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

Amen Adultcare, Inc
Amen Adult Family Home
20400 Whitman Ave N
Shoreline, WA 98133

RE: Amen Adult Family Home License # 753785

Dear Provider:

This letter addresses Compliance Determination(s) 42218 (Completion Date 06/06/2024) and 39169 (Completion Date 04/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/06/2024 and found that you have corrected the violations listed in the Full report dated 04/18/2024. Your home is back in compliance as of 06/01/2024 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 388-76-10198-2-a, WAC 388-76-10198-4, WAC 388-76-10015, WAC 388-76-10015-1, WAC 388-76-10015-2, WAC 388-76-10015-3, WAC 388-76-10530-1, 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 388-76-10530-2, WAC 388-76-10530, WAC 388-76-10485-3, WAC 388-76-10650, WAC 388-76-10650-1, WAC 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d, WAC 388-76-10685-11, WAC 388-76-10750-7, WAC 388-76-10750-8, WAC 388-76-10161-2-b

The Department staff who did the on-site verification:
Hang Lu, Licensor

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

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

Statement of Deficiencies	License #: 753785	Compliance Determination # 39169
Plan of Correction	Amen Adult Family Home	Completion Date
Page 1 of 11	Licensee: Amen Adultcare, Inc	04/18/2024

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 the unannounced on-site full inspection on 04/01/2024 and 04/03/2024 of:
Amen Adult Family Home
20400 Whitman Ave N
Shoreline, WA 98133

The following sample was selected for review during the unannounced on-site visit: 5 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Twyla Robinson, AFH Licensor

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.

Pamela Bourque
Residential Care Services

04/23/2024
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.

STATE OF WASHINGTON

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 the unannounced on-site full inspection on 04/01/2024 and 04/03/2024 of:

Amen Adult Family Home
20400 Whitman Ave N
Shoreline, WA 98133

The following sample was selected for review during the unannounced on-site visit: 5 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Twyla Robinson, AFH Licensor

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.

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.

Amen Berhanu
Provider (or Representative)

04/24/2024
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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure staff training records and a background check (BGC) for 1 of 4 former caregiver staff (Former Staff 3) were available upon request. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk of receiving care from a caregiver with disqualifying background and harm in the event of a real emergency requiring evacuation by experienced staff.

Findings included...

Observation, on 04/01/2024 between 9:48 a.m. to 5:07 p.m., showed 6 residents resided in the AFH.

Record review of AFH files showed one emergency evacuation log in the last year, dated 04/30/2023, available for review.

In an interview, on 04/01/2024 at 3:17 p.m., when asked to provide emergency evacuation logs for the past year, Staff A (Provider) stated that logs were in another binder. Staff A reported that they were aware that random staff must participate in drills as much as possible.

Record review of an email, dated 04/18/2024 at 10:03 a.m., stated that Former Staff 3's Name and Date of Birth Background Check was not found.

In an interview, on 04/09/2024 at 4:00 p.m., when asked the Washington Administrative

Provider (or Representative) 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:

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Findings included…

Observation, on 04/01/2024 between 9:48 a.m. to 5:07 p.m., showed 6 residents resided in the AFH.

Record review of AFH files showed one emergency evacuation log in the last year, dated 04/30/2023, available for review.

In an interview, on 04/01/2024 at 3:17 p.m., when asked to provide emergency evacuation logs for the past year, Staff A (Provider) stated that logs were in another binder. Staff A reported that they were aware that random staff must participate in drills as much as possible.

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In an interview, on 04/09/2024 at 4:00 p.m., when asked the Washington Administrative

Code regulations on providing records to departmental staff, Staff A stated they keep records and are clear that it is required.

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, Amen Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 04/24/2024 AB 06/01/2024

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

~~Provider (or Representative)~~ Amen Berhanu Date 04/24/2024

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

(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.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to follow and implement infection control systems that included universal precautions. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk of exposure to a contagious virus.

Findings included...

Observation, on 04/01/2024 between 9:48 a.m. to 5:07 p.m., showed 6 residents resided in the facility.

Record review of AFH files for respiratory infection prevention and control showed no written Respiratory Protection Program (RPP).

