



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Tsigereda Russom Teklu
Flower View Adult Family Home
6620 200th St SW
Lynnwood, WA 98036

RE: Flower View Adult Family Home License # 753134

Dear Provider:

This letter addresses Compliance Determination(s) 74752 (Completion Date 03/24/2026) and 72782 (Completion Date 02/19/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/24/2026 and found that you have corrected the violations listed in the Full report dated 02/19/2026. Your home is back in compliance as of 03/16/2026 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-76-10015-1, WAC 388-76-10750-7, WAC 388-76-10750-6-c, WAC 388-76-10490-2-b-i, WAC 388-76-10810-2-b, WAC 388-76-10730-2-b, WAC 388-76-10506-1, WAC 388-76-10506-2-b, WAC 388-76-10506-2-a, WAC 388-76-10506-4-a, WAC 388-76-10506-4-b, WAC 388-76-10506-4, WAC 388-76-10506-5-c, WAC 388-76-10506-5-d, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375, WAC 388-76-10430-2-d, WAC 388-76-10430-2-c

The Department staff who did the on-site verification:

Farrah Sirous, Long Term Care Surveyor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn on behalf of Renee' Bourque

Nicholette Flynn, AFH Field Manager

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

Flower View Adult Family Home # 753134

03/24/2026

Page 2 of 2

Region 2, Unit I

Residential Care Services

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 753134	Compliance Determination # 72782
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 1 of 14	Licensee: Tsigereda Russom Teklu	02/19/2026

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 02/11/2026 of:

Flower View Adult Family Home
6416 180th St SW
Lynnwood , WA 98037

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 753134	Compliance Determination # 72782
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 2 of 14	Licensee: Tsigereda Russom Teklu	02/19/2026

As a result of the on-site visit(s), 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.

Randa Bourque
Residential Care Services

02/20/2026
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.

WA

3/16/2026

Provider (or Representative)

Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128, 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW, and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to renew 1 of 1 medical test site waiver (MTSW) (Waiver 1) prior to performing medical testing (blood sugar testing and monitoring) as required for 2 of 6 residents (Residents 3 and 6). This failure placed Resident 3 and Resident 6 at risk for receiving medical tests without the required certificate of waiver.

Findings included...

<Resident 3>

Review of resident records showed the AFH admitted Resident 3 on [redacted] 2025 with multiple medical diagnoses including [redacted]

Review of Resident 3's assessment, dated 08/08/2025, showed in medication management, under caregiver instruction "recorded blood sugars, client was able to test blood sugars with AFH caregiver oversight."

<Resident 6>

Review of resident records showed the AFH admitted Resident 6 on [redacted] 2021 with multiple medical diagnoses including [redacted] Review of Resident 6's assessment, dated 08/11/2025, showed AFH staff recorded blood sugar, completed blood sugars monitoring as needed, and insulin injections as needed three times a day. Review of Resident 6's blood sugar monitoring log, February 2026 showed AFH staff checked and

As a result of the on-site visit(s), 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.

Rense' Bourque
Residential Care Services

02/20/2026
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)

Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to renew 1 of 1 medical test site waiver (MTSW) (Waiver 1) prior to performing medical testing (blood sugar testing and monitoring) as required for 2 of 6 residents (Residents 3 and 6). This failure placed Resident 3 and Resident 6 at risk for receiving medical tests without the required certificate of waiver.

Findings included...

<Resident 3>

Review of resident records showed the AFH admitted Resident 3 on [REDACTED]/2025 with multiple medical diagnoses including [REDACTED]. Review of Resident 3's assessment, dated 08/08/2025, showed in medication management, under caregiver instruction "recorded blood sugars, client was able to test blood sugars with AFH caregiver oversight."

<Resident 6>

Review of resident records showed the AFH admitted Resident 6 on [REDACTED]/2021 with multiple medical diagnoses including [REDACTED]. Review of Resident 6's assessment, dated 08/11/2025, showed AFH staff recorded blood sugar, completed blood sugars monitoring as needed, and insulin injections as needed three times a day. Review of Resident 6's blood sugar monitoring log, February 2026 showed AFH staff checked and

Statement of Deficiencies	License #: 753134	Compliance Determination # 72782
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 3 of 14	Licensee: Tsigereda Russom Teklu	02/19/2026


documented Resident's blood sugar three times a day.

