



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

Abiezer Adult Family Home LLC
Abiezer Adult Family Home
22422 97TH AVE W
EDMONDS, WA 98020

RE: Abiezer Adult Family Home License # 754557

Dear Provider:

This letter addresses Compliance Determination(s) 28705 (Completion Date 08/28/2023) and 25282 (Completion Date 06/27/2023).

The Department completed a follow-up inspection of your Adult Family Home on 08/28/2023 and found that you have corrected the violations listed in the Complaint report dated 06/27/2023. Your home is back in compliance as of 08/02/2023 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 388-76-10400-2, WAC 388-76-10510-4, WAC 388-76-10750-1

The Department staff who did the on-site verification:

Tekeste Demissie, 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: Abiezer Adult Family Home **Provider Type:** Adult Family Home

License/Cert.#: 754557

Intake ID: 84156

Compliance Determination #: 25282

Region/Unit #: RCS Region 2 / Unit I

Investigator: Tekeste Demissie

Investigation Date(s): 06/13/2023 through 06/27/2023

Complainant Contact Date(s):

Allegation(s):

1. The Adult Family Home (AFH) did not provide necessary care and services to the Named Resident 2 (NR2).
2. The Adult Family Home (AFH) did not turn and reposition Named Resident 2 (NR2) resulting in worsening wounds.
3. The adult Family Home (AFH) made a medical decision for NR with out NR knowledge.
4. The Named Resident 2 (NR2) severely underweight while living in the AFH.
5. The AFH did not follow NR2's food preference when providing meals.
6. NR2's Television (TV) not easily accessible to watch facing the side of NR2's bed.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 3 Closed records sample size: 0
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents, AFH Provider, Resident Representatives, Health Care provider.
Record Reviews:	Resident Records, Staff Records, AFH Policies and Procedures, Medications, Third Party Provider Notes.

Investigation Summary:

1. Based on observation, interview, and record review the AFH failed to ensure 1 of 6 residents (Resident 2) was provided proper and timely personal hygiene as identified in the negotiated care plan. This failure placed the Resident 2 at risk for diminished quality of life, decline in physical health, and delayed wound healing.
2. Observation showed Resident 2 was laying on their left side with their legs contracted and their knees pulled towards their chest. In an interview, NR2 sated they are comfortable laying on one position only to avoid pain and discomfort. NR2 stated they did not want to get out of bed to be in a wheelchair to avoid pain and discomfort. In an interview, Staff A (Provider) stated that the NR2 refused to be repositioned in bed.

Staff A stated the NR2 did not wish to get out of bed when staff offered the NR2. Review of NR2's assessment and care plan showed NR2 resistive to Activity of Daily Living (ADL) including turning/repositioning in bed. No failed practices.

3. In an interview, NR2 stated that no body made a decision behalf of them without their knowledge. The NR2 stated that the only time someone made a decision for them was when they are a little. In an interview, the Staff A (Provider) denied making any decision without N2 knowledge. Staff A stated NR2 prefers to make own decisions. Review of the NR2's assessment showed NR make their own decision. No failed practice.

4. Observation showed the NR2 able reach food from the bedside table. The NR2 is able to feed themselves. In an interview, the NR2 stated they don't have any problem eating and they ate 3 meals a day. The AFH Staff is aware of the NR's diet and food preferences. The AFH Staff stated all resident gets 3 meals per day and snack appropriate to their care plan. Record review of NR2's assessment and Care plan showed NR2 had swallowing problem, and Poor appetite. The record showed NR2 had supplemental diet through tubing feeding. The Record showed that in addition to tube feedings, NR2 was able to eat simple foods by mouth and drink liquids on their own. No failed practice.

5. In an interview, the NR2 stated they didn't have any issue with meals provided by the AFH. The NR2 stated that the only food they don't like was coconut and they eat coconut if they have too. In an interview, the Staff A stated that they follow resident care plan to accommodate, prepare and provide NR2's diet. Staff A stated all residents received their meals according to their care plan that showed their preference. Review of NR2's assessment and care plan showed no food like or dislike. No failed practice.

