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) 37591 (Completion Date 02/29/2024) and 34283 (Completion Date 01/11/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/29/2024 and found that you have corrected the violations listed in the Complaint report dated 01/11/2024. Your home is back in compliance as of 02/25/2024 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 388-76-10165-1-a, WAC 388-76-10161-2-a, WAC 388-76-10375-1, WAC 388-76-10380-4

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, Field Manager
Region 2, Unit I
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Amen Adult Family Home
Provider Type: Adult Family Home

License/Cert.#: 753785
Intake ID: 111314
Compliance Determination #: 34283
Region/Unit #: RCS Region 2 / Unit I
Investigator: Meazawork Tekie
Investigation Date(s): 12/21/2023 through 01/11/2024
Complainant Contact Date(s): 01/11/2024

Allegation(s):

1. The adult Family Home (AFH) failed to protect the Named Resident 1 (NR 1) and Named resident 2 (NR 2) from physical abuse.
2. The Adult Family Home (AFH) failed to maintain current Background checks for AFH staff.
3. The Adult Family Home (AFH) failed to update the Named Resident 2's (NR 2) Negotiated Care Plan (NCP) per departments
requirement.
4. The Adult Family Home (AFH) failed to have Named Resident 1's (NR 1) sign the updated Negotiated Care Plan (NCP) per
departments requirement.

Investigation Methods:

Sample:	Total residents: 6 Resident sample size: 5 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions
Interviews:	Identified staff Nursing staff Residents Family members
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Personnel files Staff training records

Investigation Summary:

1. Observation showed AFH with 6 residents doing their daily activity. In an interview,

NR1s representative stated that NR1 was well cared for by AFH staff and had no concerns regarding care or safety. In an in interview, NR2 representative stated that resident was well cared for, had access for meal and snacks and denied any abuse or neglect by AFH staff. During an interview, residents stated that they were well cared for, choices were given regarding care, and felt safe in the facility. In an interview, AFH staff denied observing the Alleged Perpetrator (AP) abusing residents. In an interview, provider stated that they had suspended AP pending investigations and communicated with appropriate parties. In record review, investigations initiated and abuse preventive plan in place.

2. Observation showed that AFH with 3 caregivers providing care to residents. Observation showed Staff C and D providing care to AFH residents. During an interview AFH residents stated that they were well cared for and felt safe residing in the AFH. During an interview, provider stated they didn't obtain background checks for new hires and update the background checks as required. During record review, no proof of updated background check results were presented. See statement of deficiencies written on 01/11/2024.

3. Observation showed AFH with 6 residents doing their daily activity. In an interview, residents and representative stated that residents were well cared for, had access to meal and snacks, choices were given regarding care and felt safe residing in the AFH. In an interview, provider stated that they missed updating NR2s NCPs. In record review, NCPs were not updated and signed per department requirements. See statement of deficiency written on 01/11/2024.

4. Observation showed AFH with 6 residents doing their daily activity. In an interview, residents and representative stated that residents were well cared for, had access to meal and snacks, choices were given regarding care and felt safe residing in the AFH. In an interview, provider stated that they missed obtaining signatures NCPs. In record review, NR1s NCPs were not signed by required parties. See statement of deficiency written on 01/11/2024.

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 #: 753785	Compliance Determination #:34293
Plan of Correction	Amen Adult Family Home	Completion Date
Page 1 of 5	Licensee: Amen Adultcare, Inc	01/11/2024

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 12/21/2023 and 12/21/2023 at:

Amen Adult Family Home
20408 Whitman Ave N
Shoreline, WA 98133

This document references the following complaint number(s): 111084, 111314

The following sample was selected for review during the unannounced on-site visit: 5 of 8 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Meazawork Tekle, 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' Bourque
Residential Care Services

01/17/2024
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.

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 an unannounced on-site complaint investigation on 12/21/2023 and 12/21/2023 of:

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

This document references the following complaint number(s): 111084, 111314

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 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.

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
Provider (or Representative)

01/24/2024
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure a background check was completed every two years for 1 of 6 staff (Staff D). This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, and 5) at risk of receiving care from an unqualified caregiver.

Record review of AFH staff records showed that Staff A, Provider, did not have an updated background check result for Staff D.

Record review of Staff D's background records showed that background check was last done on 09/08/2021.

In an interview, on 12/21/2023 at 12:00 PM, Staff A stated they missed the date to resubmit a background check for Staff D.

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) ~~01/17/2024~~ 02/20/2024 AMB 02/25/2024

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

Amen
Provider (or Representative)

~~01/17/2024~~ 01/24/24
Date

Provider (or Representative) Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a system in place to ensure a background check was completed every two years for 1 of 8 staff (Staff D). This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of receiving care from an unqualified caregiver.

