



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) 52251 (Completion Date 12/26/2024) and 47557 (Completion Date 11/13/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/26/2024 and found that you have corrected the violations listed in the Complaint report dated 11/13/2024. Your home is back in compliance as of 12/06/2024 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 388-76-10540-4-b, WAC 388-76-10540-6

The Department staff who did the on-site verification:
Nylay Quist, AFH Complaint Investigator

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



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20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 753134	Compliance Determination # 47557
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 1 of 3	Licensee: Tsigereda Russom Teklu	11/13/2024

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 09/19/2024 and 09/19/2024 of:

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

This document references the following complaint number(s): 146496, 147738

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 investigated the Adult Family Home:

Nylay Quist, AFH Complaint Investigator

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.

Renee' Bourque
Residential Care Services

11/15/2024
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.

Statement of Deficiencies	License #: 753134	Compliance Determination # 47557
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 2 of 3	Licensee: Tsigereda Russon Teklu	11/13/2024

Provider (or Representative)

Date

12/6/2024

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(4) If a resident dies, is hospitalized, or is transferred to another facility for more appropriate care and does not return to the home, the adult family home:

(b) May keep an additional amount to cover its reasonable and actual expenses incurred as a result of a private-pay resident's move, not to exceed five days per diem charges, unless the resident has given advance notice in compliance with the home's admission agreement; and

(6) The adult family home must provide the resident with any and all refunds due within thirty days from the resident's date of discharge from the home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to return overpayment funds for 1 of 1 former Residents (Former Resident 1) within thirty days of their decease date.

Findings include...

Record review of Former Resident 1's Admission Agreement, signed and dated on 04/12/2022, by Staff A, Provider, and CC2 (Former Resident 1's Legal Representative), stated that, "if a resident dies, is hospitalized or is transferred to another facility for more appropriate care, and does not return to the home, the Adult Family Home: (b) May keep an additional amount to cover it's reasonable expenses incurred as a result of a private-pay resident's move. Not to exceed five days per diem charge, unless the resident has given advance notice in compliance with the admission agreement". The Admission Agreement was 159 days overdue.

Record review showed the AFH admitted Former Resident 1 on [REDACTED] /2022 with multiple medical diagnoses including [REDACTED]

and [REDACTED]

Observation, on 09/18/2024 at 9:53AM, showed Former Resident 1 was not residing in the AFH.

In an interview with Collateral Contact 1 (CC1) on 09/16/2024 at 04:47PM, CC1 stated

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Provider (or Representative)

Date

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Findings include...

Record review of Former Resident 1's Admission Agreement, signed and dated on 04/12/2022, by Staff A, Provider, and CC2 (Former Resident 1's Legal Representative), stated that, "if a resident dies, is hospitalized or is transferred to another facility for more appropriate care, and does not return to the home, the Adult Family Home: (b) May keep an additional amount to cover it's reasonable expenses incurred as a result of a private-pay resident's move. Not to exceed five days per diem charge, unless the resident has given advance notice in compliance with the admission agreement". The Admission Agreement was 159 days overdue.

Record review showed the AFH admitted Former Resident 1 on [REDACTED]/2022 with multiple medical diagnoses including [REDACTED]

and [REDACTED].

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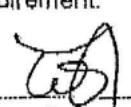
Statement of Deficiencies	License #: 753134	Compliance Determination # 47557
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 3 of 3	Licensee: Tsigereda Russom Teklu	11/13/2024

that they had paid Staff A \$7000.00 dollars in [REDACTED] 2024 for Former Resident 1's rent fee. CC1 stated that Former Resident 1 had passed away on [REDACTED] 2024. CC1 stated that all Former Resident's 1 belonging were removed from the AFH on 08/18/2024. CC1 stated that Staff A should refund a 14-day pro-rated amount back to Former Resident 1's Representative. CC1 stated that they had spoken with Staff A (Provider) and Staff A refused to refund the pro-rated amount for [REDACTED] 2024.

Record review of an email sent by CC1 to Department Staff showed a picture of a receipt with check number 110, written on 08/01/2024, in the amount of \$7000.00 dollars to "Flower View". The email also included a bank statement that showed 08/06/2024 withdrawal amount of \$7000.00 dollars.

In an interview, on 09/18/2024 at 10:26AM, Staff A, stated that Former Resident 1 had paid their rent fee for [REDACTED] 2024 in the amount of \$7000.00 dollars on 08/01/2024. Staff A stated that Former Resident 1 had passed away on [REDACTED]/2024. Staff A stated that all Former Resident 1's belonging were removed from the AFH on 08/18/2024. Staff A stated that they withheld and kept the remaining daily pro-rated rent amount because they had paid for other services fee and care supplies for Former Resident 1 while they were living in the AFH. Staff A was not able to provide copy of update notices, update contract, or updated agreement between them (Staff A) and CC2 (Former Resident 1's representative). Staff A stated that they would calculate Former Resident 1's daily pro-rated fee by taking the total rent fee amount of \$7000.00 dollars and divided by 30 days in the month.

In a phone interview on 11/13/2024 at 2:12PM, Staff A stated that they would refund Former Resident 1, nine days of pro-rated [REDACTED] 2024 rent in the amount of \$2099.99 dollars back to CC2.

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) <u>12/6/2024</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Provider (or Representative)	<u>12/6/2024</u> _____ Date

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that they had paid Staff A \$7000.00 dollars in ██████████ 2024 for Former Resident 1's rent fee. CC1 stated that Former Resident 1 had passed away on ██████████/2024. CC1 stated that all Former Resident's 1 belonging were removed from the AFH on 08/18/2024. CC1 stated that Staff A should refund a 14-day pro-rated amount back to Former Resident 1's Representative. CCI stated that they had spoken with Staff A (Provider) and Staff A refused to refund the pro-rated amount for ██████████ 2024.

Record review of an email sent by CC1 to Department Staff showed a picture of a receipt with check number 110, written on 08/01/2024, in the amount of \$7000.00 dollars to "Flower View". The email also included a bank statement that showed 08/06/2024 withdrawal amount of \$7000.00 dollars.

In an interview, on 09/18/2024 at 10:26AM, Staff A, stated that Former Resident 1 had paid their rent fee for ██████████ 2024 in the amount of \$7000.00 dollars on 08/01/2024. Staff A stated that Former Resident 1 had passed away on ██████████/2024. Staff A stated that all Former Resident 1's belonging were removed from the AFH on 08/18/2024. Staff A stated that they withheld and kept the remaining daily pro-rated rent amount because they had paid for other services fee and care supplies for Former Resident 1 while they were living in the AFH. Staff A was not able to provide copy of update notices, update contract, or updated agreement between them (Staff A) and CC2 (Former Resident 1's representative). Staff A stated that they would calculate Former Resident 1's daily pro-rated fee by taking the total rent fee amount of \$7000.00 dollars and divided by 30 days in the month.

In a phone interview on 11/13/2024 at 2:12PM, Staff A stated that they would refund Former Resident 1, nine days of pro-rated ██████████ 2024 rent in the amount of \$2099.99 dollars back to CC2.

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) _____.

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

Provider (or Representative)

Date