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

In Harmony Home Care, LLC
At Harmony Home Care, LLC
20222 76th Ave W
Edmonds, WA 98026

RE: At Harmony Home Care, LLC License # 755405

Dear Provider:

This letter addresses Compliance Determination(s) 54456 (Completion Date 02/07/2025) and 51694 (Completion Date 12/19/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/07/2025 and found that you have corrected the violations listed in the Complaint report dated 12/19/2024. Your home is back in compliance as of 01/30/2025 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 388-76-10175-1, WAC 388-76-10510-2, WAC 388-76-10510-6

The Department staff who did the off-site verification:
Meazawork Tekie, 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

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 12/12/2024 and 12/12/2024 of:

At Harmony Home Care, LLC
20222 76th Ave W
Edmonds, WA 98026

This document references the following complaint number(s): 157668

The following sample was selected for review during the unannounced on-site visit: 4 of 3 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Meazawork Tekie, Complaint Investigator
Renee Bourque, Field Manager

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

01/24/2025
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 #: 755405	Compliance Determination #51694
Plan of Correction	At Harmony Home Care, LLC	Completion Date
Page 2 of 4	Licensee: In Harmony Home Care, LLC	12/19/2024

Provider (or Representative) 1/30/2025 Date

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a current Washington state name and date of birth background check for 1 of 6 staff members (Staff E, Caregiver). This placed 4 of 4 residents (Residents 1, 2, 3, & 4) at risk of being cared for by a staff member with an unknown criminal history.

Findings included...

Record review of Staff E's employee file, dated 12/05/2024, showed Staff E had been hired on 12/05/2024. Review showed Staff E's employee file had not included records of a Washington state name and date of birth background check.

In an interview, on 12/12/2024 at 10:30 AM, Staff D (Caregiver) stated that Staff E worked at AFH on Staff C's (Caregiver) days off work.

In an interview, on 12/12/2024, at 11:00 AM, Staff C stated that Staff E had been working in the AFH since 12/05/2024 and had not completed the Washington state name and date of birth background check.

In an interview, on 12/12/2024 at 2:31 PM, Staff A (Provider) acknowledged the AFH had not completed Staff E's Washington state name and date of birth background check.

Attestation Statement

Provider (or Representative) _____ Date _____

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In an interview, on 12/12/2024, at 11:00 AM, Staff C stated that Staff E had been working in the AFH since 12/05/2024 and had not completed the Washington state name and date of birth background check.

In an interview, on 12/12/2024 at 2:31 PM, Staff A (Provider) acknowledged the AFH had not completed Staff E's Washington state name and date of birth background check.

Attestation Statement

Statement of Deficiencies	License #: 755405	Compliance Determination #: 51694
Plan of Correction	At Harmony Home Care, LLC	Completion Date
Page 3 of 4	Licensee: In Harmony Home Care, LLC	12/13/2024

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, At Harmony Home Care, LLC is or will be in compliance with this law and / or regulation on (Date) 1/30/2025.

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

Provider (or Representative) — Date: 1/30/2025

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

(2) Is treated with courtesy, dignity, and respect;

(6) Is cared for in a manner that enhances or maintains the resident's quality of life;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 residents (Resident 1) were cared for in a manner that maintained their privacy and dignity. This failure violated Resident 1's rights and led to a decreased quality of life.

Findings included...

Record review of the AFH's Resident Rights Policy, dated 11/02/2024, showed Resident 1 had rights to "Personal privacy and confidentiality of his or her personal and clinic records' accommodations, medical treatment, and personal care".

Record review of Residents 1's assessment, dated 04/15/2024, showed Resident 1 had diagnosis of [redacted]

Resident 1's assessment showed Resident 1 required total assistance with activities of daily living.

Record review of Resident 1's Negotiated Care Plan (NCP,) dated 12/2/2024, showed staff were instructed to perform manual rectal evacuation for Resident 1 every other day to assist with removal of gas and feces.

In an interview, on 12/12/2024 at 11:00AM, Staff C (Caregiver) stated that they had taken pictures of Resident 1's Bowel Movement (BM) output to show Resident 1 the BM outputs. Staff C stated they had not obtained Resident 1's consent before they took the picture. Staff C stated that since the picture had been deleted and had not been shared

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Provider (or Representative) Date

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Resident 1's assessment showed Resident 1 required total assistance with activities of daily living.

Record review of Resident 1's Negotiated Care Plan (NCP,) dated 12/2/2024, showed staff were instructed to perform manual rectal evacuation for Resident 1 every other day to assist with removal of gas and feces.

In an interview, on 12/12/2024 at 11:00AM, Staff C (Caregiver) stated that they had taken pictures of Resident 1's Bowel Movement (BM) output to show Resident 1 the BM outputs. Staff C stated they had not obtained Resident 1's consent before they took the picture. Staff C stated that since the picture had been deleted and had not been shared

with other person, Staff C didn't believe Resident 1's privacy was violated.

In an interview, on 12/13/2024 at 10:20 AM, Resident 1 stated that Staff C had taken a picture of their buttocks and BM output. Resident 1 stated that Staff C had not obtained approval from Resident 1 before they had taken the picture. Resident 1 stated they felt 'humiliated, degraded, and their privacy violated'.

In an interview, on 12/13/2024 at 4:27 PM, Staff A (Provider) acknowledged that Staff C had taken a picture of Resident 1's BM output and had not asked Resident 1's permission. Staff A stated that since the picture had not been shared with other person, Staff A didn't believe Resident 1's privacy was violated.

Attestation Statement

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Provider (or Representative) _____ Date 1/31/2025

with other person, Staff C didn't believe Resident 1's privacy was violated.

In an interview, on 12/13/2024 at 10:20 AM, Resident 1 stated that Staff C had taken a picture of their buttocks and BM output. Resident 1 stated that Staff C had not obtained approval from Resident 1 before they had taken the picture. Resident 1 stated they felt 'humiliated, degraded, and their privacy violated'.

In an interview, on 12/13/2024 at 4:27 PM, Staff A (Provider) acknowledged that Staff C had taken a picture of Resident 1's BM output and had not asked Resident 1's permission. Staff A stated that since the picture had not been shared with other person, Staff A didn't believe Resident 1's privacy was violated.

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Provider (or Representative) Date