



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

November 12, 2015

**CERTIFIED MAIL 7007 1490 0003 4197 0732**

Licensee, Wegahta Teweldeberhan  
BW Heavenly Adult Family Home  
19000 47<sup>th</sup> Avenue West  
Lynnwood, WA 98036

Adult Family Home License #752429

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Licensee:

On October 7, 2015, 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 **19000 47<sup>th</sup> Avenue 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 **October 7, 2015**.

**WAC 388-76-10355(1)(2)(3)(4)(5)(6)(a)(7)(b)(d)(8) – Negotiated care plan.**

**The licensee failed to have a system in place to ensure the negotiated care plan (NCP) for one resident addressed care needs of the resident, as identified in the assessment.**

**WAC 388-76-10430(1)(2)(a)(b)(c)(d)(3) – Medication system.**

**The licensee failed to have a system in place to ensure medication services met the needs of one resident, and met all laws and rules relating to medications.**

**This is a repeat citation from November 26, 2013.**

**WAC 388-76-10485(1) – Medication storage.**

**The licensee failed to keep the medications for one resident in locked storage.**

**This is a repeat citation from August 13, 2015.**

**WAC 388-76-10510(2)(4)(6) – Resident rights—Basic rights.**

**WAC 388-76-10620(1) – Resident rights—Quality of life—General.**

**The licensee failed to have a system in place to ensure the adult family home promoted the quality of life for one resident in the manner and in an environment that maintained dignity and respect.**

*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:

*Licensee must obtain a nurse consultant, at the licensee's expense to:*

- 1. Provide training on Resident Rights, treating residents with dignity, promoting choices and ensuring their quality of life.*
  - Training must include Provider, Resident Manager, and all caregivers; and*
  - The Licensee must notify residents and family members or legal representatives of the training and ensure they have the opportunity to participate at that date or another at their convenience.*
- 2. Assist the provider to develop and implement a safe medication system ensuring (but not limited to):*
  - Medications are administered as prescribed;*
  - Accurate documentation; and*
  - Appropriate storage.*

*The consultant must be obtained by November 25, 2015.*

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

*Licensee must provide the trainer with a copy of the October 7, 2015 Statement of Deficiencies (SOD).*

*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 **November 12, 2015**. As provided in RCW 70.128.162(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.

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### **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 G  
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.

#### 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

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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.

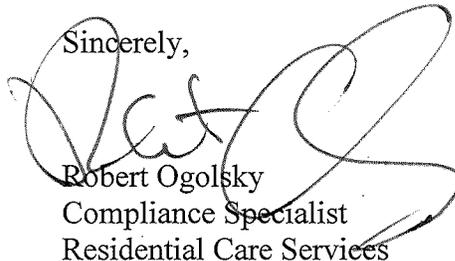
**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

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.

Sincerely,



Robert Ogolsky  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit G  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
HQ Central Files  
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