6. Observation showed Resident 2 was laying on their left side with their legs contracted and their knees pulled towards their chest. observation showed NR2 was able to reach and use the remote control to watch the TV. In an interview, NR2 stated they like to stay in bed and watch TV. In an interview, the AFH provider stated that the Home Health Nurse recommended to position the bed in order to place NR2 on their right side and enable pressure relief on left side. The AFH provider stated, the NR did not like laying on the right side. In an interview, Collateral Contact #5 (CC5) stated they tried to position the bed to allow NR2 lay on their right side. CC5 stated resident likes to stay in their left side. No failed practice.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



Residential Care Services Investigation Summary Report

Provider/Facility: Abiezer Adult Family Home **Provider Type:** Adult Family Home

License/Cert. #: 754557

Intake ID: 84173

Compliance Determination #: 25282

Region/Unit #: RCS Region 2 / Unit I

Investigator: Tekeste Demissie

Investigation Date(s): 06/13/2023 through 06/27/2023

Complainant Contact Date(s):

Allegation(s):

1. The Adult Family Home (AFH) did not provide necessary care and services to the Named Resident 2 (NR2).
 2. The Adult Family Home (AFH) did not turn and reposition Named Resident 2 (NR2) resulting in worsening wounds.
 3. The adult Family Home (AFH) made a medical decision for NR with out NR knowledge.
 4. The Named Resident 2 (NR2) severely underweight while living in the AFH.
 5. The AFH did not follow NR2's food preference when providing meals.
 6. NR2's Television (TV) not easily accessible to watch facing the side of NR2's bed.
-

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 3 Closed records sample size: 0
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents, AFH Provider, Resident Representatives, Health Care provider.
Record Reviews:	Resident Records, Staff Records, AFH Policies and Procedures, Medications, Third Party Provider Notes.

Investigation Summary:

1. Based on observation, interview, and record review the AFH failed to ensure 1 of 6 residents (Resident 2) was provided proper and timely personal hygiene as identified in the negotiated care plan. This failure placed the Resident 2 at risk for diminished quality of life, decline in physical health, and delayed wound healing.
2. Observation showed Resident 2 was laying on their left side with their legs contracted and their knees pulled towards their chest. In an interview, NR2 sated they are comfortable laying on one position only to avoid pain and discomfort. NR2 stated they did not want to get out of bed to be in a wheelchair to avoid pain and discomfort. In an interview, Staff A (Provider) stated that the NR2 refused to be repositioned in bed.

Staff A stated the NR2 did not wish to get out of bed when staff offered the NR2. Review of NR2's assessment and care plan showed NR2 resistive to Activity of Daily Living (ADL) including turning/repositioning in bed. No failed practices.

3. In an interview, NR2 stated that no body made a decision behalf of them without their knowledge. The NR2 stated that the only time someone made a decision for them was when they are a little. In an interview, the Staff A (Provider) denied making any decision without N2 knowledge. Staff A stated NR2 prefers to make own decisions. Review of the NR2's assessment showed NR make their own decision. No failed practice.

4. Observation showed the NR2 able reach food from the bedside table. The NR2 is able to feed themselves. In an interview, the NR2 stated they don't have any problem eating and they ate 3 meals a day. The AFH Staff is aware of the NR's diet and food preferences. The AFH Staff stated all resident gets 3 meals per day and snack appropriate to their care plan. Record review of NR2's assessment and Care plan showed NR2 had swallowing problem, and Poor appetite. The record showed NR2 had supplemental diet through tubing feeding. The Record showed that in addition to tube feedings, NR2 was able to eat simple foods by mouth and drink liquids on their own. No failed practice.

5. In an interview, the NR2 stated they didn't have any issue with meals provided by the AFH. The NR2 stated that the only food they don't like was coconut and they eat coconut if they have too. In an interview, the Staff A stated that they follow resident care plan to accommodate, prepare and provide NR2's diet. Staff A stated all residents received their meals according to their care plan that showed their preference. Review of NR2's assessment and care plan showed no food like or dislike. No failed practice.

6. Observation showed Resident 2 was laying on their left side with their legs contracted and their knees pulled towards their chest. observation showed NR2 was able to reach and use the remote control to watch the TV. In an interview, NR2 stated they like to stay in bed and watch TV. In an interview, the AFH provider stated that the Home Health Nurse recommended to position the bed in order to place NR2 on their right side and enable pressure relief on left side. The AFH provider stated, the NR did not like laying on the right side. In an interview, Collateral Contact #5 (CC5) stated they tried to position the bed to allow NR2 lay on their right side. CC5 stated resident likes to stay in their left side. No failed practice.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



Residential Care Services Investigation Summary Report

Provider/Facility: Abiezer Adult Family Home **Provider Type:** Adult Family Home