In an interview, on 04/01/2024 at 10:34 a.m., when asked if medical clearances for respirator use and N-95 Fit-Tests were completed for all staff, Staff A (Provider) stated "One to two times." When asked the last time that the tests were completed, Staff A reported "Two years ago."

Code regulations on providing records to departmental staff, Staff A stated they keep records and are clear that it is required.

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, Amen 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.

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Provider (or Representative) Date

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Findings included…

Observation, on 04/01/2024 between 9:48 a.m. to 5:07 p.m., showed 6 residents resided in the facility.

Record review of AFH files for respiratory infection prevention and control showed no written Respiratory Protection Program (RPP).

In an interview, on 04/01/2024 at 10:34 a.m., when asked if medical clearances for respirator use and N-95 Fit-Tests were completed for all staff, Staff A (Provider) stated “One to two times.” When asked the last time that the tests were completed, Staff A reported “Two years ago.”

Statement of Deficiencies	License #: 753785	Compliance Determination # 39169
Plan of Correction	Amen Adult Family Home	Completion Date
Page 4 of 11	Licensee: Amen Adultcare, Inc	04/18/2024

Record review of an email, dated 04/12/2024 at 9:55 a.m., stated that medical clearances for respirator use and N-95 Fit-Tests were not found. Staff A reported that the tests for staff had not been completed since 2021.

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, Amen Adult Family Home is or will be in compliance with this law and / or regulation on (Date): 04/24/24 06/01/24.

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

Provider (or Representative): Amen Beshara Date: 04/24/24

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.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Record review of an email, dated 04/12/2024 at 9:55 a.m., stated that medical clearances for respirator use and N-95 Fit-Tests were not found. Staff A reported that the tests for staff had not been completed since 2021.

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, Amen Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____

Provider (or Representative) Date

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a written Notice of Services was provided to 3 of 5 sampled residents (Resident 2, 3, and 5) every 24 months. This failure placed Resident 2, 3, and 5 at risk of being unaware of house rules, services, and costs.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2021. Resident 2's Notices of Services was last signed and dated on [redacted]/2021.

Record review showed the AFH admitted Resident 3 on [redacted]2020. Resident 3's Notices of Services was last signed and dated on 03/30/2020.

Record review showed the AFH admitted Resident 5 on [redacted]/2021. Resident 5's Notices of Services was last signed and dated on [redacted]/2021.

In an interview, on 04/18/2024 at 2:30 p.m., when asked the about the timeframe to renew the Notice of Services, Staff A (Provider) stated every two years.

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, Amen Adult Family Home is or will be in compliance with this law and / or regulation on (Date) ~~04/24/2024~~ 06/01/2024 ANB

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

~~Provider (or Representative)~~ Amen Berhanu Date 04/24/24

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that refrigerated prescribed injectable medication was placed in locked storage for Resident 3. This failure placed 6 of 6 residents at risk of harm from access to unsecured medication.

Based on record review and interview, the Adult Family Home (AFH) failed to ensure a written Notice of Services was provided to 3 of 5 sampled residents (Resident 2, 3, and 5) every 24 months. This failure placed Resident 2, 3, and 5 at risk of being unaware of house rules, services, and costs.

Findings included…

Record review showed the AFH admitted Resident 2 on [redacted]/2021. Resident 2's Notices of Services was last signed and dated on [redacted]/2021.

Record review showed the AFH admitted Resident 3 on [redacted]/2020. Resident 3's Notices of Services was last signed and dated on 03/30/2020.

Record review showed the AFH admitted Resident 5 on [redacted]/2021. Resident 5's Notices of Services was last signed and dated on [redacted]/2021.

In an interview, on 04/18/2024 at 2:30 p.m., when asked the about the timeframe to renew the Notice of Services, Staff A (Provider) stated every two years.

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, Amen 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

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Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that refrigerated prescribed injectable medication was placed in locked storage for Resident 3. This failure placed 6 of 6 residents at risk of harm from access to unsecured medication.

Findings included...

Observation, on 04/01/2024 at 9:48 a.m., showed 6 residents resided in the facility. Resident 1, 3, 4, and 5 showed independent mobility with or without aids.

Resident record review showed that the AFH admitted Resident 1 on [redacted]/2022 with a diagnosis of [redacted]. Resident 1's Negotiated Care Plan (NCP), signed and dated on 02/14/2024, showed the AFH would manage medications.

