



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

Emebet T Seifu
Living In Comfort Adult Family Home
2317 N 159th St
Shoreline, WA 98133

RE: Living In Comfort Adult Family Home License #752705

Dear Provider:

On October 17, 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 August 22, 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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RECEIVED
 SEP 10 2019
 DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 752705	Completion Date
Plan of Correction	Living In Comfort Adult Family Home	August 22, 2019
Page 1 of 3	Licensee: Emebet T. Seifu	

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:
 8/7/2019

Living In Comfort Adult Family Home
 1021 Bell St
 Edmonds, WA 98020

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

8/26/19
 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)

9/5/19
 Date

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

WAC 388-76-10725 Electronic monitoring equipment Resident requested use.

- (1) The adult family home must not use audio or video monitoring equipment to monitor any resident unless:
- (a) The resident has requested the monitoring; and
 - (b) The monitoring is only used in the sleeping room of the resident who requested the monitoring.
- (2) If the resident requests audio or video monitoring, before any electronic monitoring occurs the home must ensure:
- (a) That the electronic monitoring does not violate chapter 9.73 RCW;
 - (d) The resident and the home have agreed upon a specific duration for the electronic monitoring documented in writing.
- (5) For the purposes of consenting to video electronic monitoring, without an audio component, the term "resident" includes the resident's decision maker.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home Provider (Provider) failed to have the necessary documentation specifying the duration of time electronic monitoring was to occur for one of one resident with video monitoring, Resident #3 (R#3). This failure violated R#3's right to privacy.

Findings included...

Review of R#3's resident records on 08/22/19 at 10:00 AM showed a Negotiated Care Plan (NCP). The NCP, dated 03/08/19, showed R#3 had diagnoses that included [REDACTED] and [REDACTED]. The NCP also showed R#3 is agitated, anxious, and tries to pull out his [REDACTED] tube.

Observation of R#3's room on 08/07/19 at 11:00 AM showed a video monitor located on a shelf in the closet. The video monitor pointed at R#3's bed and the door to the closet remained open. The video monitor had a blue light and was plugged into an outlet, indicating it was "on."

During an interview on 08/07/19 at 11:00 AM, the Provider stated that she placed the monitor on the shelf about one week ago. The Provider stated the reason she placed the monitor there was because R#3 would pull his [REDACTED] tube out and she is concerned for his safety.

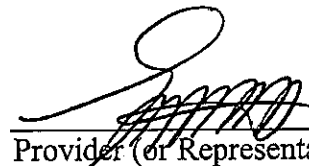
Review of R#3's resident records on 08/07/19 at 1:00 PM showed the Provider did not have a written consent allowing the video monitor from R#3 or his power-of-attorney (POA). R#3 could not be interviewed due cognitive (mental) deficits.

During an interview on 08/07/19 at 11:00 AM, the Provider stated she told R#3's POA about the video monitor and that he verbally agreed to it. The Provider stated that she has enough staff to provide care to R#3 and the video monitor is an additional aide for R#3's safety, especially at night.

During an interview on 08/19/19 at 4:00 PM, R#3's POA stated that he knew about the video monitor and that R#3 needs monitoring for safety concerns including pulling his [REDACTED] tubing off.

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, Living In Comfort Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 10/9/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

^{ES}
~~10/19/19~~ 9/5/19

Date

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