



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave Ste 170, Spokane, WA 99201

February 20, 2020

Happiness AFH, LLC
Happiness AFH LLC
2308 E 61st Ave
Spokane, WA 99223

RE: Happiness AFH LLC License #754094

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on February 19, 2020 for the deficiency or deficiencies cited in the report/s dated January 10, 2020 and found no deficiencies.

The Department staff who did the inspection:
Paula Wyatt, NCI/Community Complaint Investigator

If you have any questions please, contact me at (509) 323-7321.

Sincerely,

Carmen Church, Field Manager
Region 1, Unit E
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 316 W Boone Ave Ste 170, Spokane, WA 99201

No. 8919 P. 6

Statement of Deficiencies	License #: 754094	Completion Date
Plan of Correction	Happiness AFH LLC	January 10, 2020
Page 1 of 4	Licensee: Happiness AFH, LLC	

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:
 1/7/2020

Happiness AFH LLC
 2308 B 61st Ave
 Spokane, WA 99223

The department staff that inspected the adult family home:
 Paula Wyatt, RN, NCI/Community Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit B
 316 W Boone Ave Ste 170
 Spokane, WA 99201
 (509)323-7321

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.

Carmen Chunde

1/15/2020

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.

Alemneh Kassa

1-25-20

Provider (or Representative)

Date

Alemneh

RECEIVED 01/24/2020 06:26PM 5094480529
 Jan. 24. 2020 3:30PM

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

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

(6) Provide storage for toxic substances, poisons, and other hazardous materials that is only accessible to residents under direct supervision, unless the resident is assessed for and the negotiated care plan indicates it is safe for the resident to use the materials unsupervised;

This requirement was not met as evidenced by:

Based on observation, and record review, the home failed to store cleaning supplies in an inaccessible area for three of five residents who were independent with mobility (#1, 2, and 3), in a sample of five. This deficient practice placed the residents at risk for harm. Findings included..

On 01/07/2020 at 9:05 AM, Resident #3 was observed using the hallway bathroom independently.

Observation on 01/07/2020 at 9:45 AM showed an unsecured closet at the end of the hallway that contained cleaning supplies. The closet was near the residents rooms, was unlocked and the key was still in the handle of the door. At 10:07 AM, the main hallway bathroom had an unlocked cabinet under the sink that contained an unlabeled spray bottle that contained a purple fluid and Comet decanter. Staff A, Provider, removed the products immediately to a safe location.

Review of Resident #3's assessment, dated 09/27/19 showed the resident had memory problems, made poor decisions, and needed limited assistance with mobility with a walker. There was no documentation to show the resident's ability to use toxic chemicals unsupervised.

Review of Resident #1's assessment, dated 11/12/19, showed the resident had memory problems, made poor decisions, and needed limited assistance with mobility with a walker. There was no documentation to show the resident's ability to use toxic chemicals unsupervised.

At 11:33 AM, Resident #1 was assisted to the bathroom and left alone to use independently.

Review of Resident #2's assessment, dated 08/02/19 documented the resident made poor decisions, and was independent with mobility with a walker. There was no documentation to show the resident's ability to use toxic chemicals unsupervised.

At 1:44 PM, Resident #2 was observed using the hallway bathroom independently.

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RECEIVED 01/24/2020 06:26PM 5094480529
Jan. 24. 2020 3:30PM.

No. 8919 P. 7

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

Statement of Deficiencies

License #: 754094

Completion Date

Plan of Correction

Happiness AFH LLC

January 10, 2020

Page 3 of 4

Licensee: Happiness AFH, LLC

No. 8919 P. 8

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, Happiness AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1-25-20 In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Alemneh Kassa
Provider (or Representative)

1-25-20
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, the home failed to obtain a background check result for one of one staff (B) who worked in the home. This resulted in the residents receiving care and services from a potentially disqualified staff member. Findings included...

Review of Staff B's, Caregiver, employee file showed he was hired 09/10/19. There was no documentation that a Washington state name and date of birth background check result was completed.

During an interview on 01/07/2020 at 9:15 AM, Staff A, Provider, stated Staff B didn't have a Washington state and name background result in his file and thought the final fingerprint was all he needed.

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, Happiness AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1-25-20 in addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Alemneh Kassa
Provider (or Representative)

1-25-20
Date

Alemneh

RECEIVED 01/24/2020 06:26PM 5094480529

Jan. 24, 2020 3:30PM

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

WAC 388-76-10170 Background check Confidentiality Use restricted Retention. The adult family home must establish and implement procedures that ensure all background authorization forms, background check results, related information, and all copies are:
(1) Kept in a confidential and secure manner;

This requirement was not met as evidenced by:

Based on observation and interview the adult family failed to ensure background checks were kept in a location to ensure confidentiality for one of one staff (B) and two household visitors. This placed the staff member and visitors at risk of personal information being compromised. Findings included...

On 01/07/2020 at approximately 9:30 AM, Staff A, Provider, was observed opening an unlocked cabinet in an area that residents gathered to retrieve employee files. Staff A provided the licensur with the binder containing employee records including a fingerprint background check result for Staff B and Washington State date of birth background check results for two individuals that were related to the provider.

At approximately 9:50 AM, Staff A was looking for a Washington State date of birth background check for Staff B and retrieved a second binder that contained Staff B's fingerprint background check that was not kept secured.

During an interview on 01/10/2020 at 1:20 PM, Staff A stated he thought having the background checks in the binder and kept in the cabinet was secure.

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, Happiness AFH LLC is or will be in compliance with this law and / or regulation on (Date) 1-25-20. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Alemneh Kassa
Provider (or Representative)

1-25-20
Date

RECEIVED 01/24/2020 06:28PM 5094480529
Jan. 24, 2020 3:31PM

No. 8919 P. 9

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