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

Amaanah Home, L.L.C

Amaanah Home, L.L.C.
5910 190th Pl SW
Lynnwood, WA 98036

RE: Amaanah Home, L.L.C. License # 754479

Dear Provider:

This letter addresses Compliance Determination(s) 43390 (Completion Date 06/28/2024) and 40860 (Completion Date 05/06/2024).

The Department completed a follow-up inspection of your Adult Family Home on 06/28/2024 and found that you have corrected the violations listed in the Full report dated 05/06/2024. Your home is back in compliance as of 05/10/2024 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 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10530-2

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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 #: 754479	Compliance Determination # 40860
Plan of Correction	Amaanah Home, L.L.C.	Completion Date
Page 1 of 4	Licensee: Amaanah Home, L.L.C	05/06/2024

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 05/02/2024 and 05/02/2024 of:
Amaanah Home, L.L.C.
5910 190th Pl SW
Lynnwood, WA 98036

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Petrov, NCI

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

05/09/2024
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 05/02/2024 and 05/02/2024 of:

Amaanah Home, L.L.C.
5910 190th Pl SW
Lynnwood, WA 98036

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Petrov, NCI

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

05/09/2024
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 #: 754479 Amaanah Home, L.L.C. Licensee: Amaanah Home, L.L.C	Compliance Determination # 40860 Completion Date 05/06/2024

Provider (or Representative) 5·10·24 Date

WAC 388-76-10650 Medical devices.

(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;

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a system in place to ensure that 2 of 2 residents (Resident 1 and 3) with [redacted] were assessed, care planned before the use of [redacted]. This failure placed Resident 1 and 3 at risk of harm from entrapment and or injury if the [redacted] were not used properly or appropriate for individual resident use.

Findings included...
Observation, on 05/02/2024 at 1:23 PM, showed Resident 1 was in their bed with [redacted] up.

Observation, on 05/02/2024 at 1:27 PM, showed Resident 3 was in their bed with [redacted] up.

Observation, on 05/02/2024 at 1:25 PM, showed Staff A, Entity Representative, and Staff?, Caregiver, assisted Resident 1 with repositioning. Resident 1 was not able to help with positioning.

In an interview, on 05/02/2024 at 1:32 PM, Staff A stated that Resident 1 was on end-of-life services from 01/2024. Staff A stated that both residents (Resident 1 and 3) were not able to reposition themselves and/or grab the [redacted].

Resident 1
Review of records revealed the AFH admitted Resident 1 on [redacted]2021. Resident 1's assessment, dated 11/21/2023, indicated Resident 1 required extensive assistance with bed mobility and transfers. Resident 1's assessment showed Resident 1 had a severe cognition impairment. It was indicated that Resident 1 was able to position themselves in the bed and was able to grab the [redacted].

Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(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;

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a system in place to ensure that 2 of 2 residents (Resident 1 and 3) with [redacted] were assessed, care planned before the use of [redacted] This failure placed Resident 1 and 3 at risk of harm from entrapment and or injury if the [redacted] were not used properly or appropriate for individual resident use.

Findings included...
Observation, on 05/02/2024 at 1:23 PM, showed Resident 1 was in their bed with [redacted] up.

Observation, on 05/02/2024 at 1:27 PM, showed Resident 3 was in their bed with [redacted] up.

Observation, on 05/02/2024 at 1:25 PM, showed Staff A, Entity Representative, and Staff?, Caregiver, assisted Resident 1 with repositioning. Resident 1 was not able to help with positioning.

In an interview, on 05/02/2024 at 1:32 PM, Staff A stated that Resident 1 was on end-of-life services from 01/2024. Staff A stated that both residents (Resident 1 and 3) were not able to reposition themselves and/or grab the [redacted].

Resident 1
Review of records revealed the AFH admitted Resident 1 on [redacted]/2021. Resident 1's assessment, dated 11/21/2023, indicated Resident 1 required extensive assistance with bed mobility and transfers. Resident 1's assessment showed Resident 1 had a severe cognition impairment. It was indicated that Resident 1 was able to position themselves in the bed and was able to grab the [redacted].

Statement of Deficiencies	License #: 754479	Compliance Determination # 40860
Plan of Correction	Amaanah Home, L.L.C.	Completion Date
Page 3 of 4	Licensee: Amaanah Home, L.L.C	05/06/2024

Resident 1's negotiated care plan (NCP), dated 12/20/2023, showed Resident 1 was bedbound and had cognition impairment. Under "sleep patterns" section was documented:" Extensive one-person physical assist - needs help to fully turning bed. Reposition client at least every two hours." Under "comments" was documented: "Able to turn and reposition self safely with [redacted]." Resident 1's NCP had not included the need for use of a [redacted] and the related safety plans.

Resident 3
Review of records revealed the AFH admitted Resident 3 on [redacted]2023. Resident 3's assessment, dated 12/18/2023, had not included the need for and use of a [redacted]. Resident 2's assessment indicated Resident 3 required total dependence with positioning, two person physical assist, "extensive assistance with bed mobility and transfers" and had a severe cognition impairment.

Resident 3's negotiated care plan (NCP), dated 08/04/2023, showed Resident 3 was bedbound and had cognition impairment. Under "sleep patterns" section was documented:" Total one person physical assist. - Limitations include weakness, immobility, has contractures to hands, upper and lower extremities, bed bound since hospital admission." Under "comments" was documented: "Client has [redacted] installed." Resident 3's NCP had not included the need for use of a [redacted] and the related safety plans.

