



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

October 28, 2019

Tekeste Fessahazion
OMNA ADULT FAMILY HOME
17517 19TH CT NE
SHORELINE, WA 98155

RE: OMNA ADULT FAMILY HOME License #612100

Dear Provider:

On October 25, 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 September 18, 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:
Jeannie-Trang Nguyen, AFH Licenser

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

Sincerely,

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

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



RECEIVED

OCT 23 2019

DSHS/AL TSA/RCS

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

Statement of Deficiencies	License #: 612100	Completion Date
Plan of Correction	OMNA ADULT FAMILY HOME	September 18, 2019
Page 1 of 5	Licensee: TEKESTE FESSAHAZION	

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 full inspection of:
9/16/2019

OMNA ADULT FAMILY HOME
17517 19TH CT NE
SHORELINE, WA 98155

The department staff that inspected the adult family home:
Jeannie-Trang Nguyen, AFH Licensors

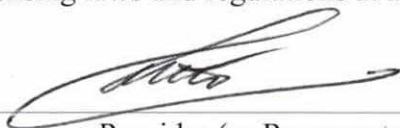
From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit I
20816 44th Ave West, Suite 240
Lynnwood, WA 98036-7744
(425)670-6061

As a result of the on-site full inspection 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 388-76-10540 Resident rights Disclosure of fees and charges Notice requirements Deposits.

(1) The adult family home must complete the department's disclosure of charges form and provide a copy to each resident admitted to the home.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to complete the department's disclosure of charges form, and provide a copy to two of two residents (Resident #4 and #5), whom the home admitted after August 01, 2015. This placed Residents (R) #4 and #5 at risk of not knowing the charges for care, services and activities that the home provided.

Findings included...

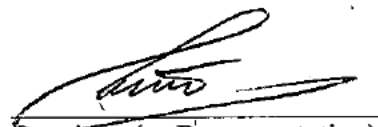
Review of R4's record showed the home admitted R#4 on [REDACTED] 2016. R#4's records did not have a disclosure of charges form in the file, or any signed and dated acknowledgment.

Review of R5's record showed the home admitted R#5 on [REDACTED] 17. R#5's records did not have a disclosure of charges form in the file, or any signed and dated acknowledgment.

In interview at 1:50 PM on 09/16/19, the Provider stated the home was unsure what this disclosure of charges form was. The Provider did not think the form was used for these two newer residents. When department staff showed the DSHS 15-449 form, the Provider said he had not seen the form and asked for a copy.

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, OMNA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/22/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



 Provider (or Representative)

10/22/2019

 Date

WAC 388-76-10530 Resident rights Notice of services. The adult family home must provide each resident notice in writing and in a language the resident understands before admission, and at least once every twenty-four months after admission of the:

- (1) Services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;
- (2) Charges for those services, items, and activities including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs; and
- (3) Rules of the home's operations.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to

provide one of two sample residents (Resident #4) a renewal of written Notice of Services (same as Admission Agreement), at least every twenty-four months after admission, about the house rules, resident rights, services and activities provided, and the charges for them. This placed the resident at risk of being unaware of house rules, rights, services, and costs.

Findings included...

During the day of inspection, from 11 AM to 4:30 PM on 09/16/19, observation showed Resident #4 (R#4) stayed at the home and received services at the home.

Review of R#4's records revealed the home admitted R#4 on [redacted] 2016. There was a package of admission agreements (which included house rules, resident rights, services and activities provided, and charges for them), signed by R#4 on 05/02/17. There were no other updated renewed admission agreements (or Notice of Services) found in any of R#4's records after this date.

In interview at 1:30 PM on 09/16/19, the Provider stated that the renewal copy should had been in R#4's binder and he would find it.


At 3:30 PM on the same day, the Provider, after looking in R#4's records for a few times, stated he could not find the renewal copy anywhere. When mentioned the signed date was over one year after the admission date, the Provider said it was the first renewal of the admission agreement he did for R#4, as he updated the form every year. The Provider said he would find and send the updated form to the Department office the following day.

