



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

September 25, 2019

KAGNEW G YINESSU
Beza Adult Family Home
18901 46th Ave W
Lynnwood, WA 98036

RE: Beza Adult Family Home License #753898

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on September 25, 2019 for the deficiency or deficiencies cited in the report/s dated August 14, 2019 and found no deficiencies.

The Department staff who did the inspection:
Patricia Johnson, Licensor

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Jennifer Witman, Field Manager
Region 2, Unit B
Residential Care Services



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Statement of Deficiencies	License #: 753898	Completion Date
Plan of Correction	Beza Adult Family Home	August 14, 2019
Page 1 of 3	Licensee: Kagnew G Yinessu	

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 full inspection of: 7/30/2019

Beza Adult Family Home
 18901 46th Ave W
 Lynnwood, WA 98036

RECEIVED
 SEP 01 2019
 ADSA/RCS
 Smokey Point

The department staff that inspected the adult family home:
 Patricia Johnson, BA, Licensors

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 full inspection 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.

Jennifer L. [Signature]
 Residential Care Services

8/19/19
 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.

X Kagnew Getaneh [Signature]
 Provider (or Representative)

X 8/29/19
 Date

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

WAC 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

- (1) The resident's specific problems and needs identified in the assessment;
- (2) The needs for which the resident chooses not to accept or refuses care or services;
- (3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;
- (4) Resident defined goals and preferences; and
- (5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on interview and record review, Staff A (Provider) failed to ensure that a preliminary care plan was created for two of two sampled residents (Resident #2 and Resident #3) when they were admitted to the home. This failure placed the resident at risk of having unrecognized and/or unmet care needs and preferences.

Findings included...

Record review on 07/30/19 showed that Resident #2 was admitted to the home on [REDACTED] 19 with multiple diagnoses that included [REDACTED], [REDACTED] and [REDACTED]. The resident record did not have a preliminary care plan available with directives for the caregiving staff. Resident #2 was wheelchair dependent but there was no indication of what type of assistance he needed with transfers or if he was independent. Resident #2's preferences and choices were not readily available for caregivers. Resident #2 suffered from agitation at times. There were no interventions available for caregivers to address behaviors related to agitation. A nurse delegator arrived at the home on 07/30/19 at 11:00 AM and met with Resident #2 to develop a care plan.

Resident #3 was admitted to the home [REDACTED] 19 with diagnoses that included [REDACTED] and was [REDACTED]. No preliminary care plan was found in Resident #3's record. There were no directives for the caregivers to follow and no information on the resident's preferences and choices. Resident #3 was wheelchair dependent and needed assistance with transfers. No instructions were available for the caregiving staff. A care plan was developed by a nurse delegator 16 days after Resident 3 moved into the home.

When interviewed on 07/30/19 at approximately 5:30 PM, Staff A stated that the nurse delegator did all of his care plans within 30 days. Staff A stated that he was not aware that a preliminary care plan needed to be done when the residents moved into the home.

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, Beza Adult Family Home is or will be in compliance with this law and / or regulation on (Date) X 08/29/19 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

X Kagnew Getaneh
Provider (or Representative)

X 8/29/19
Date