Record review of AFH staff records showed that Staff A, Provider, did not have an updated background check result for Staff D.

Record review of Staff D's background records showed that background check was last done on 09/08/2021.

In an interview, on 12/21/2023 at 12:00 PM, Staff A stated they missed the date to resubmit a background check for Staff D.

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

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:

(a) A Washington state name and date of birth background check; and

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 1 of 6 staff (Staff C, Caregiver) had completed a background upon hire. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of receiving care from staff with a disqualifying background.

Findings included...

Record review of AFH Staff records showed that Staff C were hired on 08/20/2023.

Record review of AFH staff records showed that Staff A, Provider, did not have background check results for Staff C.

During an interview, on 12/21/2023 at 12:00 PM, Staff A, stated that they did not complete the background check for Staff C.

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) 02/25/2024 ANB

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

Amen
Provider (or Representative)

01/24/2024
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

This requirement was not met as evidenced by:

Based on observation, interview and record review, Staff A, Adult Family Home (AFH) Provider, failed to ensure the Negotiated Care Plan (NCP) for 1 of 5 residents (Resident 1)

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:

(a) A Washington state name and date of birth background check; and

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 1 of 6 staff (Staff C, Caregiver) had completed a background upon hire. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of receiving care from staff with a disqualifying background.

Findings included…

Record review of AFH Staff records showed that Staff C were hired on 06/20/2023.

Record review of AFH staff records showed that Staff A, Provider, did not have background check results for Staff C.

During an interview, on 12/21/2023 at 12:00 PM, Staff A, stated that they did not complete the background check for Staff C.

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

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, Staff A, Adult Family Home (AFH) Provider, failed to ensure the Negotiated Care Plan (NCP) for 1 of 6 residents (Resident 1)

was agreed to, signed, and dated by the 1 of 5 residents (Resident 1) every twelve months and as needed. This failure placed Resident 1 at risk for unrecognized care needs.

Findings included....

Record review of Resident 1's Negotiated Care Plan (NCP), dated 02/01/2023, showed the AFH admitted Resident 1 on [redacted]/2022 with memory impairment and, high blood pressure.

Record review of Resident 1's medical records showed that the NCP was last updated and signed by provider on 02/01/2023.

During an interview, on 12/21/2023 at 12:00 PM, Staff A stated that they forgot to review and obtain signatures from Resident 1's Power of Authority (POA) once NCP was updated on 02/01/2023.

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) 02/25/2024 ANB

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

Amen — 01/24/2024

Provider (or Representative) — Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, Staff A, Adult Family Home (AFH) Provider, failed to ensure the Negotiated Care Plan (NCP) for 1 of 5 residents (Resident 2) was reviewed and updated, every twelve months and as needed. This failure placed Resident 2 at risk for unrecognized care needs

Findings included....

Record review of Resident 2's Negotiated Care Plan (NCP), dated 11/04/2022, showed the AFH admitted Resident 2 on [redacted]/2022 with diagnosis of [redacted]

was agreed to, signed, and dated by the 1 of 5 residents (Resident 1) every twelve months and as needed. This failure placed Resident 1 at risk for unrecognized care needs.

Findings included….

Record review of Resident 1's Negotiated Care Plan (NCP), dated 02/01/2023, showed the AFH admitted Resident 1 on [redacted]/2022 with memory impairment and, high blood pressure.

Record review of Resident 1's medical records showed that the NCP was last updated and signed by provider on 02/01/2023.

During an interview, on 12/21/2023 at 12:00 PM, Staff A stated that they forgot to review and obtain signatures from Resident 1's Power of Authority (POA) once NCP was updated on 02/01/2023.

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

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, Staff A, Adult Family Home (AFH) Provider, failed to ensure the Negotiated Care Plan (NCP) for 1 of 6 residents (Resident 2) was reviewed and updated, every twelve months and as needed. This failure placed Resident 2 at risk for unrecognized care needs.

Findings included….

Record review of Resident 2's Negotiated Care Plan (NCP), dated 11/04/2022, showed the AFH admitted Resident 2 on [redacted]/2022 with diagnosis of [redacted]

Statement of Deficiencies	License # 753785	Compliance Determination # 34283
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[redacted]

Record review of Resident 2's medical records showed that the NCP was last updated and signed by Staff A on 11/04/2022.

During an interview, on 12/21/2023 at 12:00 PM, Staff A stated that they forgot to update Resident2's NCP within the last twelve months.

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) 02/25/2024 ANB

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

Amen
Provider (or Representative)

01/24/2024
Date

[redacted]

Record review of Resident 2's medical records showed that the NCP was last updated and signed by Staff A on 11/04/2022.

During an interview, on 12/21/2023 at 12:00 PM, Staff A stated that they forgot to update Resident2's NCP within the last twelve months.

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