STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Hira Caring AFH LLC

Hira Caring AFH LLC
2323 74th St SE
Everett, WA 98203

RE: Hira Caring AFH LLC License # 756034

Dear Provider:

This letter addresses Compliance Determination(s) 47294 (Completion Date 09/17/2024) and 41784 (Completion Date 07/01/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/17/2024 and found that you have corrected the violations listed in the Complaint report dated 07/01/2024. Your home is back in compliance as of 07/08/2024 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 388-76-10615-2

The Department staff who did the on-site verification:
Megan Wylie, Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, Field Manager
Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 05/24/2024 and 05/24/2024 of:

Hira Caring AFH LLC
2323 74th St SE
Everett, WA 98203

This document references the following complaint number(s): 130553

The following sample was selected for review during the unannounced on-site visit: 1 of 2 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Megan Wylie, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Nicholette Flynn
Residential Care Services

7/5/2024
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.

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Residential Care Services

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 388-76-10615 Resident rights Transfer and discharge.

(2) Before a home transfers or discharges a resident, the home must first attempt through reasonable accommodations to avoid the transfer or discharge, unless agreed to by the resident.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) did not ensure reasonable accommodations were made for 1of 1 residents (Resident 1) before a discharge notice was issued. This failure resulted in Resident 1 at risk for unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2024. Resident 1's assessment, dated 05-03-2024, showed Resident 1 had short term memory loss and required caregiver assistance with medication management.

Record review of a discharge notice provided to Resident 1, dated 05/15/2024, showed the AFH chose to transfer and discharge Resident 1 because Resident 1 was unhappy in the AFH and with the care provided. No documentation provided that showed the AFH attempted to reasonably accommodate Resident 1's care needs.

In an interview on 07/01/2024 at 11:05 AM, Staff A (Provider) stated that Resident 1's care needs identified in the assessment, dated 05/03/2024, had not changed. Resident 1 was resistive to care and very unhappy in the home. Staff A stated that the family moved the resident out before the 30 days was completed on [redacted]/2024.

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, Hira Caring AFH LLC 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