



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 26, 2019

Mariama Adult Family Home LLC
Mariama Adult Family Home LLC
10418 ROSEWOOD AVE.
EVERETT, WA 98204

RE: Mariama Adult Family Home LLC License #753056

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 25, 2019 for the deficiency or deficiencies cited in the report/s dated April 1, 2019 and found no deficiencies.

The Department staff who did the inspection:
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: Mariama Adult Family Home LLC (941746) **Intake ID(s):** 3621140
License/Cert. #: AF753056
Investigator: Glover, Karen **Region/Unit:** RCS Region 2/Unit B **Investigation Date(s):** 03/13/2019 through 04/01/2019
Complainant Contact Date(s): 04/01/2019

Allegations:

1. Alleged the named resident had been punched in the face three times while on the bus going home from adult day care.
 2. Alleged the named resident had been choked while sitting at the table.
 3. Alleged only one caregiver in the home.
-

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 and facility records.

Allegation Summary:

1. Interview, record review and observation of the video from the bus, shows the named resident did get punched in the face three times. Both residents involved had history of behaviors including being easily agitated/irritated. Both residents spend time together at the home with no history of altercations. The provider failed to report the incident to the Department hotline, the mental health clinician and the Department case manager.
2. The named resident could not remember being choked while sitting at the table.
3. Interview with the Provider indicated two caregivers on duty during the day. Sometimes when clients are out of the home, caregivers take turns going out of the house to run an errand. Two residents are SBS (Specialized Behavior Support) and have 1:1 caregivers, six hours each, at different times of the day.

This document was prepared by Residential Care Services for the Local website



**Residential Care Services
Investigation Summary Report**

Unalleged Violation(s): Yes No

None.

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

WAC 388-76-10225 Reporting Requirement

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



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Statement of Deficiencies	License #: 753056	Completion Date
Plan of Correction	Mariama Adult Family Home LLC	April 1, 2019
Page 1 of 3	Licensee: Mariama Adult Family Home LLC	

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: 3/13/2019

Mariama Adult Family Home LLC
 13318 61st Ave SE
 Everett, WA 98208

This document references the following complaint number: 3621140

The department staff that inspected and investigated the adult family home:

Karen Glover, RN, Complaint Investigator

RECEIVED
 APR 17 2019
 ADSA/RCS
 Smokey Point

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

4/3/19
 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)

4/14/19
 Date

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

WAC 388-76-10225 Reporting requirement.

- (1) The adult family home must ensure all staff:
- (a) Report suspected abuse, neglect, exploitation or abandonment of a resident:
 - (i) As required by chapter 74.34 RCW;
 - (ii) To the department by calling the complaint toll-free hotline number; and
 - (iii) To the local law enforcement agency when required by RCW 74.34.035 .
 - (2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:
 - (d) Other appropriate professionals working with the resident;
 - (f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on interview and record review the adult family home failed to report an altercation between two of five residents (Resident #2 and Resident #3) to their Home and Community Services Case Manager (HCS CM), Mental Health clinician and report to the department's complaint toll-free hotline number. This failure placed residents at risk of continued abuse and a diminished quality of life.

Findings included...

Resident #2 was admitted to the home on [REDACTED] 18 with multiple diagnoses including [REDACTED]. Record review of Resident #2's assessment dated 09/07/18 showed history of delusions, easily agitated/irritated and verbally abusive.

Resident #3 was admitted to the home on [REDACTED] 6 with multiple diagnoses including [REDACTED]. Record review of Resident #3's assessment dated 07/24/18 showed history of being easily agitated/irritable.

Resident #2 and Resident #3 had been on the bus returning from their Adult Day Care program when the incident occurred. Observation on 03/18/19 at 10:30 AM, the video from the bus camera showed Resident #2 and Resident #3 sitting together in the third row back. Resident #2 was seen striking Resident #3 in the face several times with the back of his left hand/forearm.

In an interview on 03/13/19 at 12:34 PM, Caregiver C stated that the bus driver had told her what happened on the bus between Resident #2 and Resident #3. Caregiver C also stated that Resident #3 returned with no noticeable injuries except a missing lens from his glasses. Caregiver C stated that she notified the Provider of the incident.

In an interview on 03/13/19 at 01:06 PM, the Provider stated that he interviewed the residents involved and they reported they were "horsing around" and could not get anymore details from either of them. The Provider stated that he notified the HCS CM and talked with the bus driver. The Provider also stated "This put me in a dilemma, I need the facts before I can report an incident". The Provider stated that he came right over to the home and no injury had been noted to either resident.


In an interview on 03/13/19 at 02:30 PM, the HCS CM stated that she was at the home on 03/06/19 and had no communication with the Provider regarding the incident. HCS CM also

found no incident report entry, no written records regarding the alleged incident and no safety plan.

In an interview on 03/01/19 at 09:15 AM, the Mental Health clinician stated that he found out about the alleged incident from Resident #3 the day after the incident. The Mental Health clinician also stated he did not receive any report from the Provider.

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, Mariama Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 4-14-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

X 4/14/19
Date