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

HASET ADULT FAMILY HOME LLC
"Beautiful" Living AFH
19711 Whitman Ave N
Shoreline, WA 98133

RE: "Beautiful" Living AFH License # 755967

Dear Provider:

This letter addresses Compliance Determination(s) 34857 (Completion Date 01/08/2024) and 33147 (Completion Date 12/10/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/08/2024 and found that you have corrected the violations listed in the Complaint report dated 12/10/2023. Your home is back in compliance as of 11/28/2023 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 388-76-10750-5-a, WAC 388-76-10750-5-d, WAC 388-76-10225-1-b-ii

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

Residential Care Services
Investigation Summary Report

Provider/Facility: "Beautiful" Living AFH
Provider Type: Adult Family Home
License/Cert.#: 755967
Compliance Determination #: 33147
Intake ID: 106563
Investigator: Meazawork Tekie
Region/Unit #: RCS Region 2 / Unit I
Investigation Date(s): 11/28/2023 through 12/10/2023
Complainant Contact Date(s): 12/20/2023

Allegation(s):

1. The Adult Family Home (AFH) provider failed to pay the required utility bill to maintain electricity in the AFH.
2. The Adult Family Home (AFH) failed to report power outage to the department.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 2 Closed records sample size: 0
Observations:	Residents Activities Resident rooms
Interviews:	Identified staff Nursing staff Residents
Record Reviews:	Medical records Incident investigation Facility policies Billings

Investigation Summary:

1. Observation showed AFH with 4 residents doing their daily activity comfortably. In an interview, residents stated they felt well cared for, had access to meals and snacks, had access to TV, phone, and laundry services. Residents did not recall power outages. In an interview, AFH staff stated that they lost power close to 2 hours. Staff stated that resident meals service were not interrupted. In an interview, provider stated they didn't see mailed utility bills and failed to pay on time. Stated they have started online account to prevent further incidents. Record review showed missed payments. See statement of deficiency dated:12/20/2023.

2. Observation showed resident doing their daily activity comfortably. In an interview, residents stated that they were well cared for and felt safe residing in the AFH. In an interview, provider stated that the power outages were not reported to the department. See statement of deficiency dated: See statement of deficiency dated:12/20/2023.

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 #: 755967	Compliance Determination # 33147
Plan of Correction	"Beautiful" Living AFH	Completion Date
Page 1 of 3	Licensee: HASET ADULT FAMILY HOME LLC	12/10/2023

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 11/28/2023 and 11/28/2023 of:

"Beautiful" Living AFH
3918 172ND STREET SW
LYNNWOOD, WA 98037

This document references the following complaint number(s): 106563

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 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.

Renee' Bourque
Residential Care Services

12/20/2023
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.

Provider (or Representative) Date

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

(5) Provide safe and functioning systems for:

(a) Heating;

(d) Electricity;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to maintain a functioning electrical system for 4 of 4 residents (Resident 1, 2,3, and 4). This failure placed Residents 1, 2,3, and 4 at risk for unmet care needs.

Findings included....

During an interview, on 11/16/2023 at 11:00 AM, Collateral Contact 1 (CC1), stated the AFH lost power on 11/15/2023 from 11:52 AM to 1:49 PM due to failure to pay utility bills.

During an interview, on 11/28/2023 at 10:47 AM, Staff A (Entity representative) stated the AFH lost electricity due to non-payment.

Record review showed the AFH failed to pay their utility bill for 10/11/2023 and 11/08/2023.

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, "Beautiful" Living AFH is or will be in compliance with this law and / or regulation on (Date) 11/15/2023

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

Provider (or Representative) 12/20/2023 Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff;

Statement of Deficiencies	License #: 755967	Compliance Determination # 33147
Plan of Correction	"Beautiful" Living AFH	Completion Date
Page 3 of 3	Licensee: HASET ADULT FAMILY HOME LLC	12/10/2023

(b) Report the following to the department by calling the complaint toll-free hotline number:

(ii) Conditions that threaten the provider's or entity representative's ability to continue to provide care or services to each resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult family Home (AFH) failed to report the AFH had a power outage to the department. This failure placed 4 of 4 residents (Resident 1, 2,3, and 4) at risk for unmet care needs when entities responsible for Resident 1, 2,3, and 4's welfare were not informed.

Findings included...

In an interview, on 11/28/2023 at 10:47 AM, Staff A (Entity representative) stated the AFH lost electricity due to non-payment. Staff A stated that they had not reported the power outage to the department.

Record review of AFH incident reporting log showed reports of power outages were not made to the department.

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, "Beautiful" Living AFH is or will be in compliance with this law and / or regulation on (Date) 11/28/2023

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

Provider (or Representative) 12/20/2023 Date