STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Ahadi Care AFH, LLC

Ahadi Care AFH, LLC
3006 23rd Avenue Ct SE
Puyallup, WA 98374

RE: Ahadi Care AFH, LLC License # 755210

Dear Provider:

This letter addresses Compliance Determination(s) 39016 (Completion Date 03/28/2024) and 37598 (Completion Date 03/04/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/28/2024 and found that you have corrected the violations listed in the Full report dated 03/04/2024. Your home is back in compliance as of 03/07/2024 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-b, WAC 388-76-10650-2-c, WAC 388-76-10485-1, WAC 388-76-10865-1, WAC 388-76-10198-2-a, WAC 388-76-10198-4, WAC 388-76-10715-1

The Department staff who did the on-site verification:
Gary Fuentebella, Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 755210	Compliance Determination #37596
Plan of Correction	Ahadi Care AFH, LLC	Completion Date
Page 1 of 8	Licensee: Ahadi Care AFH, LLC	03/04/2024

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 02/29/2024 and 02/29/2024 of:
Ahadi Care AFH, LLC
3006 23rd Avenue Ct SE
Puyallup, WA 98374

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Gary Fuentebella, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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 — 03/05/2024 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	License #: 755210	Compliance Determination # 37596
Plan of Correction	Ahadi Care AFH, LLC	Completion Date
Page 2 of 8	Licensee: Ahadi Care AFH, LLC	03/04/2024

RKashuta-
Provider (or Representative)

03/07/2024
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;

(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

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure a assessment for safe use of a medical device ([redacted]) was done, the Negotiated Care Plan (NCP) addressed the use, and risk and benefits information were provided for 1 of 1 resident (Resident 2). This failure placed Resident 2 at risk for accidents, injury or death related to the use of a medical device.

Findings included...

On 02/29/2024 at 10:50 AM, observation showed a half length [redacted] attached on each side of Resident 2's bed.

Record review of Resident 2's Assessment dated 04/14/2023, revealed Resident 2 had diagnoses to include [redacted], and they needed assistance in bed mobility. There was no documentation of a completed assessment for the safe use of the [redacted]

Record review of Resident 2's NCP dated 07/4/2023, showed that the [redacted] were not being addressed, and there was no documentation to show risk and benefits information was provided to the resident.

On 02/29/2024 at 11:35 AM during interview, the Provider stated that Resident 2 had a history of falls from their previous residence and that Resident 2 requested the [redacted] to prevent them from falling off from the bed, and to assist in bed mobility.

On 02/29/2024 at 1:45PM, during interview, Resident 2 stated that the [redacted] were used

to assist in bed mobility and repositioning.

On 02/29/2024 at 2:10 PM, during interview, the Provider said they (Provider) did not know the requirements needed for using [redacted] and that they thought a physician's order was enough to be in compliance.

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, Ahadi Care AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 03/07/2024.

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

Provider (or Representative) — Date: 03/07/2024

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

(1) In locked storage;

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 4 residents (Resident 4) medications were kept in locked storage. This failure placed Resident 4 and Resident 2 (Resident 4's roommate) at risk for medication errors.

Findings included...

On 02/29/2024 at 10:60 AM, observation showed a bottle of Naloxone (used to reverse opioid overdose) nasal spray on top of Resident 4's bed. The Provider was surprised to see the nasal spray on the bed when asked about it. The Provider took the nasal spray and put it in locked storage. Resident 4 was not in the AFH while Resident 2 was observed lying awake on the adjacent bed and watching TV. Resident 4 and Resident 2 shared the same bedroom (Bedroom C), and both residents had access to the nasal spray without staff knowing.

On 02/29/2024 at 10:60 AM, during interview, the Provider stated that they (Provider) were not aware of Resident 4's nasal spray.

On 02/29/2024 at 11:50 AM, during interview, the Provider stated that Resident 4 went daily to a substance abuse clinic.

Record review of Resident 4's Assessment dated 06/13/2023, showed Resident 4 had diagnoses to include [redacted]. The same Assessment revealed Resident 4 had memory problems and needed administration of medications.

Record review of Resident 2's Assessment dated 04/14/2023, showed Resident 2 had diagnoses to include [redacted]. The same Assessment revealed Resident 2 needed assistance in medication management.

On 02/29/2024 at 2:10 PM, during interview, the Provider stated that Resident 4 probably obtained the Naloxone nasal spray from the substance abuse clinic and brought it to the AFH without telling AFH staff about it.

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, Ahadi Care AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 03/01/2024.

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

Provider (or Representative) — Date: 03/07/2024

WAC 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) were able to fully evacuate from the home within five (5) minutes or less. This failure placed residents at risk for delay in evacuation in case of a fire.