Review of facility records showed the MTSW license expired on 06/30/2025. There were no records of renewed MTSW license available at home.

In an interview, on 02/11/2026 at 3:50 PM, Staff A, Provider, stated that they forgot to renew the MTSW license. Staff A stated that they would renew the license online today.

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3/16/2026

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.


 Provider (or Representative) Date 3/16/2026

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the water temperature in a common area bathroom did not exceed 120 degrees Fahrenheit. Additionally, the AFH failed to ensure all toxic substances and hazardous materials were stored in locked storage. These failures placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm from exposure to toxic and hazardous materials and at risk from hot water burns.

Findings included...

documented Resident 6's blood sugar three times a day.

Review of facility records showed the MTSW license expired on 06/30/2025. There were no records of renewed MTSW license available at home.

In an interview, on 02/11/2026 at 3:50 PM, Staff A, Provider, stated that they forgot to renew the MTSW license. Staff A stated that they would renew the license online today.

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative)

Date

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the water temperature in a common area bathroom did not exceed 120 degrees Fahrenheit. Additionally, the AFH failed to ensure all toxic substances and hazardous materials were stored in locked storage. These failures placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm from exposure to toxic and hazardous materials and at risk from hot water burns.

Findings included...

Observation, on 02/11/2026 at 10:00 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation showed Residents 1, 2, 3 and 4 ambulated independently and Residents 5 and 6 ambulated with staff assistance in the AFH.

<Chemicals>

Observation, on 02/11/2026 at 11:00 AM, showed a laundry room (located in the dining adjacent to the AFH kitchen) was open. Observation of the laundry room showed two clear storage buckets on the lower shelf in the left side of the laundry room. Observation of the storage buckets showed one of them had a white lid and the other one had no lid. Observation of the storage buckets on the shelf showed multiple unsecured cleaners and chemical supplies.

In an interview and observation, on 02/11/2026 at 11:05 AM, Staff A, Provider, stated that the laundry room was kept locked. Staff A stated that they had a key for the laundry room, but they could not locate it. Further Staff A was observed trying to lock the laundry room, but they did not find the key. Staff A was observed moving the chemicals and cleaners' storage buckets from the laundry room to the office.

<Water temperature>

Observation, on 02/11/2026 at 11:17 AM, showed the water temperature in the sink of the main bathroom (located in the hallway), used by residents was 132.4 degrees Fahrenheit.

In an interview and observation, on 02/11/2026 at 11:18 AM, Staff A stated that they checked the water temperature six months ago and it was under 120 degrees Fahrenheit. Staff A stated that they would adjust the water temperature. Observation showed the AFH staff attempted to adjust the water temperature.

Observation, on 02/11/2026 at 4:15 PM, Observation showed the water temperature in the sink of the main bathroom was 123.2 degrees Fahrenheit.

In an interview, on 02/11/2026 at 4:18 PM, Staff A stated that they would contact a professional to check and adjust the water temperature.

Statement of Deficiencies	License #: 753134	Compliance Determination # 72782
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 5 of 14	Licensee: Tsigereda Russom Tekdu	02/19/2026

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3/16/2026

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

TS

3/16/2026

Provider (or Representative)

Date

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they had a system to dispose of expired for 1 of 6 residents (Resident 3). This failure placed Resident 3 at risk of negative outcomes and worsening conditions if they took or used expired or discontinued medications.

Findings included...

Record review showed the AFH's undated Medication Disposal Policy stated the AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to destroy in drugs booster, return to a local law enforcement and the local pharmacy."

In an interview, on 02/11/2026 at 10:40 AM, Staff A, Provider, stated that the AFH staff managed resident's medications.

Observation, on 02/11/2026 at 1:50 PM, showed Resident 3's medication bin contained two expired blister packs of Olanzapine tablet (used for moods and thoughts), an

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

 Provider (or Representative)

 Date

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they had a system to dispose of expired for 1 of 6 residents (Resident 3). This failure placed Resident 3 at risk of negative outcomes and worsening conditions if they took or used expired or discontinued medications.

Findings included...

Record review showed the AFH's undated Medication Disposal Policy stated the AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to destroy in drugs booster, return to a local law enforcement and the local pharmacy."

In an interview, on 02/11/2026 at 10:40 AM, Staff A, Provider, stated that the AFH staff managed resident's medications.

