STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

SOSSNA MEKBIB
SOSSI ADULT FAMILY HOME
8923 NE 104TH ST
VANCOUVER, WA 98662

RE: SOSSI ADULT FAMILY HOME License # 690101

Dear Provider:

This letter addresses Compliance Determination(s) 22844 (Completion Date 04/21/2023) and 21932 (Completion Date 04/03/2023).

The Department completed a follow-up inspection of your Adult Family Home on 04/21/2023 and found that you have corrected the violations listed in the Full report dated 04/03/2023. Your home is back in compliance as of 04/10/2023 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 388-76-10285-2, WAC 388-76-10400-4

The Department staff who did the off-site verification:
Shawn Swanstrom, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 690101	Compliance Determination # 21932
Plan of Correction	SOSSI ADULT FAMILY HOME	Completion Date
Page 1 of 4	Licensee: SOSSNA MEKBIB	04/03/2023

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 the unannounced on-site full inspection on 03/27/2023 and 03/27/2023 of:
SOSSI ADULT FAMILY HOME
8923 NE 104TH ST
VANCOUVER, WA 98662

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Shawn Swanstrom, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

04/10/2023
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: 4/17/2023

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to ensure one of one sampled staff (Caregiver B) received a second tuberculosis skin test one to three weeks after the first test. This deficient practice placed five of five current residents (Resident 1 (R1), (R2), (R3), (R4), and (R5)) at risk of exposure to tuberculosis.

Findings included...

Employee record review showed Caregiver A had only one tuberculosis skin test complete upon hire. The Provider stated they were unaware Caregiver A had not completed a second tuberculosis skin test.

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, SOSSI ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4\10\2023

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

Provider (or Representative) — Date: 4/17/2023

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(4) Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

Statement of Deficiencies	License # 690101	Compliance Determination # 21932
Plan of Correction	SOSSI ADULT FAMILY HOME	Completion Date
Page 3 of 4	Licensee: SOSSNA MEKBIB	04/03/2023

This requirement was not met as evidenced by:

Based on interview and record review the Adult Family Home (AFH) failed to provide nurse delegation for one of two sampled residents (Resident 3 (R3)). The Provider, a Registered Nurse (RN), failed to completed delegation tasks for Caregiver B. This deficient practice caused R3 to receive an ointment without nursing oversight.

Findings included...

WAC 246-840-930 Criteria for Delegation -(1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process. (14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator. (18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days.

An unannounced inspection was initiated at the AFH on 03/27/2023 at 9:50 AM. R3 was observed in the common area. R3 was non-verbal, though was able to make eye contact and smile when their name was called.

R3's record review showed an admission date on [redacted]/2012 with a diagnosis of [redacted]. The assessment dated 02/28/2023 identified R3 had topical medications applied regularly and would need to be administered by a trained professional.

R3's physician's order showed Hydrocortisone ointment (steroid ointment - assists with reducing inflammation) apply topically to facial psoriasis (inflammation of the skin) three times daily for ten days - stop for 7-10 days - use plain Vaseline (helps skin from drying out) then restart if needed. R3's medication administration record showed R3 had received the Hydrocortisone cream March 5 - 15 and March 23-26, 2023, the day of the inspection. Caregiver B had signed as applying the ointment, 13 of the 14 days.

Caregiver B's employment file showed a hire date of 08/21/2022. Caregiver B had a current Certified Nursed Aide license and had documentation of the nurse delegation training 08/22/2022.

Nurse delegation paperwork was reviewed. The Provide, the RN nurse delegator, was only able to find a delegation documentation for R3 dated November 2017.

Attestation Statement

Statement of Deficiencies	License #: 690101	Compliance Determination #21932
Plan of Correction	SOSSI ADULT FAMILY HOME	Completion Date
Page 4 of 4	Licensee: SOSSNA MEKBIB	04/03/2023

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, SOSSI ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 3/28/2023

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

Provider (or Representative) 4/17/2023 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

04/10/2023

CERTIFIED MAIL

70180680000011571788

SOSSNA MEKBIB
SOSSI ADULT FAMILY HOME
8923 NE 104TH ST
VANCOUVER, WA 98662

RE: SOSSI ADULT FAMILY HOME # 690101

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/03/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10193 Liability insurance required Professional liability insurance coverage. The adult family home must have professional liability insurance or errors and omissions insurance if the adult family home licensee has a professional license, or employs professionally licensed staff. The insurance must include:

(1) Coverage for losses caused by errors and omissions of the adult family home, its employees, and volunteers; and

(2) Minimum limits of:

(a) Each occurrence at five hundred thousand dollars; and

(b) Aggregate at one million dollars.

The Provider of the Adult family Home (AFH) is a Registered Nurse. When reviewing liability insurance the AFH did not have professional lability insurance, only commercial. The Provider stated they were unaware of the requirement to have professional liability insurance.

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

Resident 2's legal guardian had not signed the current negotiated care plan.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a 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.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

April 17, 2023

Sossi Adult Family Home Inspection

Responding and taking active measures to correct the Deficiencies.

1. **WAC 388-76-10285 Tuberculosis. Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two step skin testing:**

   Caregiver B her name is [redacted] went and got Chest X-ray on 4/10//2023. No radiographic evidence of active TB.

   This requirement is corrected.

2. **WAC 388-10400 Care and Services. The adult family home must Ensure each resident receive**

   Services by the appropriate professionals based upon the resident's assessment and negotiated care plan, including nurse delegation if needed.

   This finding is corrected.
   Care giver B [redacted] is delegated this nursing task and administering PRN medications by Sossna Mekbib. Sossna is the provider of Sossi Adult Family Home and she is a Register Nurse.

Sossna Mekbib RN
Sossi AFH Provider