Findings included...

Review of the AFH's fire drill log revealed it took more than 5 minutes to evacuate all the residents on the following dates:
04/28/2023- eight (8) minutes
06/29/2023- ten (10) minutes
08/20/2023- 10 minutes

On 02/29/2024 at 2:10 PM, during interview, the Provider stated that the reason there were delays in the evacuation of all the residents on the above-mentioned dates was because of a former resident was being uncooperative and refused to follow directions from AFH staff.

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, Ahadi Care AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 08|20|2023 .

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

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Provider (or Representative)

03|07|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 reviews the Adult Family Home (AFH) failed to ensure 4 of 4 staff (Provider, Caregiver A, Caregiver B, Caregiver C) personnel files were readily available for review. This failure placed all residents at risk for receiving care and services from unqualified staff.

Findings included...

On 02/29/2024 at 10:00 AM, observation showed Caregiver A and Caregiver B working in the AFH with Resident 1, Resident 2, and Resident 3. Resident 4 was out of the AFH at that time.

On 02/29/2024 at 10:26 AM, observation showed the Provider arrived at the AFH.

Record review of personnel files showed the following documents were not readily available for review:
Provider: national fingerprint result was missing.
Caregiver A: Washington State name and date of birth (DOB) background check result, twelve (12) hours of continuing education (CE) training certificates were missing.
Caregiver B: Washington State name and DOB background check result, and national fingerprint results were missing.
Caregiver C: Washington State name and DOB background check results were missing.

On 02/29/2024 at 2:10 PM, during interview, the Provider stated that they (Provider) did not receive a copy of their national fingerprint result when they first applied for AFH license. Instead, the result was sent directly by the Background Check Central Unit (BCCU) to the Business Analysis and Applications Unit (BAAU). The Provider added that they (Provider) will send copies of the caregivers' missing personnel files to the Department for review.

On 03/01/2204, the Department received an email from the Provider stating that except for their (Provider) national fingerprint result, they (Provider) had most of the missing personnel files and will send them to the Department for review.

On 03/04/2024, the Department received the following documents from the Provider:
Caregiver A: Washington State name and date of birth (DOB) background check result dated 08/24/2023 (no findings, valid until 2026), and 12 hours of CE training certificates.
Caregiver B: Washington State name and DOB background check result dated 10/23/2023 (no findings, valid until 2025), and national fingerprint result dated 10/15/2023 (no findings).
Caregiver C: Washington State name and DOB background check result dated 08/23/2023 (no findings, valid until 2025).

As of 03/04/2024, the Department did not receive a copy of the Provider's national fingerprint result.

Attestation Statement

Statement of Deficiencies	License #: 755210	Compliance Determination # 37536
Plan of Correction	Ahadi Care AFH, LLC	Completion Date
Page 7 of 8	Licensee: Ahadi Care AFH, LLC	03/04/2024

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, Ahadi Care AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 03/07/2024

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

Provider (or Representative) — Date: 03/07/2024

WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:

(1) Every bedroom and bathroom door opens from the inside and outside;

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure 1 of 5 bedrooms (Bedroom E) was able to be opened from the outside. This failure placed future residents at risk for entrapment and delay in evacuation in case of an emergency.

Findings included...

On 02/29/2024 at 10:50 AM, observation showed Bedroom E (currently used by caregivers) did not have a key to unlock the doorknob. The Provider and Caregiver A looked for the key but were unable to find it.

On 02/29/2024 at 2:13 PM, during interview, the Provider stated the property owner previously used Bedroom E as a storage room prior to being used as caregivers' room. The Provider added they (Provider) will have the property owner replace Bedroom E's door knob

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, Ahadi Care AFH, LLC is or will be in compliance with this law and / or regulation on (Date) 03/01/2024

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

Statement of Deficiencies	License #: 755210	Compliance Determination # 37536
Plan of Correction	Ahadi Care AFH, LLC	Completion Date
Page 8 of 8	Licensee: Ahadi Care AFH, LLC	03/04/2024

Provider (or Representative)

03/07/2024
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

DSHS RCS REG. 3
LAKEWOOD
MAR 19 2024
RECEIVED

Ahadi Care AFH, LLC
Ahadi Care AFH, LLC
3036 23rd Avenue Ct SE
Puyallup, WA 98374

RE: Ahadi Care AFH, LLC # 755210

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/04/2024 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:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98498

• 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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) did not have a written succession plan. The Provider immediately wrote a succession plan and designated Caregiver A to be in-charge of providing care and services to the residents in the home in the event the Provider was unable to do so to correct the issue.

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 (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
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:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98498

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 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
PO Box 45600
Olympia, WA 98504-5600