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

Happy Family AFH at #5 LLC
Happy Family AFH at # 5 LLC
12725 Palatine Ave N
Seattle, WA 98133

RE: Happy Family AFH at # 5 LLC License # 757818

Dear Provider:

This letter addresses Compliance Determination(s) 61943 (Completion Date 07/02/2025) and 59599 (Completion Date 05/15/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/02/2025 and found that you have corrected the violations listed in the Complaint report dated 05/15/2025. Your home is back in compliance as of 06/29/2025 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 388-76-10015-1, WAC 388-76-10255-3

The Department staff who did the on-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 K
Residential Care Services

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

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 #: 757818	Compliance Determination #:59599
Plan of Correction	Happy Family AFH at #5 LLC	Completion Date
Page 1 of 4	Licensee: Happy Family AFH at #5 LLC	05/15/2025

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 05/14/2025 of:

Happy Family AFH at # 5 LLC
12725 Palatine Ave N
Seattle, WA 98133

This document references the following complaint number(s): 178161

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

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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.

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Happy Family AFH at # 5 LLC
12725 Palatine Ave N
Seattle, WA 98133

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Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 757618	Compliance Determination # 89599
Plan of Correction	Happy Family AFH at #5 LLC	Completion Date
Page 2 of 4	Licensee: Happy Family AFH at #5 LLC	05/15/2025

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.

Renae' Bourque
Residential Care Services

05/27/2025
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. I will be compliance with all laws and regulations.

Janie Payne
Provider (or Representative)

5/29/25
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW, and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to medical tests done in the AFH by failing to apply and obtain a Medical Test Site Waiver (MTSW) license. This failure resulted in the AFH operating without a MTSW license when they collected specimens and interpreted results when they conducted home testing.

Findings included...

Observation, on 05/14/2025 at 12:05 PM, showed a sign on Resident 2's room door that had indicated Resident 2 had been placed on isolation precautions.

In an interview, on 05/14/2025 at 12:15 PM, Resident 2 stated that they had been tested for COVID-19 (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) infection by AFH staff, and that they (Resident 2) had tested [redacted] for COVID infection.

Record review of AFH's progress notes, dated 05/07/2025, showed AFH staff had tested Resident 2 for COVID-19 infection.

In an interview, on 05/14/2025 at 3:57 PM, Staff B, Caregiver, stated they had tested Resident 2 for COVID infection on 05/07/2025 and had tested [redacted]

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

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 | 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to medical tests done in the AFH by failing to apply and obtain a Medical Test Site Waiver (MTSW) license. This failure resulted in the AFH operating without a MTSW license when they collected specimens and interpreted results when they conducted home testing.

Findings included…

Observation, on 05/14/2025 at 12:05 PM, showed a sign on Resident 2's room door that had indicated Resident 2 had been placed on isolation precautions.

In an interview, on 05/14/2025 at 12:15 PM, Resident 2 stated that they had been tested for COVID-19 (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) infection by AFH staff, and that they (Resident 2) had tested [redacted] for COVID infection.

Record review of AFH's progress notes, dated 05/07/2025, showed AFH staff had tested Resident 2 for COVID-19 infection.

In an interview, on 05/14/2025 at 3:57 PM, Staff B, Caregiver, stated they had tested Resident 2 for COVID infection on 05/07/2025 and had tested [redacted].

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Statement of Deficiencies	License #: 757818	Compliance Determination #:59599
Plan of Correction	Happy Family AFH at #5 LLC	Completion Date
Page 3 of 4	Licensee: Happy Family AFH at #6 LLC	05/15/2025

In an interview, on 05/14/2025 at 3:57 PM, Staff A, Provider, stated that they had tested Resident 2 for COVID on 05/07/2025 when Resident 2 started having a runny nose and had reported test results to Resident 2's Medical doctor. Staff A stated they did not have MTSW license when AFH staff tested Resident 2 to rule out COVID-19 infection.