Record review showed that the AFH admitted Resident 3 on [redacted]/2020 with a diagnosis of [redacted]. Resident 3's NCP, signed and dated on 06/11/2023, showed the AFH would manage medications.

Record review showed that the AFH admitted Resident 4 on [redacted]/2024 with a diagnosis of [redacted]. Resident 4's NCP, last signed and dated on 02/01/2024, showed the AFH would manage medications.

Record review showed that the AFH admitted Resident 5 on [redacted]/2021 a diagnosis of [redacted]. Resident 5's NCP, last signed and dated on 09/02/2023, showed the AFH would manage medications.

Observation, on 04/01/2024 at 10:495 a.m., during the environmental tour, showed Staff A (Provider) open the refrigerator revealing a medication lock box. A box of Lantus Solostar insulin was placed unsecured in the refrigerator door.

In an interview, on 04/01/2024 at 11:30 a.m., when asked what the Washington Administrative Code stated about medication storage, Staff A (Provider) stated, "lock it." When asked why the medication was not in the medication lock box, Staff A stated that staff may have become distracted and not secured the medication.

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, Amen Adult Family Home is or will be in compliance with this law and / or regulation on (Date) ~~04/24/24~~ 06/01/2024

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

Findings included…

Observation, on 04/01/2024 at 9:48 a.m., showed 6 residents resided in the facility. Resident 1, 3, 4, and 5 showed independent mobility with or without aids.

Resident record review showed that the AFH admitted Resident 1 on [redacted]/2022 with a diagnosis of [redacted]. Resident 1's Negotiated Care Plan (NCP), signed and dated on 02/14/2024, showed the AFH would manage medications.

Record review showed that the AFH admitted Resident 3 on [redacted]/2020 with a diagnosis of [redacted]. Resident 3's NCP, signed and dated on 06/11/2023, showed the AFH would manage medications.

Record review showed that the AFH admitted Resident 4 on [redacted]/2024 with a diagnosis of [redacted]. Resident 4's NCP, last signed and dated on 02/01/2024, showed the AFH would manage medications.

Record review showed that the AFH admitted Resident 5 on [redacted]/2021 a diagnosis of [redacted]. Resident 5's NCP, last signed and dated on 09/02/2023, showed the AFH would manage medications.

Observation, on 04/01/2024 at 10:495 a.m., during the environmental tour, showed Staff A (Provider) open the refrigerator revealing a medication lock box. A box of Lantus Solostar insulin was placed unsecured in the refrigerator door.

In an interview, on 04/01/2024 at 11:30 a.m., when asked what the Washington Administrative Code stated about medication storage, Staff A (Provider) stated, "lock it." When asked why the medication was not in the medication lock box, Staff A stated that staff may have become distracted and not secured the medication.

Attestation Statement

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

Statement of Deficiencies	License #: 753785	Compliance Determination # 39169
Plan of Correction	Amen Adult Family Home	Completion Date
Page 7 of 11	Licensee: Amen Adultcare, Inc	04/18/2024

Provider (or Representative) Amen Berhanu — Date 04/24/24

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(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 before a medical device ([redacted]) was used, the resident was assessed and informed about the risk and benefits. This failure placed 1 of 6 sampled residents (Resident 1) at risk of injury including entanglement and death.

Findings included...

Observation, on 04/01/2024 at 10:58 a.m., showed during the environmental tour, [redacted] in the down position attached to Resident 1's bed.

Record review showed that the AFH admitted Resident 1 on [redacted]/2022. Record review of Resident 1's Negotiated Care Plan (NCP), signed and dated on 02/14/2024, showed that the AFH would provide care.

Review of Resident 1's file showed no medical assessment, no NCP documentation, nor informed consent for [redacted] safety risks and benefits.

In an interview, on 04/01/2024 at 4:40 p.m., when asked about documentation for [redacted] Staff A (Provider) stated "We don't use it. [They do not] need it."

Attestation Statement

Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.

(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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(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 before a medical device ([redacted]) was used, the resident was assessed and informed about the risk and benefits. This failure placed 1 of 6 sampled residents (Resident 1) at risk of injury including entanglement and death.

Findings included…

Observation, on 04/01/2024 at 10:58 a.m., showed during the environmental tour, [redacted] in the down position attached to Resident 1's bed.