License/Cert. #: 754557

Intake ID: 85130

Compliance Determination #: 25282

Region/Unit #: RCS Region 2 / Unit I

Investigator: Tekeste Demissie

Investigation Date(s): 06/13/2023 through 06/27/2023

Complainant Contact Date(s):

Allegation(s):

1. The Adult Family Home (AFH) did not respect the NR1's preferences around when they go to bed and when they get out of bed.
 2. The Named Resident (NR) was being mentally abused and neglected by AFH Provider.
 3. The Named Resident (NR) gets in trouble by the AFH for discussing what is going on in the home.
-

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 3 Closed records sample size: 0
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents, AFH Provider, Resident Representatives, Health Care provider.
Record Reviews:	Resident Records, Staff Records, AFH Policies and Procedures, Medications, Third Party Provider Notes.

Investigation Summary:

1. Based on observation, interview, and record review the AFH failed to ensure 1 of 6 residents (Resident 1) choices of activities of daily living were respected and accommodated. This failure placed Resident 1 at risk of decreased quality of life.
2. Observation showed NR1 was in bed during the initial general tour of the AFH. Observation showed staff communicated appropriately with NR1. In an interview, the NR1 stated staff made them to go to bed by 06:00PM and they don't get out of bed before 09:00 AM. The NR1 denied other abuse or neglect.
In an interview, the AFH Provider denied any allegations of abuse or neglect. The AFH staff stated they would call the State Department hotline if they had suspected any type of abuse. Record review showed the AFH had current background check with no record.

3. NR1 was in the room sitting on wheelchair during the initial interview in the home. NR1 was outside of the home during 2nd interview by phone. In both interview the NR1 able to discuss what was going on in the home and didn't express fear for reporting. In an interview, Sample Resident 5 stated they don't fear or afraid anybody body for discussion what is going on in the home. In an interview, the AFH provider denied any retaliation for reporting what is going on in the home. Record review showed that the AFH has abuse and neglect policy to follow.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



Residential Care Services Investigation Summary Report

Provider/Facility: Abiezer Adult Family Home **Provider Type:** Adult Family Home

License/Cert. #: 754557

Intake ID: 85343

Compliance Determination #: 25282

Region/Unit #: RCS Region 2 / Unit I

Investigator: Tekeste Demissie

Investigation Date(s): 06/13/2023 through 06/27/2023

Complainant Contact Date(s):

Allegation(s):

1. The Adult Family Home (AFH) did not provide necessary care and services to the Named Resident 2 (NR2).
 2. The Adult Family Home (AFH) did not turn and reposition Named Resident 2 (NR2) resulting in worsening wounds.
 3. The adult Family Home (AFH) made a medical decision for NR with out NR knowledge.
 4. The Named Resident 2 (NR2) severely underweight while living in the AFH.
 5. The AFH did not follow NR2's food preference when providing meals.
 6. NR2's Television (TV) not easily accessible to watch facing the side of NR2's bed.
-

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 3 Closed records sample size: 0
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents, AFH Provider, Resident Representatives, Health Care provider.
Record Reviews:	Resident Records, Staff Records, AFH Policies and Procedures, Medications, Third Party Provider Notes.

Investigation Summary:

1. Based on observation, interview, and record review the AFH failed to ensure 1 of 6 residents (Resident 2) was provided proper and timely personal hygiene as identified in the negotiated care plan. This failure placed the Resident 2 at risk for diminished quality of life, decline in physical health, and delayed wound healing.
2. Observation showed Resident 2 was laying on their left side with their legs contracted and their knees pulled towards their chest. In an interview, NR2 sated they are comfortable laying on one position only to avoid pain and discomfort. NR2 stated they did not want to get out of bed to be in a wheelchair to avoid pain and discomfort. In an interview, Staff A (Provider) stated that the NR2 refused to be repositioned in bed.

Staff A stated the NR2 did not wish to get out of bed when staff offered the NR2. Review of NR2's assessment and care plan showed NR2 resistive to Activity of Daily Living (ADL) including turning/repositioning in bed. No failed practices.

3. In an interview, NR2 stated that no body made a decision behalf of them without their knowledge. The NR2 stated that the only time someone made a decision for them was when they are a little. In an interview, the Staff A (Provider) denied making any decision without N2 knowledge. Staff A stated NR2 prefers to make own decisions. Review of the NR2's assessment showed NR make their own decision. No failed practice.

