



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

August 16, 2019

ELLES N INC
ELLES N INC
11320 SANDPOINT WAY NE
SEATTLE, WA 98125

RE: ELLES N INC License #508202

Dear Provider:

On August 13, 2019 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated July 19, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Susan Hajek, Community Complaint Investigator

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

Brenda Mooney, Field Manager
Region 2, Unit I
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: ELLES N INC (687072) **Intake ID(s):** 3657583
License/Cert. #: AF508202
Investigator: Hajek, Susan **Region/Unit:** RCS Region 2/Unit J **Investigation Date(s):** 07/18/2019 through 07/19/2019
Complainant Contact Date(s): 07/17/2019

Allegations:

#1. The Named Resident (NR) alleged she had been raped.

Investigation Methods:

<input checked="" type="checkbox"/> Sample:	Residents	<input checked="" type="checkbox"/> Observations:	Residents, home environment, staff interactions with residents
<input checked="" type="checkbox"/> Interviews:	Residents, staff, home health nurse, APS, collateral interview	<input checked="" type="checkbox"/> Record Reviews:	Resident records, policies

Allegation Summary:

The NR alleged sexual abuse. The person who heard the allegation knew the resident well and stated the NR was confused at the time thinking it was 1949. The NR was subsequently hospitalized, treated for an unrelated medical condition and released. No evidence was found to support the allegation of sexual abuse.

Unalleged Violation(s): **Yes** **No**

The Provider stated the home had not reported the allegation to the department because the allegation was made to someone else and that person had called it in.

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

Citation written under WAC 388-76-.10673 Reporting requirement



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RECEIVED
 AUG 12 2019
 DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 508202	Completion Date
Plan of Correction	ELLES N INC	July 19, 2019
Page 1 of 2	Licensee: ELLES N INC	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site complaint investigation of: 7/18/2019 and 7/19/2019

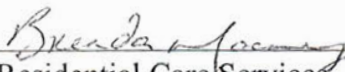
ELLES N INC
 11320 SANDPOINT WAY NE
 SEATTLE, WA 98125

This document references the following complaint number: 3657583

The department staff that inspected and investigated the adult family home:
 Susan Hajek, Community Complaint Investigator

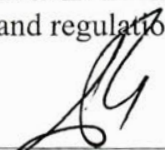
From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit I
 20816 44th Ave West, Suite 240
 Lynnwood, WA 98036-7744
 (425)670-6061

As a result of the on-site complaint investigation 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

7/24/19
 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)

7 / 27 / 19
 Date

WAC 388-76-10673 Abuse and neglect reporting Mandated reporting to department Required.

(1) In accordance with chapter 74.34 RCW, all providers, entity representatives, resident managers, owners, caregivers, staff, and students that provide care and services to residents, are mandated reporters and must immediately report to the department when there is:

- (a) A reasonable cause to believe that abandonment, abuse, exploitation, financial exploitation, or neglect of a vulnerable adult has occurred; or
- (b) A reason to suspect that sexual assault of a vulnerable adult has occurred.

(2) Reports must be made to:

- (a) The centralized toll free telephone number provided by the department; and
- (b) The appropriate law enforcement agencies, as required under chapter 74.34 RCW.

This requirement was not met as evidenced by:

Based on interview and record review the facility did not immediately report an allegation of abuse to the department for one (Resident #3) of four residents (Residents #1, #2, #3 and #4). This failure placed residents at risk of not having allegations of abuse investigated and protection provided.

Findings included...

On 07/16/19 at 11.30am Collateral Contact #1 (CC#1) stated Resident #3 had alleged sexual abuse. CC#1 further stated she told the Provider about the allegation.

In interview on 7/19/19 at 2:15 pm the Provider was asked if she had called the department once she became aware of the allegation of abuse by Resident #3. The Provider stated "no, she (CC#1) did," Resident #3 did not tell me, she told CC#1 so I did not call.

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, ELLES N INC is or will be in compliance with this law and / or regulation on (Date) 7/20/19 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

7/20/19

Date