Observation, on 02/11/2026 at 1:50 PM, showed Resident 3's medication bin contained two expired blister packs of Olanzapine tablet (used for moods and thoughts), an

Statement of Deficiencies	License #: 753134	Compliance Determination # 72782
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 8 of 14	Licensee: Tsigereda Russom Teku	02/19/2026

expired blister pack of Hydroxyzine (used for anxiety), an expired blister pack of Haloperidol (used to clear thought), an expired blister pack of Acetaminophen (used for pain), and two expired sheets of Ondansetron (used for nausea) in the Ziplock bag. Observation of the pharmacy generated label showed the expiration dates for the Olanzapine was 01/15/2026, Hydroxyzine was 12/29/2025, Haloperidol was 12/28/2025, Acetaminophen was 12/25/2025, and Ondansetron was 11/10/2025.

In an interview, on 02/11/2026 at 2:05 PM, Staff A stated that staff checked the medication expiration dates when they get new orders. Staff A further stated that they might have missed checking expiration dates.

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3/16/2026

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

TA _____ 3/16/2026
 Provider (or Representative) Date

WAC 388-76-10810 Fire extinguishers.

- (2) The home must ensure fire extinguishers are:
 - (b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure fire extinguishers were inspected and serviced annually for 2 of 2 fire extinguishers (Extinguishers 1 and 2). This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm in the event of a fire.

Finding included..

Observation, on 02/11/2026 at 10:00 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH.

expired blister pack of Hydroxyzine (used for anxiety), an expired blister pack of Haloperidol (used to clear thought), an expired blister pack of Acetaminophen (used for pain), and two expired sheets of Ondansetron (used for nausea) in the Ziplock bag. Observation of the pharmacy generated label showed the expiration dates for the Olanzapine was 01/15/2026, Hydroxyzine was 12/29/2025, Haloperidol was 12/23/2025, Acetaminophen was 12/25/2025, and Ondansetron was 11/10/2025.

In an interview, on 02/11/2026 at 2:05 PM, Staff A stated that staff checked the medication expiration dates when they get new orders. Staff A further stated that they might have missed checking expiration dates.

<p>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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
_____	_____
Provider (or Representative)	Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure fire extinguishers were inspected and serviced annually for 2 of 2 fire extinguishers (Extinguishers 1 and 2). This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm in the event of a fire.

Finding included...


Observation, on 02/11/2026 at 10:00 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH.

Statement of Deficiencies	License #: 753134	Compliance Determination # 72782
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 7 of 14	Licensee: Tsigereda Russom Teklu	02/19/2026

Observation on 02/11/2026 at 11:25 AM showed a fire extinguisher mounted on the wall in the AFH kitchen (Extinguisher 1). Observation of the fire extinguisher's tag showed last inspection was in December 2024. Observation showed a second fire extinguisher (Extinguisher 2) in the hallway (close to bedrooms E and F). Observation of the Extinguisher 2's tag showed last inspected in December 2024.

In an interview, on 02/11/2026 at 11:30 AM, Staff A, Provider, stated that their husband took and inspected fire extinguishers. Department Staff requested Staff A to provide the receipt. Staff A stated that they would send the receipt if they found it next business day (02/12/2026) by 4 PM.

Requested records were not received from Staff A as of 02/13/2026.

<p>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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date) <u>3/16/2026</u></p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
 <hr/> Provider (or Representative)	<u>3/16/2026</u> <hr/> Date

WAC 388-76-10730 Grab bars and hand rails.

(2) Homes licensed and bathroom additions that occur after November 1, 2016, must install grab bars securely fastened in accordance with WAC 51-51-0330 at the following locations:

(b) Each side of any toilet used by residents.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the toilet grab bars in 1 of 2 bathrooms (bathroom 2) used by residents were securely fastened. This failure placed 6 of 8 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of injury.

Findings included...

Observation on 02/11/2026 at 11:25 AM showed a fire extinguisher mounted on the wall in the AFH kitchen (Extinguisher 1). Observation of the fire extinguisher's tag showed last inspection was in December 2024. Observation showed a second fire extinguisher (Extinguisher 2) in the hallway (close to bedrooms E and F). Observation of the Extinguisher 2's tag showed last inspected in December 2024.