Record review showed that the AFH admitted Resident 1 on [redacted]/2022. Record review of Resident 1's Negotiated Care Plan (NCP), signed and dated on 02/14/2024, showed that the AFH would provide care.

Review of Resident 1's file showed no medical assessment, no NCP documentation, nor informed consent for [redacted] safety risks and benefits.

In an interview, on 04/01/2024 at 4:40 p.m., when asked about documentation for [redacted], Staff A (Provider) stated "We don't use it. [They do not] need it."

Attestation Statement

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* not used / It was not in use. Unfair Sitation

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

Amen Berhanu — Provider (or Representative)

04/24/24 — Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(11) Provide each resident a call bell, or an alternative way of alerting staff in an emergency, that the resident can use, unless the bedroom of an AFH staff member is within hearing distance of the resident's bedroom and a staff member will be within hearing distance at all times.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure alerting devices were provided to residents in case of an emergency. This failure placed 3 of 6 sampled residents (Resident 1, 2, and 4) at risk of harm from inability to notify AFH staff.

Findings included...

Record review showed that the AFH admitted Resident 1 on [redacted]/2022 with a diagnosis of [redacted]. Resident 1's Notices of Services was last signed and dated on [redacted]2022.

Record review showed that the AFH admitted Resident 2 on [redacted]/2021 with a diagnosis of [redacted] Resident 2's Notices of Services was last signed and dated on [redacted]/2021.

Record review showed that the AFH admitted Resident 4 on [redacted]/2024 with a diagnosis of [redacted] Resident 4's Notices of Services was last signed and dated on [redacted]/2024.

Observation, on 04/01/2024 at 10:59 a.m., showed during the environmental tour there was no alerting device provided for Resident 1 and 2. Resident 4's bedroom contained a handheld bell.

In an interview, on 04/01/2024 at 11:00 a.m., when asked about the alerting device for

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, Amen 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

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Findings included…

Record review showed that the AFH admitted Resident 1 on [redacted]/2022 with a diagnosis of [redacted]. Resident 1's Notices of Services was last signed and dated on [redacted]/2022.

Record review showed that the AFH admitted Resident 2 on [redacted]/2021 with a diagnosis of [redacted]. Resident 2's Notices of Services was last signed and dated on [redacted]/2021.

Record review showed that the AFH admitted Resident 4 on [redacted]/2024 with a diagnosis of [redacted]. Resident 4's Notices of Services was last signed and dated on [redacted]/2024.

Observation, on 04/01/2024 at 10:59 a.m., showed during the environmental tour there was no alerting device provided for Resident 1 and 2. Resident 4's bedroom contained a handheld bell.

In an interview, on 04/01/2024 at 11:00 a.m., when asked about the alerting device for

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Resident 1, Staff A (Provider) stated Resident 1 had a bell that Resident 1 was using as a weapon. Staff A was unable to locate the bell. When asked if Resident 2 had a motion sensor or bed alarm, Staff A stated "No." When asked about the appropriate alerting device for residents, Staff A did not respond.

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, Amen Adult Family Home is or will be in compliance with this law and / or regulation on ~~(Date) 04/24/2024~~ AnB 06/01/2024

N.B. I do not agree that a motion sensor or bed alarm as a call bell for fully functional elevation resident.

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

Amen Berhanu 04/24/2024.

~~Provider (or Representative)~~ * I contest this. ~~Date~~

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

(8) Grant a resident access to and use of toxic substances and hazardous materials only with direct supervision, unless the resident has been assessed as safe to use the substance or material without direct supervision and if the use is documented in the negotiated care plan;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that all toxic substances and hazardous materials were retained in locked storage. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk of harm from accidental ingestion or misuse of harmful substances.

Findings included...

Observation, on 04/01/2024 between 9:48 a.m. to 5:07 p.m., showed 6 residents resided in the facility. Resident 1, 3, 4, and 5 showed independent mobility with or without aids.

Observation, on 04/01/2024 at 10:49 a.m., showed during the environmental tour, Bathroom #2 contained the laundry room. An unsecured container of laundry detergent was placed on the floor near the washing machine and dryer. Behind the washing machine and dryer was a closet with a lock.

