



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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) 26816 (Completion Date 07/18/2023) and 25207 (Completion Date 06/20/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/18/2023 and found that you have corrected the violations listed in the Complaint report dated 06/20/2023. Your home is back in compliance as of 06/29/2023 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 388-76-10230-2

The Department staff who did the on-site verification:
Spomenka Hodzic, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee Bourque

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



Residential Care Services Investigation Summary Report

Provider/Facility: Flower View Adult Family Home

Provider Type: Adult Family Home

License/Cert.#: 753134

Intake ID: 85309

Compliance Determination #: 25207

Region/Unit #: RCS Region 2 / Unit I

Investigator: Spomenka Hodzic

Investigation Date(s): 06/12/2023 through 06/20/2023

Complainant Contact Date(s): 06/20/2023

Allegation(s):

1. The Adult Family Home (AFH) had an incident with dog who had aggressive behavior and biting tendencies.

Investigation Methods:

Sample:

Total residents: 5
Resident sample size: 3
Closed records sample size: 0

Observations:

Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction.

Interviews:

Residents, Staff, Provider, Resident Representatives, Third Party Provider.

Record Reviews:

Resident Records, Incident Logs and notes.

Investigation Summary:

1. In an interview and record review, the Visitor reported they were bitten by the dog and sustained injuries to both legs while in AFH. In an interview, second Visitor reported being nipped by the dog while in the AFH. Please see SOD written on 06/20/2023.

Conclusion / Action:

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A



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Statement of Deficiencies	License #: 753134	Compliance Determination # 25207
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 1 of 3	Licensee: Tsigereda Russom Teklu	06/20/2023

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 an unannounced on-site complaint investigation on 06/12/2023 and 06/12/2023 of:

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

This document references the following complaint number(s): 85309

The following sample was selected for review during the unannounced on-site visit: 3 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2 , Unit I
 20311 52nd Ave W, Suite 100
 Lynnwood, WA 98036

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.

 Residential Care Services

 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.

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

Tsiagereda teklu 
Provider (or Representative)

6/29/2023
Date

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(2) Has a suitable temperament, is clean and healthy, and otherwise poses no significant health or safety risks to any resident, staff, or visitors; and

This requirement was not met as evidenced by:

Based on interviews and record review the Adult Family Home (AFH) failed to ensure that a pet dog living on the premises had a suitable temperament for interaction with 5 of 5 residents (Resident 1,2,3,4, and 5) and visitors. This failure placed residents and visitors at risk of injury.

Findings included...

Record review showed that on 06/06/2023 the pet dog living in the AFH had an incident with Collateral Contact 1 (CC1), Visitor. The incident described the dog biting CC1 on the legs when CC1 was entering the AFH.

In an interview, on 6/12/2023 at 12:30 PM, CC1 reported that they were bitten by the dog on the back side of both legs. CC1 stated that their left leg was bitten below the knee area had sustained an abrasion. CC1 stated that their right leg was bitten and sustained a bruised. CC1 stated that the incident happened while they were trying to get inside the AFH. CC1 stated that the dog ran through the door, started barking and biting CC1 on their legs. CC1 stated that they tried to defend themselves by pushing the dog away, but they were not successful, and they sustained injuries.

In an interview, on 6/12/2023 at 11:05 AM, CC2, Visitor, reported that they had an incident with the dog while visiting with Resident 5 in the AFH. CC2 was sitting, and the dog jumped and nipped their left thigh. CC2 reported that during this same visit they witnessed the dog barking and nipping another visitor. CC2 reported that they assisted the other visitor with getting the dog away from them.

In an interview, on 6/12/2023 at 12:17 PM, Resident 3 reported that the dog did not bite or nip them, but on few occasions, they had witnessed the dog nipping their family member while visiting with them.

In an interview, on 6/12/2023 at 11:46 AM, Staff C, Provider, reported that the dog was

very good with the residents and helped their mental health. Staff C stated that the dog made most of the residents happy. Staff C stated that they were aware of the incident where the dog bit one of the visitors. Staff C stated that they felt that they were liable for this incident, even though dog was not theirs.

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, Flower View Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 6/29/2023

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

UA

Provider (or Representative)

6/29/2023

Date

RECEIVED

JUL 07 2023

DSHS/ALTSA/RCS

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

Flower View Adult Family Home
6416 180th St SW Lynnwood, WA 98037
Provider: Tsigereda Teklu

PLAN OF CORRECTION:

THE DEFICIENCY HAS BEEN CORRECTED. THIS AFH WILL ENSURE THAT THE DOG IS REMOVED FROM THE HOUSE AND DOESN'T LIVE AT THE HOME ANYMORE. THE DOG WILL ONLY COME FOR VISITS, ONE IN THE MORNING AND THE AFTERNOON BOTH FOR TWO HOURS WITH SUPERVISION.

Provider Signature: *Tsigereda Teklu*
Date: 06-30-2023