In an interview, on 02/11/2026 at 11:30 AM, Staff A, Provider, stated that their husband took and inspected fire extinguishers. Department Staff requested Staff A to provide the receipt. Staff A stated that they would send the receipt if they found it next business day (02/12/2026) by 4 PM.

Requested records were not received from Staff A as of 02/13/2026.

<p>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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
_____	_____
Provider (or Representative)	Date

WAC 388-76-10730 Grab bars and hand rails.

(2) Homes licensed and bathroom additions that occur after November 1, 2016, must install grab bars securely fastened in accordance with WAC 51-51-0330 at the following locations:

(b) Each side of any toilet used by residents.

This requirement was not met as evidenced by:


Based on observation and interview, the Adult Family Home (AFH) failed to ensure the toilet grab bars in 1 of 2 bathrooms (bathroom 2) used by residents were securely fastened. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of injury.

Findings included...

Statement of Deficiencies	License #: 753134	Compliance Determination # 72782
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 8 of 14	Licensee: Tsigerada Russom Teklu	02/19/2026

Observation, on 02/11/2026 at 11:20 AM, of the toilet grab bars in 1 of 2 common bathrooms used by residents (located in the hallway) showed that the grab bars, which lowered from the wall when needed, were loose and unstable when lowered.

In an interview, on 02/11/2026 at 11:22 AM, Staff A, Provider, stated that their independent residents used the bathroom and they did not need to use the grab bars. Staff A stated that the grab bars would be repaired.

<p>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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date) <u>3/16/2026</u></p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
	<u>3/16/2026</u>
Provider (or Representative)	Date

- (1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties;
- (2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:
 - (a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;
 - (b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and
- (4) A copy of the residency agreement that is signed and dated by both parties must be:
 - (a) Kept in the resident record; and
 - (b) Provided to the resident or their representative.
- (5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.
 - (c) [Signature of resident/legal representative and date].

Observation, on 02/11/2026 at 11:20 AM, of the toilet grab bars in 1 of 2 common bathrooms used by residents (located in the hallway) showed that the grab bars, which lowered from the wall when needed, were loose and unstable when lowered.

In an interview, on 02/11/2026 at 11:22 AM, Staff A, Provider, stated that their independent residents used the bathroom and they did not need to use the grab bars. Staff A stated that the grab bars would be repaired.

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative)

Date

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(c) [Signature of resident/legal representative and date].

Statement of Deficiencies	License #: 753134	Compliance Determination # 72782
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 9 of 14	Licensee: Tsigerada Russom Teklu	02/19/2026

(d) [Signature of facility and date].

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a signed and dated Residency Agreement for 5 of 6 residents (Residents 1, 2, 3, 4 and 6). This failure placed Residents 1, 2, 3, 4 and 6 at risk of not being fully aware of their rights.

Findings included...

Review of Residents 1, 2, 3, 4 and 6's records showed they were [redacted] payees. Further review showed Residents 1, 2, 3, 4 and 6 did not have Residency Agreement as required.

In an interview, on 02/11/2026 at 2:35 PM, Staff A, Provider, stated that they were not aware of the new requirement to have a signed and dated Resident Agreement for each of their [redacted] residents. Staff A stated that they would do a Residency Agreement and obtain the signatures of residents or their representatives.

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3/16/2026

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative)

3/16/2026
Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

- (1) Resident; and
- (2) Adult family home.

(d) [Signature of facility and date].

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a signed and dated Residency Agreement for 5 of 6 residents (Residents 1, 2, 3, 4 and 6). This failure placed Residents 1, 2, 3, 4 and 6 at risk of not being fully aware of their rights.

Findings included...

Review of Residents 1, 2, 3, 4 and 6's records showed they were [REDACTED] payees. Further review showed Residents 1, 2, 3, 4 and 6 did not have Residency Agreement as required.

In an interview, on 02/11/2026 at 2:35 PM, Staff A, Provider, stated that they were not aware of the new requirement to have a signed and dated Resident Agreement for each of their [REDACTED] residents. Staff A stated that they would do a Residency Agreement and obtain the signatures of residents or their representatives.

<p>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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p>_____ Provider (or Representative)</p>	<p>_____ Date</p>

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

- (1) Resident; and
- (2) Adult family home.

Statement of Deficiencies	License #: 753134	Compliance Determination # 72782
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 10 of 14	Licensee: Tsigereda Russom Teklu	02/19/2026

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 6 residents (Resident 1) was agreed to, signed, and dated by the AFH and Resident 1 and/or their representative. This failure placed Resident 1 at risk for unrecognized or unmet care needs.