4. Observation showed the NR2 able reach food from the bedside table. The NR2 is able to feed themselves. In an interview, the NR2 stated they don't have any problem eating and they ate 3 meals a day. The AFH Staff is aware of the NR's diet and food preferences. The AFH Staff stated all resident gets 3 meals per day and snack appropriate to their care plan. Record review of NR2's assessment and Care plan showed NR2 had swallowing problem, and Poor appetite. The record showed NR2 had supplemental diet through tubing feeding. The Record showed that in addition to tube feedings, NR2 was able to eat simple foods by mouth and drink liquids on their own. No failed practice.

5. In an interview, the NR2 stated they didn't have any issue with meals provided by the AFH. The NR2 stated that the only food they don't like was coconut and they eat coconut if they have too. In an interview, the Staff A stated that they follow resident care plan to accommodate, prepare and provide NR2's diet. Staff A stated all residents received their meals according to their care plan that showed their preference. Review of NR2's assessment and care plan showed no food like or dislike. No failed practice.

6. Observation showed Resident 2 was laying on their left side with their legs contracted and their knees pulled towards their chest. observation showed NR2 was able to reach and use the remote control to watch the TV. In an interview, NR2 stated they like to stay in bed and watch TV. In an interview, the AFH provider stated that the Home Health Nurse recommended to position the bed in order to place NR2 on their right side and enable pressure relief on left side. The AFH provider stated, the NR did not like laying on the right side. In an interview, Collateral Contact #5 (CC5) stated they tried to position the bed to allow NR2 lay on their right side. CC5 stated resident likes to stay in their left side. No failed practice.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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 #: 754557	Compliance Determination # 25282
Plan of Correction	Abiezer Adult Family Home	Completion Date
Page 1 of 5	Licensee: Abiezer Adult Family Home LLC	06/27/2023

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 06/13/2023 and 06/13/2023 of:

Abiezer Adult Family Home
22422 97TH AVE W
EDMONDS, WA 98020

This document references the following complaint number(s): 84156, 84173, 85130, 85343

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Tekeste Demissie, 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

06/29/2023
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.

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

Daniel Bockretson
Provider (or Representative)

07/06/2023
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(2) The necessary care and services to help the resident reach the highest level of physical, mental, and psychosocial well-being consistent with resident choice, current functional status and potential for improvement or decline.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure 1 of 6 residents (Resident 2) was provided proper and timely personal hygiene as identified in the negotiated care plan. This failure placed the Resident 2 at risk for diminished quality of life, decline in physical health, and delayed wound healing.

Findings included...

Review of Resident 2's record showed the AFH admitted Resident 2 on [REDACTED] /2022 with multiple diagnoses that included [REDACTED], and [REDACTED].

Review of the Resident 2's Annual Assessment, dated 03/14/2023, showed that Resident 2 required caregiver assistance for bathing, bed mobility, dressing, eating, medication management, personal hygiene, toilet use, and transfers.

Review of Resident 2's Negotiated Care Plan, dated 03/13/2023, showed Resident 2 was dependent on caregivers for toileting/continence needs, meals, personal hygiene, bed mobility, transfers, and medication administration.

Observation, on 06/13/2023 at 9:47 AM, showed Resident 2 laying in bed. Resident 2's bed had a pressure relief air mattress. Resident 2 was laying on their left side with their legs contracted and their knees pulled towards their chest.

During an interview, on 06/12/2023 at 4:38 PM, Collateral Contact 1 (CC1), Emergency Responder, stated that they were dispatched to the Adult Family Home to assess for a possible Urinary Tract Infection (UTI). CC1 stated that when they arrived on the scene that they found the patient (Resident 2) laying in bed with dried feces on their hands and arms.

In an interview, on 06/13/2023 at 8:35 AM, Collateral Contact 2 (CC2), Emergency Room Nurse, stated that the patient (Resident 2) presented in the emergency room with dried feces in their fingernails, right arm, toenails, and skin. CC2 stated that Resident 2's diaper was saturated in feces and urine.

During an interview, on 06/13/2023 at 9:50 AM, Resident 2 stated that they had not received a real bath yet. Resident 2 stated that they sometime got a bed bath, but that it is not enough to get cleaned thoroughly.

