



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

AMEN BERHANU
AMEN AFH
20408 WHITMAN AVE N
SHORELINE, WA 98133

RE: AMEN AFH License # 751367

Dear Provider:

This letter addresses Compliance Determination(s) 50526 (Completion Date 11/19/2024) and 47225 (Completion Date 09/24/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/19/2024 and found that you have corrected the violations listed in the Complaint report dated 09/24/2024. Your home is back in compliance as of 11/07/2024 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 388-76-10015-1

The Department staff who did the off-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 I
Residential Care Services



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| | | |
|---------------------------|------------------------|----------------------------------|
| Statement of Deficiencies | License #: 751367 | Compliance Determination # 47225 |
| Plan of Correction | AMEN AFH | Completion Date |
| Page 1 of 3 | Licensee: AMEN BERHANU | 09/24/2024 |

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 09/16/2024 and 09/16/2024 of:

AMEN AFH
20408 WHITMAN AVE N
SHORELINE, WA 98133

This document references the following complaint number(s): 145154

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 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

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.

Renee' Bourque
Residential Care Services

10/07/2024
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.

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

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 interview, and record review, the Adult Family Home (AFH) failed to obtain medical test site waver license (MTSW) for performing COVID-19 (illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) testing for 5 of 5 residents (Resident 1,2,3,4, 5 and 6). This failure placed Residents 1,2,3,4, 5 and 6 at risk for error in test result readings by unqualified caregivers.

Findings included....

Review of Dear Provider Letter, dated 04/01/2022, showed the requirements necessary for obtaining a MTSW license. The Dear Provider Letter listed when a MTSW license is required to include when the AFH provider administers a medical test (such as a Covid-19 [an infectious disease by a virus causing respiratory illness that could result in severe impairment or death] test), or interprets the test results, or acts upon the test results. The Dear Provider Letter listed resources to find more training information on MTSW licenses and the Washington State DOH website link to the MTSW licensing application.

Record review of Resident 1's Negotiated Care Plan (NCP) dated 02/22/2023, showed AFH admitted Resident 1 with diagnosis including [REDACTED].

In an interview, on 09/16/2024 at 11:00 AM, Staff A, Provider, stated that they had recently tested Resident 1,2,3,4, and 5 for COVID 19 when Resident 1 exhibited COVID 19 symptoms. Staff A stated that Resident 1 had [REDACTED] COVID-19 test on 09/02/2024 and was sent to local hospital for treatments.

Record review of AFH facility records and COVID protocol showed no record of an MTSW license.

In an interview, on 09/16/2024 at 11:00 AM, Staff A stated that they were not aware MTSW was needed to test for COVID-19 infection.

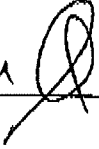
This document was prepared by Residential Care Services for the Locator website.

Attestation Statement

| | | |
|---------------------------|------------------------|----------------------------------|
| Statement of Deficiencies | License #: 751367 | Compliance Determination # 47225 |
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| Page 3 of 3 | Licensee: AMEN BERHANU | 09/24/2024 |

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, AMEN AFH is or will be in compliance with this law and / or regulation on (Date) 11/15/2024
 AND

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

Provider (or Representative) Amen Berhanu  Date 10/15/2024

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

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, AMEN AFH 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