



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

April 1, 2019

MULUWORK F ZELEKE
HAVEN AFH
14501 47TH PL W
LYNNWOOD, WA 98087

RE: HAVEN AFH License #751870

Dear Provider:

On April 1, 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 February 20, 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:
Karen Glover, Complaint Investigator

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Jennifer Witman, Field Manager
Region 2, Unit B
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: HAVEN AFH (688989)

Intake ID(s): 3603626

License/Cert. #: AF751870

Investigator: Glover, Karen

Region/Unit: RCS Region 2/Unit B

Investigation Date(s): 01/24/2019 through
02/20/2019

Complainant Contact Date(s): 01/23/2019, 02/05/2019

Allegations:

1. Alleged the staff are intimidating and making the named resident feel bad.
2. Alleged the caregivers talk in a language other than English in front of the residents.
3. Allegations the residents are always to be in their rooms with the doors closed.
4. Allegations that the named resident is unable to socialize with other residents.

Investigation Methods:

Sample: 3 residents including the named resident.

Observations: Environment, staff/staff interactions, staff/resident interactions, resident/resident interactions and care provision.

Interviews: Staff, residents, and others not associated with the facility.

Record Reviews: Incident reports, resident records, facility records.

Allegation Summary:

1. The named resident could not identify specific details of times he felt intimidated. The named residents assessment states he gets easily confused and has difficulty with recall. Interviews with other residents revealed no concerns about intimidation.
2. Interviews and observations revealed the caregiver was providing care and speaking in English at the time of the on-site visit. The named resident stated it is hard to understand the caregivers because of their accents. Interview with the provider revealed difficulty carrying on a conversation and understanding secondary to her accent.
3. Interviews revealed the residents are allowed to sit where they prefer. The named resident stated he does prefer to stay in his room most of the time. 2 residents were found in their rooms with the doors closed, both said it was their preference. The other 2 residents were out in the living area.
4. The named resident stated the other residents in the home go out during the day and this makes it hard to socialize with them. Observed all 4 residents eating lunch in the dining room, sitting around the table visiting.



**Residential Care Services
Investigation Summary Report**

Unalleged Violation(s): **Yes** **No**

WAC 388-76-10146(2)(c) Qualifications-Training and Home Care Aide certification.
WAC 388-76-10161(2)(b) Background checks--National Fingerprint background check.
WAC 388-76-10285 Tuberculosis Two step skin testing.

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

WAC 388-76-10146 (2)(c) Qualifications-Training and Home Care Aide certification.
WAC 388-76-10161 (2)(b) Background checks--National Fingerprint background check
WAC 388-76-10285 Tuberculosis Two step skin testing.



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Statement of Deficiencies	License #: 751870	Completion Date
Plan of Correction	HAVEN AFH	February 20, 2019
Page 1 of 4	Licensee: MULUWORK ZELEKE	

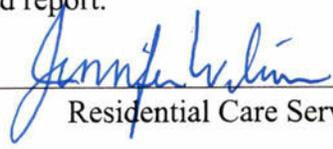
You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site complaint investigation of: 1/24/2019
 HAVEN AFH
 14501 47TH PL W
 LYNNWOOD, WA 98087

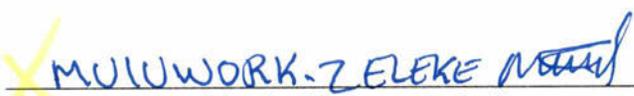
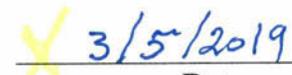
This document references the following complaint number: 3603626
 The department staff that inspected and investigated the adult family home:
 Karen Glover, RN, Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

As a result of the on-site complaint investigation 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	<u>2/21/19</u> Date
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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
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WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112 WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to have a system in place to ensure 1 of 2 caregivers (Caregiver A) had the speciality training for developmental disabilities. This failure placed the residents at risk of harm from an unqualified caregiver.

Findings included:

Caregiver A was hired at the Adult Family Home (AFH) on 12/01/18.

Record review revealed Caregiver A had not completed the speciality training for developmental disabilities.

Record review revealed 2 of the 4 residents in the AFH are Developmentally delayed (DDA) clients.

In an interview on 01/24/19, the Provider stated she would get the certificate from the Caregiver and fax to the Department.

In an interview on 02/12/19, the co-provider stated Caregiver A was working on obtaining the certification.

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, HAVEN AFH is or will be in compliance with this law and / or regulation on (Date) 3/5/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

MULUWORK-ZELEKE
Provider (or Representative)

3/5/2019
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to have a system in place to ensure 2 of 2 caregivers (Caregiver A and B) had a national fingerprint (FP) background check (BGC) when hired. This failure placed the residents at risk of having a caregiver with an unknown criminal background.

Findings included:

Record review revealed Caregiver A had a hire date of 12/01/2018 and did not have a National Fingerprint Background Check on file.

Record review revealed Caregiver B had a hire date of 01/25/2018 and did not have a National Fingerprint Background Check on file.

In an interview on 01/24/2019, the Provider stated she would get the fingerprint checks from both caregivers and fax to the Department.

In an interview on 02/12/2019, the Provider stated she did not have them yet and would fax over to the department when the caregivers brought the Background checks from their other employers. The Provider also stated both Caregivers only work on an on-call basis.

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, HAVEN AFH is or will be in compliance with this law and / or regulation on (Date) 3/5/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

MULUWORK-ZELEKE
Provider (or Representative)

3/5/2019
Date

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:

- (1) An initial skin test within three days of employment; and
- (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 provider failed to have a system in place to ensure 1 of 2 caregivers (Caregiver A) had the tuberculosis (TB) testing within three days of employment. This failure placed the residents at risk of being exposed to a communicable disease.

Findings included:

Record review revealed Caregiver A was hired on 12/01/2018.

Record review revealed Caregiver A had a negative chest x-ray dated 11/30/17 but there was no evidence of a positive TB skin test prior to obtaining the chest x-ray.

In an interview on 01/24/19, the Provider stated she did not know anything else was needed.

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, HAVEN AFH is or will be in compliance with this law and / or regulation on (Date) 3/5/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

MULUWORK ZELEKE
Provider (or Representative)

3/5/2019
Date