



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) 57436 (Completion Date 04/03/2025) and 52250 (Completion Date 02/05/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/03/2025 and found that you have corrected the violations listed in the Complaint report dated 02/05/2025. Your home is back in compliance as of 02/18/2025 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 388-76-10225-2-f

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 # 52250
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 1 of 3	Licensee: Tsigereda Russom Teklu	02/05/2025

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 12/26/2024 of:

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

This document references the following complaint number(s): 157442

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Nylay Quist, AFH Complaint Investigator
Renee Bourque, Field Manager

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

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

Statement of Deficiencies	License #: 753134	Compliance Determination # 52250
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 2 of 3	Licensee: Tsigereda Russom Teklu	02/05/2025

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.

<i>Renee Bourque</i>	02/10/2025
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.

Provider (or Representative) *[Signature]* Date *2/16/2025*

WAC 388-76-10225 Reporting requirement.

- (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:
 - (f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to notify the Case Manager when 1 of 5 residents (Resident 1) had multiple falls, including fall with injury. This failure placed Resident 1 at risk of an unrecognized change in condition and unmet care needs.

Finding included...

Reviewed of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2023 with multiple diagnoses that included [redacted] and [redacted].

Record review of the AFH incident log showed Resident 1 had a fall on 11/05/2024, two falls with injury on 11/11/2024, and a fall on 11/25/2024. Further review showed these falls were reported by AFH staff to Staff A, Provider, and Resident 1's Representative. There were no documentation that the AFH staff reported these fall incidents to the Case Manage.

Observation on 12/26/2024 at 12:30 PM showed, Resident 1 had a cast to their left leg

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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

02/10/2025
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

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Based on observation, interview, and record review, the Adult Family Home (AFH) failed to notify the Case Manager when 1 of 5 residents (Resident 1) had multiple falls, including fall with injury. This failure placed Resident 1 at risk of an unrecognized change in condition and unmet care needs.

Finding included...

Reviewed of Resident 1's record showed the AFH admitted Resident 1 on [REDACTED]/2023 with multiple diagnoses that included [REDACTED] and [REDACTED].

Record review of the AFH incident log showed Resident 1 had a fall on 11/05/2024, two falls with injury on 11/11/2024, and a fall on 11/25/2024. Further review showed these falls were reported by AFH staff to Staff A, Provider, and Resident 1's Representative. There were no documentation that the AFH staff reported these fall incidents to the Case Manage.

Observation on 12/26/2024 at 12:30 PM showed, Resident 1 had a cast to their left leg

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Statement of Deficiencies	License #: 753134	Compliance Determination # 52250
Plan of Correction	Flower View Adult Family Home	Completion Date
Page 3 of 3	Licensee: Tsigereda Russom Teklu	02/05/2025

from above the knee to the ankle.

Review of x-ray report, dated 11/23/2024, showed Resident 1 was diagnosed with [REDACTED] age undetermined. An X-ray report, dated 11/24/2024, showed Resident 1 was diagnosed with [REDACTED].

In an interview with Collateral Contact (CC1), on 01/21/2025 at 12:43 PM, CC1 stated that the AFH staff had not report any of Resident 1's fall incidents to CC1 between 11/01/2024 and 11/27/2024.

In an interview, on 12/31/2024 at 10:02 AM, Staff A, Provider, stated that Resident 1 had multiple falls at the AFH. Staff A stated that they were not at the AFH when Resident 1 had the falls, that Staff B, Resident Manager, was at the AFH. Staff A stated that they (Staff A) called and reported all of Resident 1's fall incidents to 911, Resident 1's Guardian, and CRU.

In an interview, on 02/03/2025 at 10:26 AM, Staff A stated that Resident 1 had a fall on 11/05/2024, two falls on 11/11/2024, and 11/25/2024 based on their incident log. Staff A stated that Staff B was usually the one that called Resident 1's fall incidents to Resident 1's Case Manager. Staff A stated that Staff B did not document in their incident log because they might be too busy and forgot.

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) 2/18/2025.

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

Provider (or Representative) [Signature] Date 2/18/2025

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from above the knee to the ankle.

Review of x-ray report, dated 11/23/2024, showed Resident 1 was diagnosed with [redacted] age undetermined. An X-ray report, dated 11/24/2024, showed Resident 1 was diagnosed with [redacted].

In an interview with Collateral Contact (CC1), on 01/21/2025 at 12:43 PM, CC1 stated that the AFH staff had not report any of Resident 1's fall incidents to CC1 between 11/01/2024 and 11/27/2024.

In an interview, on 12/31/2024 at 10:02 AM, Staff A, Provider, stated that Resident 1 had multiple falls at the AFH. Staff A stated that they were not at the AFH when Resident 1 had the falls, that Staff B, Resident Manager, was at the AFH. Staff A stated that they (Staff A) called and reported all of Resident 1's fall incidents to 911, Resident 1's Guardian, and CRU.

In an interview, on 02/03/2025 at 10:26 AM, Staff A stated that Resident 1 had a fall on 11/05/2024, two falls on 11/11/2024, and 11/25/2024 based on their incident log. Staff A stated that Staff B was usually the one that called Resident 1's fall incidents to Resident 1's Case Manager. Staff A stated that Staff B did not document in their incident log because they might be too busy and forgot.

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Provider (or Representative)

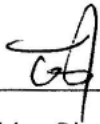
Date

Correction for citation: December 26th of 2024

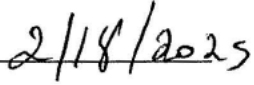
FLOWER VIEW AFH

- 1) WAC 388-76-10225 – Reporting requirement.
 - (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:
 - (f) the resident's case manager if the resident is a department client.

This has been corrected from here on. This AFH will ensure that all injury falls will be reported not just to hotline and family or legal representative but also to case managers, especially if the resident is department client.



Provider Signature



Date

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