On 09/17/19, the Department office received the last page of the admission agreement, signed by R#4, dated 09/16/19, the same day of inspection.

The home did not have proof of a renewal of Notice of Service for R#4 since 05/02/17.

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, OMNA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/22/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

10/22/2019

Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the adult family home provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

- (2) Be provided both orally and in writing in a language that the resident understands;
- (3) Be provided to prospective residents, before they are admitted to the home;
- (5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and
- (6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to provide one of two sampled residents (Residents #4) a disclosure of their policy on accepting Medicaid payments. This placed Resident #4 (R#4) at risk for confusion and sudden discharge in the event of changing the payment sources.

Findings included...

During the day of inspection, from 11 AM to 430 PM on 09/16/19, observation showed Resident #4 (R#4) stayed at the home and received services at the home.

Review of R#4's records revealed the home admitted R#4 on [REDACTED] 2016. There was no written policy on accepting Medicaid as a payment source, signed and dated by the resident or representative.

During an interview at 1:30 PM on 09/16/19, the Provider stated that the renewal copy should had been in R#4's binder; he would find it.

At 3:30 PM on the same day, the Provider, after looking in R#4's records for a few times, stated he could not find the Medicaid Payment policy anywhere. The Provider said he would find and send the updated form to the Department office the following day. The Department staff reminded the Provider the form should be a separate page with its own signing, from the admission Contract form.

On 09/17/19, the Department office received a copy of two signed pages with R#4's signatures on both pages, dated 09/16/19, the same day of inspection, and the first page of the admission agreement package. There was no form for the home's policy on Medicaid payment for R#4.

During a phone interview at 3:15 PM on 09/17/19, the Provider said the second signed page was for the Medicaid Payment Policy. The Department staff mentioned there was no Medicaid payment policy attached. The Provider said it should had been included inside the admission agreement package, which was not sent.

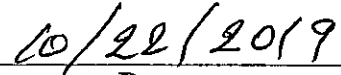
The AFH did not have proof of a separate form for the home's policy on Medicaid payment after admitting R#4 on [REDACTED] 16.

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, OMNA ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/22/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)



Date



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

October 14, 2019

CERTIFIED MAIL

9489 0090 0027 6077 9242 45

Tekeste Fessahazion
OMNA ADULT FAMILY HOME
17517 19TH CT NE
SHORELINE, WA 98155

RE: OMNA ADULT FAMILY HOME License #612100

Dear Provider:

The Department completed a full inspection of your Adult Family Home on September 18, 2019 and found that your home does not meet the adult family home licensing requirements:

The Department:

- Found a deficiency or deficiencies which resulted or may result in harm to residents; and
- Wrote the enclosed report; and
- May take enforcement action based on any deficiency listed on the enclosed report.

You Must:

- Within 10 calendar days after you receive this letter, provide a written plan on the enclosed report, according to the attached "Plan":
 - Begin the process of correcting the deficiency or deficiencies immediately; and
 - Complete correction within 45 days, or sooner if directed by the Department; and
 - Sign and date the first page of the enclosed report; and
 - Return the first page with your plan; and
 - Have your plan approved by the Department.

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10430 Medication system.

- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (c) Medication log is kept current as required in WAC 388-76-10475 ; ,

The adult family home did not update in the medication log two routine medications that

Tekeste Fessahazion
OMNA ADULT FAMILY HOME License #612100
October 14, 2019
Page 2

were discontinued in August 2019 and one PRN (as needed) medication that the resident was reportedly no longer in need.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies not listed on the enclosed report.

The Department:

- Expects all deficiencies to be corrected within the timeframe accepted by the department; and
- May inspect the home to determine if you have corrected all deficiencies.

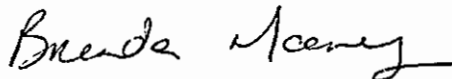
You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

If You Have Any Questions:

- Please contact me at (425) 670-6061.

Sincerely,



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

Enclosure