Resident record review showed that the AFH admitted Resident 1 on [redacted]/2022 with a

Resident 1, Staff A (Provider) stated Resident 1 had a bell that Resident 1 was using as a weapon. Staff A was unable to locate the bell. When asked if Resident 2 had a motion sensor or bed alarm, Staff A stated “No.” When asked about the appropriate alerting device for residents, Staff A did not respond.

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, Amen 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

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Findings included…

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diagnosis of [redacted].

Record review showed Resident 1's Negotiated Care Plan (NCP), signed and dated on 02/14/2024, did not indicate that Resident 1 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 3 on [redacted]/2020 with a diagnosis of [redacted].

Record review showed Resident 3's NCP, signed and dated on 06/11/2023, did not indicate that Resident 3 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 4 on [redacted]/2024 with a diagnosis of [redacted].

Record review showed Resident 4's NCP, signed and dated on [redacted]/2024, did not indicate that Resident 4 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 5 on [redacted]/2021 with a diagnosis of [redacted].

Record review showed Resident 5's NCP, signed and dated on 09/02/2023, did not indicate that Resident 5 was assessed for safe use of toxins without supervision.

In an interview, on 04/01/2024 at 11:18 a.m., when asked about the Washington Administrative Code regulation on securing toxins, Staff A (Provider) stated "has to be locked up." When asked where the detergent was normally stored, Staff A opened the unlocked closet door.

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, Amen Adult Family Home is or will be in compliance with this law and / or regulation on (Date) ~~04/24/2024~~ AND 06/01/2024.

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

diagnosis of [redacted].

Record review showed Resident 1's Negotiated Care Plan (NCP), signed and dated on 02/14/2024, did not indicate that Resident 1 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 3 on [redacted]/2020 with a diagnosis of [redacted].

Record review showed Resident 3's NCP, signed and dated on 06/11/2023, did not indicate that Resident 3 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 4 on [redacted]/2024 with a diagnosis of [redacted].

Record review showed Resident 4's NCP, signed and dated on [redacted]/2024, did not indicate that Resident 4 was assessed for safe use of toxins without supervision.

Record review showed that the AFH admitted Resident 5 on [redacted]/2021 with a diagnosis of [redacted].

Record review showed Resident 5's NCP, signed and dated on 09/02/2023, did not indicate that Resident 5 was assessed for safe use of toxins without supervision.

In an interview, on 04/01/2024 at 11:18 a.m., when asked about the Washington Administrative Code regulation on securing toxins, Staff A (Provider) stated "has to be locked up." When asked where the detergent was normally stored, Staff A opened the unlocked closet door.

Attestation Statement

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Statement of Deficiencies	License #: 753785	Compliance Determination # 39169
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Amen Berhanu — 04/24/24.
~~Provider (or Representative)~~ ~~Date~~

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have 2 of 13 caregivers (Staff E and H) complete the national fingerprint background check. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5, and 6) at risk of exposure to a caregiver with an unknown background.

Findings included...

Record review showed that Staff E was hired by the AFH on 10/30/2019 and Staff H on 05/05/2019.

Record review of staff national fingerprint background checks showed there was no fingerprint record for Staff E and Staff H.

In an interview, on 04/01/2024 at 1:17 p.m., when asked about Staff E's and H's fingerprints, Staff A (Provider) reported that they worked at another AFH for Staff A in 2011 and did not think that fingerprints were needed in the current AFH.

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, Amen Adult Family Home is or will be in compliance with this law and / or regulation on ~~(Date)~~ ~~04/24/24~~ AMB 06/01/2024 ★ W.B!

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

Amen Berhanu — 04/24/24.
~~Provider (or Representative)~~ ~~Date~~

Provider (or Representative) Date

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Findings included…

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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, Amen 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

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

04/23/2024

Amen Adultcare, Inc
Amen Adult Family Home
20400 Whitman Ave N
Shoreline, WA 98133

RE: Amen Adult Family Home # 753785

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/18/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home failed to ensure the Department of Social and Health Services' Adult Family Home Disclosure of Charges form was signed and dated by one of the residents. This failure placed the resident at risk of violating their right to know what the facility charged for care and services.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (206)914-5042.

Sincerely,

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

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services

PO Box 45600
Olympia, WA 98504-5600