Findings included:

Observation, on 02/11/2026 at 10:00 AM, showed Resident 1 lived in and received care from the AFH.

Record reviews showed the AFH admitted Resident 1 on [redacted] 2024. Review of Resident 1's NCP showed Staff A, Provider, updated Resident 1's NCP on 08/30/2024 and 01/03/2026. There was no evidence that the AFH and Resident 1 or their representative sign and date the NCP in 2025. Further reviews showed initial review date (08/30/2024) did not match Resident 1's admission date ([redacted]/2024).

In an interview, on 02/11/2026 at 12:15 PM, Staff A, Provider, stated that they made mistakes with dates and Resident 1's admission date was on [redacted]/2024. Staff A stated that they reviewed Resident 1's NCP in 2025 and they had the records somewhere. Staff A stated that they would send Resident 1's reviewed NCP in 2025 to the department.

Records were not received from Staff A as of 02/17/2026.

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date) <u>3/16/2026</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
	<u>3/16/2026</u>
Provider (or Representative)	Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

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

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 6 residents (Resident 1) was agreed to, signed, and dated by the AFH and Resident 1 and/or their representative. This failure placed Resident 1 at risk for unrecognized or unmet care needs.

Findings included...

Observation, on 02/11/2026 at 10:00 AM, showed Resident 1 lived in and received care from the AFH.

Record reviews showed the AFH admitted Resident 1 on [REDACTED]/2024. Review of Resident 1's NCP showed Staff A, Provider, updated Resident 1's NCP on 08/30/2024 and 01/03/2026. There was no evidence that the AFH and Resident 1 or their representative sign and date the NCP in 2025. Further reviews showed initial review date (08/30/2024) did not match Resident 1's admission date ([REDACTED] 2024).

In an Interview, on 02/11/2026 at 12:15 PM, Staff A, Provider, stated that they made mistakes with dates and Resident 1's admission date was on [REDACTED]/2024. Staff A stated that they reviewed Resident 1's NCP in 2025 and they had the records somewhere. Staff A stated that they would send Resident 1's reviewed NCP in 2025 to the department.

Records were not received from Staff A as of 02/17/2026.

<p>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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
<p>_____ Provider (or Representative)</p>	<p>_____ Date</p>

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, records review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure 3 of 6 Residents (Residents 1, 3 and 5) had all prescribed medications available on site, and an accurate Medication Log (ML). These failures placed Residents 1, 3 and 5 at risk of harm and medications errors.

Findings included...

Observation and interview, on 02/11/2026 at 10:00 AM, showed Residents 1, 3 and 5 lived in and received care from the AFH. Staff A, Provider, stated that AFH staff managed resident's medications.

Review of Resident 1's Negotiated Care Plan (NCP), dated 01/03/2026, showed Resident 1 was admitted to the AFH on [REDACTED]/2024 with multiple medical diagnoses. The NCP showed Resident 1 required assistance with their medications. Review of Resident 1's assessment, dated 01/15/2026, showed Resident 1 required assistance with medications.

< Resident 1's Medication Log >

Review of Resident 1's February 2026 Medication Log (ML) showed a medication entries that read, "Melatonin 5 Milligram (mg) (used for sleep): take one tablet at bedtime, family supply. The medication matched the doctor's order dated 11/15/2025. Review of Resident 1's February 2026 ML showed staff did not initial the ML from 02/01/2026-02/11/2026 to indicate the Melatonin was given to Resident 1. A medication entry that read, "Acetaminophen 325 mg (used for pain): take two tablets every six hours PRN (as needed). The medication matched the doctor's order dated 02/24/2025. A medication entry that read, "Anti-Diarrhea 2 mg (used for diarrhea): take two tablets initially, then one tablet after each loose stool up to eight tablets PRN. The medication matched the doctor's order dated 10/09/2024. Also, a medication entry that read, "Cal-Gest 500 mg Chew (used for antacid): chew and swallow tablets four times a day PRN. The medication matched the doctor's order dated 08/29/2024.