In an interview, on 05/02/2024 at 1:35 PM, Staff A stated that the home used a [redacted] for residents' safety.

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, Amaanah Home, L.L.C. is or will be in compliance with this law and / or regulation on (Date) 5.3.24 .

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

Provider (or Representative) — Date: 5.10.24

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

(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.

Resident 1's negotiated care plan (NCP), dated 12/20/2023, showed Resident 1 was bedbound and had cognition impairment. Under "sleep patterns" section was documented:" Extensive one-person physical assist - needs help to fully turning bed. Reposition client at least every two hours." Under "comments" was documented: "Able to turn and reposition self safely with [redacted]." Resident 1's NCP had not included the need for use of a [redacted] and the related safety plans.

Resident 3
Review of records revealed the AFH admitted Resident 3 on [redacted]/2023. Resident 3's assessment, dated 12/18/2023, had not included the need for and use of a [redacted]. Resident 2's assessment indicated Resident 3 required total dependence with positioning, two person physical assist, "extensive assistance with bed mobility and transfers" and had a severe cognition impairment.

Resident 3's negotiated care plan (NCP), dated 08/04/2023, showed Resident 3 was bedbound and had cognition impairment. Under "sleep patterns" section was documented:" Total one person physical assist. - Limitations include weakness, immobility, has contractures to hands, upper and lower extremities, bed bound since hospital admission." Under "comments" was documented: "Client has [redacted] installed." Resident 3's NCP had not included the need for use of a [redacted] and the related safety plans.

In an interview, on 05/02/2024 at 1:35 PM, Staff A stated that the home used a [redacted] for residents' safety.

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, Amaanah Home, L.L.C. 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 388-76-10530 Resident rights Notice of rights and services.

(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.

Statement of Deficiencies	License #: 754479	Compliance Determination # 40860
Plan of Correction	Amaanah Home, L.L.C.	Completion Date
Page 4 of 4	Licensee: Amaanah Home, L.L.C	05/06/2024

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure a written Notice of Services was provided to 1 of 3 resident (Resident 1) every 24 months. This failure placed Resident 1 at risk of being unaware of house rules, services, and costs.

Findings included...

Observation, on 05/02/2024 at 1:35 PM, found Resident 1 lived in the AFH and received care and services from the AFH caregivers, including Staff A, Provider and Staff B, Caregiver.

Review of records revealed the updated Notice of Service (which included house rules, resident rights, services and activities provided, and charges for them) were signed by Resident 1's representative on 03/15/2022.There were no other admission agreements found in Resident 1's record.

In a phone interview, on 05/06/2024 at 11: 28 AM, when asked about the timeframe to renew the Notice of Services, Staff A stated that it was every two years. When asked why Resident 1's Notice of Services was not signed nor dated by resident's representative. Staff A stated that it was a mistake of not updating the resident's admission agreement.

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, Amaanah Home, L.L.C. is or will be in compliance with this law and / or regulation on (Date) 5.10.24 .

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

Provider (or Representative) — Date: 5.10.24

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure a written Notice of Services was provided to 1 of 3 resident (Resident 1) every 24 months. This failure placed Resident 1 at risk of being unaware of house rules, services, and costs.

Findings included...

Observation, on 05/02/2024 at 1:35 PM, found Resident 1 lived in the AFH and received care and services from the AFH caregivers, including Staff A, Provider and Staff B, Caregiver.

Review of records revealed the updated Notice of Service (which included house rules, resident rights, services and activities provided, and charges for them) were signed by Resident 1's representative on 03/15/2022.There were no other admission agreements found in Resident 1's record.

In a phone interview, on 05/06/2024 at 11: 28 AM, when asked about the timeframe to renew the Notice of Services, Staff A stated that it was every two years. When asked why Resident 1's Notice of Services was not signed nor dated by resident's representative, Staff A stated that it was a mistake of not updating the resident's admission agreement.

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, Amaanah Home, L.L.C. 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

Amaanah Home LLC
Plan of Correction Notice of Services

Amaanah Home LLC will ensure each resident receives 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. Amaanah Home LLC will review 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;

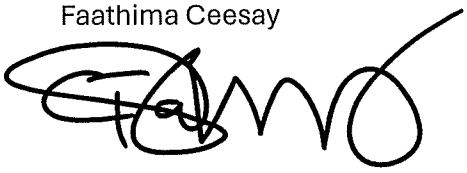
(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(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.

Amaanah Home LLC will 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. Amaanah Home LLC will retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

Faathima Ceesay



Amaanah Home LLC
Plan of Correction [redacted]

Amaanah Home LLC will ensure all new admits that use medical devices such as [redacted] are not using them if there is a known safety risk as restraint or for staff convenience.

Prior to a resident using [redacted], Amaanah Home Care LLC will ensure that an assessment has been completed that identifies the resident's need and ability to safely use the medical device, 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, ensure the resident's negotiated care plan includes how the resident will use the medical device and ensure the medical device is properly installed.

If a resident is admitted to the home with a hospital bed with [redacted], the Provider and staff will ensure that the [redacted] are removed prior to determining if the resident needs them.

Faathima Ceesay