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, Happy Family AFH at # 5 LLC is or will be in compliance with this law and / or regulation on (Date) 5/29/25 — Per phone conversation with provider on 6/2@1:55 PM, OK to add 5/29/25 date TB

yes should have had the MTSW Turned in and Approved before 1st Resident Turned in Application 5/14/25 Waiting on Approval

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

Janie Drype — Provider (or Representative)

5/29/25 — Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide respirator fit testing for 1 of 2 staff (Staff B, Caregiver). These failures placed 1 of 1 residents (Resident 2) and staff at risk for illness and infection when Staff B provided care to Resident 2, with active COVID (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) infection.

Findings included...

Record review of the AFH Respiratory protection policy plan (RPP), undated, showed AFH had implemented procedures to prevent the spread of COVID-19 infection. RPP showed all employees were required to be fit tested before using respirator and wear filtering facepiece respirators for high- and extremely high-risk tasks.

In observation, on 05/14/2025 12:15PM, showed Resident 2's room had a sign that indicated Resident 2 had was on isolation precautions. Observation showed Staff B donned (put on) Personal Protective Equipment (PPE) that included N-95 Mask (disposable filtering facepiece respirator), when they entered Resident 2 room to provide care.

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In an interview, on 05/14/2025 at 3:57 PM, Staff A, Provider, stated that they had tested Resident 2 for COVID on 05/07/2025 when Resident 2 started having a runny nose and had reported test results to Resident 2's Medical doctor. Staff A stated they did not have MTSW license when AFH staff tested Resident 2 to rule out COVID-19 infection.

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, Happy Family AFH at # 5 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

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to provide respirator fit testing for 1 of 2 staff (Staff B, Caregiver). These failures placed 1 of 1 residents (Resident 2) and staff at risk for illness and infection when Staff B provided care to Resident 2, with active COVID (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) infection.

Findings included…

Record review of the AFH Respiratory protection policy plan (RPP), undated, showed AFH had implemented procedures to prevent the spread of COVID-19 infection. RPP showed all employees were required to be fit tested before using respirator and wear filtering facepiece respirators for high- and extremely high-risk tasks.

In observation, on 05/14/2025 12:15PM, showed Resident 2's room had a sign that indicated Resident 2 had was on isolation precautions. Observation showed Staff B donned (put on) Personal Protective Equipment (PPE) that included N-95 Mask (disposable filtering facepiece respirator), when they entered Resident 2 room to provide care.

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Statement of Deficiencies	License #: 757618	Compliance Determination #: 53659
Plan of Correction	Happy Family AFH at #5 LLC	Completion Date
Page 4 of 4	Licensee: Happy Family AFH at #5 LLC	05/15/2025

In an interview, on 05/14/2025 at 12:15 PM, Resident 2 stated that they recently tested [redacted] for COVID-19 at the AFH.

In an interview, on 05/14/2025 at 12:45 PM, Staff B stated that Resident 2 had tested [redacted] for COVID-19 infection on 05/07/2025 and they (Staff B) had donned a N-95 mask, while caring for Resident 2.

In an interview, on 05/14/2025 at 3:57 PM, Staff A, Provider, stated that AFH staff donned an N-95 mask while providing care to Resident 2. Staff A stated that Staff B had not completed fit testing before using the N-95 mask when they (Staff B) cared for Resident 2, with active COVID-19 infection.

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, Happy Family AFH at #5 LLC is or will be in compliance with this law and / or regulation on (Date) 5/29/25 – Per phone conversation with Provider on 5/29/25 at 10:15am, CA to add 5/29/25 to date. TB

should of had staff complete fit test as soon as they are hired it never had a/w. At this moment Columbia is getting back to me they mentioned the first week of June 2025

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

Janie Payne
Provider (or Representative)

5/29/25
Date

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In an interview, on 05/14/2025 at 12:15 PM, Resident 2 stated that they recently tested [redacted] for COVID-19 at the AFH.

In an interview, on 05/14/2025 at 12:45 PM, Staff B stated that Resident 2 had tested [redacted] for COIVID -19 infection on 05/07/2025 and they (Staff B) had donned a N-95 mask, while caring for Resident 2.

In an interview, on 05/14/2025 at 3:57 PM, Staff A, Provider, stated that AFH staff donned an N-95 mask while providing care to Resident 2. Staff A stated that Staff B had not completed fit testing before using the N-95 mask when they (Staff B) cared for Resident 2, with active COVID-19 infection.

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, Happy Family AFH at # 5 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

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