adult Family Home (AFH) failed to provide respiratory training, and respirator fit testing for AFH staff.

2. The Adult Family Home (AFH) failed to have medical test site waver license (MTSW) for performing COVID-19 test to the AFH residents.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident care equipment Resident rooms
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	Facility policies Personnel files State reporting log Hospital records

Investigation Summary:

1. Observation showed AFH with 5 residents doing their daily activity in their rooms. In an interview, the Named Resident (NR) stated that staff were masked and gowned when they cared for them while NR was [redacted] for COVID-19. NR stated that they were well cared for and had recovered from the infections. In an interview, residents stated that they were well cared for, did not exhibit flu like symptoms. In an interview, staff reported donning appropriate Personal Protective Equipment to care for NR. In an interview, provider stated they didn't have current respiratory training and fit testing results for AFH staff. See statement of deficiency dated: 01/26/2024.

2. In an interview, NR stated that they were tested for COVID 19 in the facility and at

the hospitals. In an interview, provider stated that they tested all AFH residents for COVID-19 and all tested negative. In record review, provider stated they would locate the WTSW and present it to the department. In subsequent interviews, provider stated that they were not able to locate MTSW. See statement of deficiency dated: 01/26/2024.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 752705	Compliance Determination # 35026
Plan of Correction	Living In Comfort Adult Family Home	Completion Date
Page 1 of 4	Licensee: Emebet T. Seifu	01/17/2024

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 01/10/2024 and 01/10/2024 of:

Living In Comfort Adult Family Home
1021 Bell St
Edmonds, WA 98020

This document references the following complaint number(s): 112322

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.

Renae' Bourgue
Residential Care Services

01/26/2024
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.

Statement of Deficiencies Plan of Correction Page 2 of 4	License #: 752705 Living In Comfort Adult Family Home Licensee: Emebet T. Belfu	Compliance Determination # 35026 Completion Date 01/17/2024

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 interview, and record review, the Adult Family Home (AFH) failed to have medical test site waver license (MTSW) for performing COVID-19 (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) testing to 5 of 5 residents (Resident 1,2,3,4, and 5). This failure placed Residents 1,2,3,4, and 5 at risk for error in test result readings by unqualified caregivers.

Findings included....

Record review of AFH COVID protocol did not include MTSW.

In an interview, on 01/10/2024 at 11:15 AM, Staff A, Provider, stated that they had recently tested Resident 1,2,3,4, and 5 for COVID 19.

In an interview, on 01/10/2024 at 11:15 AM, Staff A stated that they would locate the license and present it to the department.

In an interview, on 01/17/2024 at 9:15 AM, Staff A stated they were not able to locate the MTSW.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on

(Date) ~~4/5/2024~~ 3/2/24

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

Provider (or Representative) 2/5/24 Date

Statement of Deficiencies Plan of Correction Page 3 of 4	License #: 752705 Living In Comfort Adult Family Home Licensee: Emebal T. Seifu	Compliance Determination # 35026 Completion Date 01/17/2024

WAC 388-76-10015 License Adult family home Compliance required.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide respiratory training, and respirator fit testing for 4 of 4 staff (Staff A, Entity Representative, Staff B, C and D, Caregivers). These failures placed 5 of 5 residents (Resident 1,2,3,4, and 5) and staff at risk for illness and infection.

Findings included...

Review of, Washington State Department of Health (DOH), "Respiratory Protection Program for Long-Term Care Facilities", undated, showed healthcare employees must complete the facility's site-specific respirator training and fit testing before their first use of the respirator (WAC 296-842-16005), then annually. DOH also stated that in accordance with WAC 296-842-16005 and WAC 296-842-22010, facilities need to provide respirator fit testing for tight-fitting respirators.

Record review of the AFH COVID-19 (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) AFH disaster plan and infection prevention policy dated 03/20/2020, showed no record of facility's site-specific respirator training before their first use of the respirator, then annually.

In an interview, on 01/10/2024 at 10:30 AM, Resident 1 stated that they recently tested [redacted] for COVID-19.

In an interview, on 01/10/2024 at 10:50 AM, Staff B, stated that they donned (put on) a N-95 mask, respirator, while caring for Resident 1.

In an interview, on 01/10/2024 at 11:15 AM, Staff A, Provider, stated that AFH staff donned a N-95 mask while providing care to Resident 1. Staff A stated that they would locate the respiratory fit testing results for Staff A, B, C and D, and present it to investigator.

In an email communication, on 01/12/2024, Staff A stated that they had not completed fit testing for all of the caregivers.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on

(Date) 4/5/24 · 3/2/24

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

Provider (or Representative) Date

Living In comfort
1021 Bell St
Edmonds, WA 98020
Licenses #752707

Attn: Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite #100
Lynnwood, WA 98036

WAC 388-76-10015 (MTSW) (

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

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

Plan of Correction

Our previous MTSW or CLIA was under North Sound ACH North Sound ACH CLIA waiver (#50D2228817)

I have applied for a new MTSW under Living In Comfort I sent in the form and payment. Waiting for it to be processed and a certificate to be issued. Once I receive the certificate

Fit testing was done and copies have been sent to you. Fit testing was conducted by Jovana Bazaldua on Jan 20rd 2023.