< Resident 1's Medication Storage Bin >

Observation and review, on 02/11/2026 at 1:15 PM, showed Resident 1's medication storage bin had no supplies of Melatonin tablet, Acetaminophen tablet, Anti-Diarrhea tablet and Cal-Gest chew. Observation further showed a blister pack of Lorazepam 0.5 mg (used for anxiety) (take one tablet every eight hours PRN) in Resident medication storage bin. Review of Resident 1's February 2026 ML did not include an entry for the Lorazepam.

In an interview and observation, on 02/11/2026 at 1:20 PM, Staff A stated that staff ordered the Acetaminophen, Anti-Diarrhea and Cal-Gest and they did not receive them.

Staff A stated that they bought Melatonin and staff gave the Melatonin to Resident 1. Staff A stated that they forgot to initial Resident 1's February 2026 ML after the Melatonin was given to Resident 1. Observation of the provided Melatonin supply by Staff A showed a bottle of Nature's Bounty Sleep and Collagen gummies. The provided Melatonin supply did not match the doctor's order of Melatonin 5 mg tablets. Staff A further stated that staff might have forgotten to update Resident 1 February 2026 ML with the Lorazepam.

<Resident 3>

Review of Resident 3's NCP, dated 03/12/2025, showed Resident 3 was admitted to the AFH on [REDACTED]/2025 with multiple medical diagnoses. The NCP showed Resident 3 required assistance with their medications. Review of Resident 3's assessment, dated 08/08/2025, showed Resident 3 required assistance with medications.

<Resident 3's ML>

Review of Resident 3's February 2026 ML, page 1, showed a medication entry that read, "Glipizide 5 mg (used to lower blood sugar): take one-half tablet thirty minutes before breakfast daily. The medication matched the doctor's order dated 01/13/2026. Review of Resident 3's February 2026 ML, page 2, showed the AFH staff hand wrote the medication entry that read, "Glipizide: take one-half tablet 2.5 mg before breakfast daily, in addition to multiple to Glipizide 5 mg tablets for 14 days, started 02/22/2025, at 7:30 PM. Review of Resident 3's February 2026 ML, page 2, showed no staff initialed for the handwritten entry of the Glipizide 5 mg. Further review showed staff instead hand wrote "on the above page" where staff were to initial the medication log, for the handwritten entry of the Glipizide. A medication entry that read, "Chest Congestion relief DM (used for cough): take ten milliliters every four hours PRN. The medication matched the doctor's order dated 06/30/2025. A medication entry that read, "Hydroxyzine 50 mg (used for anxiety): take one tablet twice a day PRN, discontinue prior and continue doses and directive. The medication matched the doctor's order dated 07/08/2025. A medication entry that read, "Ibuprofen 600 mg (used for pain): take one tablet every six hours PRN. The medication matched the doctor's order dated 06/26/2025. Also, a medication entry that read, "Simethicone 80 mg (used for flatulence): chew and swallow every six hours PRN. The medication matched the doctor's order dated 03/22/2024.

< Resident 3's Medication Storage Bin>

Observation and review, on 02/11/2026 at 2:00 PM, showed Resident 3's medication bin had no supplies of Ibuprofen and Simethicone. Observation showed an expired blister pack of Hydroxyzine 25 mg (take one tablet three times daily PRN). Observation showed the available Hydroxyzine tablet in Resident 3's storage bin did not match with the current order's dosage and direction. Observation of available Glipizide 5 mg tablets showed the direction to take: one tablet thirty minutes daily before breakfast. Observation of the pharmacy generated label showed the doctor's new order was dated 01/28/2026. Further review of Resident 3's February 2026 ML showed the ML was not updated with the doctor's new order for the Glipizide 5mg to increase the dosage from one-half tablet to one tablet daily.

In an interview, on 02/11/2026 at 2:10 PM, Staff A stated that they would order Resident

3's medications. Staff A stated that Staff A might have forgotten to update Resident 3's February 2026 ML with the Hydroxyzine and Glipizide dosages and directions.

<Resident 5>

Review of Resident 5's preliminary service plan, dated [REDACTED]/2026, showed Resident 5 was admitted to the AFH on [REDACTED]/2026 with multiple medical diagnoses. Review of Resident 5's assessment, dated 01/24/2026, showed Resident 5 required assistance with medications.

