



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

July 6, 2016

**CERTIFIED MAIL 7007 1490 0003 4196 8982**

Licensee, Muluwork Zeleke  
Haven AFH  
14501 47<sup>th</sup> Place West  
Lynnwood, WA 98087

Adult Family Home License #751870

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Licensee:

On June 21, 2016, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at **14501 47<sup>th</sup> Place West, Lynnwood**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The conditions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **June 21, 2016**.

**WAC 388-76-10225(1)(a)(ii) – Reporting requirement.**

**The licensee failed to ensure all staff reported the potential abuse of two residents to the department, as required.**

***NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.***

The department has determined that the following conditions shall be placed on your adult family home license:

***The licensee, at the licensee's expense, must hire a consultant to assist the licensee review, revise (if necessary) and implement a system to ensure residents safety. This will include but not limited to:***

- ***Reviewing the facility policy on abuse, neglect and exploitation;***

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- *Identification of possible abuse, neglect, or exploitation;*
- *Reporting any alleged or suspected neglect, abuse or exploitation consistent with all applicable laws;*
- *Protecting residents; and*
- *Training all staff.*

*The licensee will provide the consultant with a copy of the June 21, 2016 Statement of Deficiencies (SOD).*

*The consultant must be available to the department to answer questions.*

*The consultant must be hired by July 15, 2016.*

*The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

The effective date of the conditions on your license is **July 6, 2016**. As provided in RCW 70.128.160(b), WAC 388-76-10990(6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

**Attestation (Plan of Correction):**

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Kay Randall, Field Manager  
Region 2, Unit B  
3906 – 172<sup>nd</sup> Street NE, Suite 100  
Arlington, WA 98223  
Phone: (360) 651-6872 / Fax: (360) 651-6940

**Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

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Informal Dispute Resolution [RCW 70.128]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

**The written request must be received by the 10<sup>th</sup> working day from receipt of this letter.**

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-3225

Formal Administrative Hearing

You may contest the conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.
- If you are requesting an **expedited** hearing for a summary suspension, stop placement or conditions on your home within **60 days**, you must provide a statement stating that you wish to have an **expedited** review. **Note:** No other actions qualify for an expedited review hearing.

**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

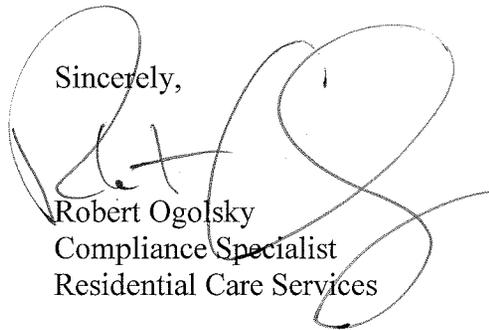
Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

If you have any questions, please contact Kay Randall, Field Manager at (360) 651-6872.

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Sincerely,

A handwritten signature in black ink, appearing to be 'R. Ogolsky', written over the printed name and title.

Robert Ogolsky  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit B  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
HQ Central Files  
ndl