In an interview, on 06/13/2023 at 11:57 AM, Staff A, Provider, was asked about Resident 2's continence care and bath, Staff A stated that Resident 2 usually refused to reposition or get out of bed. Staff A stated that AFH staff provided Resident 2 a bed bath almost every other day.

During an interview, on 06/22/2023 at 10:45 AM, Collateral Contact5, (Home health Nurse) stated that during a scheduled home health visit they found Resident 2 was not cleaned. CC5 stated that Resident 2 was dirty, and that food was stuck on Resident 2's skin.

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, Abiezer Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 08/02/2023 (IDP)

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

Daniel Bockretson

Provider (or Representative)

07/06/2023

Date

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(4) Has the opportunity to exercise control over life decisions, such as making the resident's own choices about daily life, participation in services or activities, care, and privacy;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure 1 of 6 residents (Resident 1) choices of activities of daily living were respected and accommodated. This failure placed Resident 1 at risk of decreased quality of life.

Findings included...

Review of Resident 1's record showed the AFH admitted Resident 1 on [REDACTED]/2020 with multiple diagnoses that included [REDACTED]

[REDACTED]. Resident 1 required caregiver assistance for transfers.

Observation, on 06/13/2023 at 9:30 AM, showed Resident 1 laying in bed. Resident 1's [REDACTED] and [REDACTED] where in the room.

During an interview, on 06/13/2023 at 10:36 AM, Resident 1 stated that they had previously requested this morning to get up around 9:00 AM, but that they were just assisted out of bed. Resident 1 stated that they also returned to bed at 5:30 or 6:00 PM every night regardless of wanting to stay up later. Resident 1 stated that they did not have a choice on when they got out of bed or went back to bed.

In an interview, on 06/14/2023 8:47 AM, Collateral Contact 3(CC3), Resident Representative, stated that Resident 1 was made to stay in bed for fifteen to sixteen hours by AFH Staff. CC3 stated that Resident 1 had made to go to be at 5:30 PM against Resident 1's wishes.

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, Abiezer Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 08/02/2023 (IDR)

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

Daniel Bockretson
Provider (or Representative)

07/06/2023
Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the internal environment was maintained in a manner that was clean, and free of foul odors. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk for diminished quality of life due to living in an unpleasant environment.

Findings included ...

Observation, on 06/13/2023 at 9:30 AM, showed 2 of 6 residents (Resident 3 and 4) sitting in the common room. Resident 3 was sitting in a chair near the television. Resident 4 was in a recliner near the dining room table. Resident 1 was observed in their room, just off the common area, laying in bed. A strong, foul odor of urine was smelled throughout the common area.

Observation, on 06/13/2023 at 10:10 AM, showed Resident 1 sitting in their wheelchair. Resident 1's bed was observed with food crumbs on the mattress. Resident 1's bedroom had a strong, foul smell of urine throughout the room. Resident 1's room had a large urinary catheter bag, with 1000 milliliters (ml) of dark yellow urine, observed on the floor near Resident 1's dresser.

During an interview, on 06/13/2023 at 10:10 AM, Resident 1 stated that they have their urinary collection bag changed every morning from a large urinary collection bag to a smaller urinary collection bag. Resident 1 stated that the urinary collection bag on the floor was theirs.

In an interview, on 06/13/2023 at 10:20 AM, when Staff B, Caregiver, was asked about the daily routine regarding Resident 1's catheter care, Staff B stated that they changed and washed the bag daily. Staff B stated that they had not cleaned Resident 1's room yet.

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, Abiezer Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 08/02/2023 (IDP)

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

Daniel Bockretson

Provider (or Representative)

07/06/2023

Date

RECEIVED

JUL 07 2023

DSHS/ALISA/RCS



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

06/29/2023

CERTIFIED MAIL

9489009000276072996711

Abiezer Adult Family Home LLC
Abiezer Adult Family Home
22422 97TH AVE W
EDMONDS, WA 98020

RE: Abiezer Adult Family Home # 754557

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 06/27/2023 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 any 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - o Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services

Abiezer Adult Family Home # 754557

06/27/2023

Page 2 of 4

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 388-76-10198 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.

The Adult Family Home failed to have personnel background, national fingerprint background, and character competency and suitability statements readily available for review for 5 of 5 current staff. Staff A, Provider, obtained the requested documents by the required time.

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

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>

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 IDRs** 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

Abiezer Adult Family Home # 754557

06/27/2023

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PO Box 45600

Olympia, WA 98504-5600