<Resident 5's ML>

Review of Resident 5's February 2026 ML showed a medication entry that read, "Acetaminophen 500 mg (used for pain): take one tablet three times daily, family supply. The medication matched the doctor's order dated 01/30/2026. A medication entry that read, "Cal-Gest 500 mg Chew(antacid): chew and swallow two tablets every four hours PRN, family supply. The medication matched the doctor's order dated 01/30/2026. A medication entry that read, "Hydralazine 10 mg (used for high blood pressure): take one tablet every eight hours PRN. The medication matched the doctor's order dated 01/30/2026. A medication entry that read, "Ondansetron 4 mg (used for nausea): take one tablet every six hours PRN. The medication matched the doctor's order dated 01/30/2026. Also, a medication entry that read, "Senna 8.6 mg (used for constipation): take one tablet every twelve hours PRN, family supply. The medication matched the doctor's order dated 01/30/2026.

< Resident 5's Medication Storage Bin>

Observation and review, on 02/11/2026 at 1:40 PM, showed Resident 5's medication bin had no supplies of Acetaminophen, Cal-Gest, Hydralazine, Ondansetron and Senna tablets. Review of Resident 5's February 2026 ML showed staff did not initial the ML from 02/02/2026-02/11/2026 to indicate the Acetaminophen was given to Resident 5. Observation showed a blister pack of Hydrocodone-Acetaminophen 7.5-325 tablet (used for pain): take one tablet four times a day (ordered 02/03/2026). Review of Resident 5's February 2026 ML showed the Hydrocodone 7.5-325 was not listed in February 2026 ML. Further review showed AFH staff handwritten medication entry that read "Hydrocodone-Acetaminophen 5-325mg (used for pain): take one tablet four times a day (ordered 02/02/2026)".

In an interview, on 02/11/2026 at 1:48 PM, Staff A stated that Resident 5 was new and they were in the process of transferring Resident 5's medications from their previous pharmacy to the AFHs' current used pharmacy. Staff A stated that they scheduled a visit with their home doctor to go through Resident 5's medication, and they scheduled a visit on 02/17/2026 with their pharmacy to educate them about resident's medications. Staff A stated that the Acetaminophen was a family supply, and that they contacted Resident 5's family on 02/05/2026 for family supply medications and they did not receive them.

Statement of Deficiencies	License #: 753134	Compliance Determination # 72782
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 14 of 14	Licensee: Tsigere Russom Teklu	02/19/2026

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 3/16/2026

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.



3/16/2026

Provider (or Representative)

Date

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date)_____.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

 Provider (or Representative)

 Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

02/20/2026

Tsigereda Russom Teklu
Flower View Adult Family Home
6620 200th St SW
Lynnwood, WA 98036

RE: Flower View Adult Family Home # 753134

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/19/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

eFax: (206) 971-6791

Email: rcsregion2email@dshs.wa.gov

Optional method:

20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

- Complete correction(s) within 45 calendar days of Last Date of Data Collection (02/19/2026), no later than 04/05/2026 or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

WAC 388-76-10320 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

Record reviews showed Resident 5's Personal Belongings Inventory (PBI) was not signed and dated by the AFH staff and Resident 5 and/or their representative. Staff A, Provider, stated that Resident 5 was new and they were working on their records. This deficiency was corrected during the visit by Staff A.

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(6) Be signed and dated by the resident and kept in the resident record after signature.

The Adult Family Home (AFH) did not ensure that their Medicaid Policy was signed and dated by Resident 5 and/or their Representative and kept in the resident record after signature. Staff A, Provider, stated that Resident 5 was new and they were working on their records. This deficiency was corrected during the visit by Staff A.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

Record review showed there was no record of signed Disclosure of Charges (DOC) form in the records of Resident 1. Staff A, Provider, stated that they had Resident 1's DOC and they could not locate it. This deficiency was corrected during the visit by Staff A.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) failed to have a written Succession Plan as required. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of not knowing what would happen in the event Staff A, Provider, was unable to fulfill their duties in the home. Staff A stated that they had their Succession Plan on the wall and they could not locate it. This deficiency was corrected during the visit on 02/11/2026 by Staff A.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

- Please contact me at (206)914-5042.

Sincerely,



Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

**Plan
(Plan of Correction)**

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive

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

this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Renee Bourque, Field Manager

Residential Care Services

Region 2, Unit I

Preferred methods:

eFax: (206) 971-6791

Email: rcsregion2email@dshs.wa.gov

Optional method:

20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an '**IDR Request Form**' for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: <https://www.dshs.wa.gov/altsa/idr>

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

