



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 18, 2019

SENAYT B SHIFERAW  
BLESS ADULT FAMILY HOME  
24320 52ND AVE W  
MOUNTLAKE TERRACE, WA 98043

RE: BLESS ADULT FAMILY HOME License #751844

Dear Provider:

On October 16, 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 9, 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:  
Jesse Diaz, 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



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 20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

RECEIVED  
 JUL 26 2019  
 DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 751844	Completion Date
Plan of Correction	BLESS ADULT FAMILY HOME	July 9, 2019
Page 1 of 3	Licensee: SENAYT SHIFERAW	

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:  
 7/9/2019

BLESS ADULT FAMILY HOME  
 24320 52ND AVE W  
 MOUNTLAKE TERRACE, WA 98043

The department staff that inspected the adult family home:  
 Jesse Diaz, BSN, RN, 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 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

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

**WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:**

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

**This requirement was not met as evidenced by:**

Based on interview and record review, the Adult Family Home (AFH) Provider failed to include behavioral strategies and changes to the environment on the Negotiated Care Plans (NCPs) for two of four sampled residents, Resident #1 (R#1) and Resident #3 (R#3), related to the management of symptoms for which psychopharmacologic medications (medications that alter mood and/or behavior) had been prescribed. This failure placed R#1 and R#3 at risk for receiving mood and/or behavior altering medications without the AFH staff having instructions to manage their behaviors.

## Findings included...

## R#1

Record review on 07/09/19 at 10:45 AM showed a NCP for R#1 dated 02/14/19. The section of the NCP labeled "Cognitive behavior" showed "strategies to monitor and reduce psychoactive medications when appropriate" was marked "n/a." The sections "what resident does" and "what physician does" were also marked "n/a."

Record review on 07/09/19 at 10:45 AM showed a medication administration log (MAR) for R#1 with prescribed psychopharmacological medications. The MAR showed the AFH gave Citalopram 20 milligram (mg) tab (tablet) (a medication for depression); Buspirone 15 mg tab (a medication for anxiety); and Trazadone 100 mg (a medication for sleep/mood), daily between July 1 and July 9.

During an interview on 07/10/19 at 10:45 AM, the Provider stated that R#1 takes the medications for his behaviors and agitation, and the Provider acknowledged that the NCP did not include the medications or strategies to manage R#1's behaviors.

## R#3

Record review on 07/09/19 at 12:00 PM showed a NCP for R#3 dated 03/31/19. The section of the NCP labeled "Requires psychopharmacologic ?" had a check-box marked "no." The section "what caregiver does" did not include any strategies to manage R#3's behaviors.

Record review on 07/09/19 at 12:00 PM showed a MAR for R#3 with prescribed psychopharmacological medications. The MAR showed the AFH gave Fluoxetine 20 mg tab (a medication for depression) daily and Abilify 2 mg tab (a medication that includes treatment for depression and anxiety) twice daily between July 1 and July 9.

During an interview on 07/10/19 at 12:00 PM, the Provider stated that R#3 takes the medications for his behaviors, and acknowledged that the NCP did not include the medications or strategies to manage R#1's behaviors.

**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, BLESS ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 07/12/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

07/22/2019 Senayt Shiferaw 07/22/2019  
Provider (or Representative) Date