STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Ayasha Adult Family Home LLC

Ayasha Adult Family Home LLC
21830 124th Ave SE
Kent, WA 98031

RE: Ayasha Adult Family Home LLC License # 754233

Dear Provider:

This letter addresses Compliance Determination(s) 35362 (Completion Date 01/17/2024) and 31072 (Completion Date 11/01/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/17/2024 and found that you have corrected the violations listed in the Complaint report dated 11/01/2023. Your home is back in compliance as of 10/17/2023 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 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10650-2-d

The Department staff who did the on-site verification:
Lyra Ouano, AFH Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Ayasha Adult Family Home LLC
Provider Type: Adult Family Home
License/Cert.#: 754233
Intake ID: 102138
Compliance Determination #: 31072
Region/Unit #: RCS Region 2 / Unit E
Investigator: Lyra Ouano
Investigation Date(s): 10/13/2023 through 11/01/2023
Complainant Contact Date(s): 10/13/2023

Allegation(s):
Alleged Named resident (NR) living in the Adult Family Home (AFH) had [redacted] attached to their bed without assessment and safety evaluation for it.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 2 Closed records sample size: 0
Observations:	General AFH environment Staff/resident interactions Resident/resident interactions NR demeanor NR Physical appearance NR bed with side rails
Interviews:	NR AFH Staff AFH residents Entity Representative (ER) Other Not Affiliated (ONA) with the home Residents' Case Manager
Record Reviews:	NR Negotiated Care Plan (NCP) NR Assessment Progress notes Incident log Staff Background checks Abuse and Neglect policy NR and Residents' record NR doctor's order

Investigation Summary:
Observation, interview, and record review showed the alert and awake NR was in lying on their bed. NR's bed was by the wall and had a [redacted] attached to the right side. Further observation showed that there were two [redacted] attached

to the bed and there was no [redacted] attached to the left side of the bed. In an interview, staff said that the NR had a nightly fall from their bed without injury and they notified NR's doctor. Staff said that they had a doctor's order for the [redacted]. When asked if the NR was assessed for [redacted] use and safety, staff said that there was none because they had a doctor's order for the [redacted]. In an interview, NR said that they did not like the [redacted] because they could not get up under normal condition. Record review showed the AFH did not follow the doctor's [redacted] order and failed to have NR evaluated by a therapist for [redacted] safety.

WAC-388A-76-10650 (2) (a) (b) (c) (d) Medical Device

Conclusion / Action:

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

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 10/13/2023 and 10/13/2023 of:

Ayasha Adult Family Home LLC
21830 124th Ave SE
Kent, WA 98031

This document references the following complaint number(s): 102138

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Lyra Ouano, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

(d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure one of one resident (Resident 1) who had [redacted] were assessed for residents' identified needs and for safety usage. In addition, the resident was not informed of the safety risks associated with the [redacted] use. This failure placed the resident at risk for injury from entrapment between the mattress and the [redacted] and at risk for possible abuse by not identifying if the resident needed the [redacted].

Findings included ...

WAC 388-76-10000 Definitions: "Medical device" means any piece of medical equipment used to treat a resident's assessed need. (1) A medical device is not always a restraint and should not be used as a restraint; (2) Some medical devices have considerable safety risks associated with use and (3) Examples of medical devices with known safety risk when used are transfer poles, Posey or lap belts, and side rails.

On 10/13/2023 at 2:55 PM in Resident 1's bedroom, observation showed the left side of the bed was flushed against the wall and the right side of the bed had two [redacted].

On 10/13/2023 at 2:58 PM interview, Resident 1 said that they were not aware of what the "contraption" (meaning the [redacted]) was about on their bed. Resident 1 said that the [redacted] prevented them from getting up under normal condition.

On 10/13/2023 at 3:00 PM interview, Staff A, Entity Representative said that Resident 1 had been falling off the bed nightly for the about five months without injury. Staff A said that they notified Resident 1's doctor and the doctor ordered [redacted] for the bed. Staff A said that the home purchased the [redacted] and they attached it to the bed. When asked if Resident 1 was assessed for the need and safe usage of the [redacted], or whether Resident 1 was aware of the risks of using it, Staff A said that they thought the home only needed a doctor's order for the [redacted].

Record review of Resident 1's assessment dated 11/22/2022 did not show Resident 1 used [redacted] In the mobility section of Resident 1's negotiated care plan (NCP) showed on 04/06/2023, the resident "fall from bed every night. Dr order [redacted]". In the section of what caregivers/support person does when and how, showed that the, "Caregivers help resident for safety and help to hold [redacted] when standing". The safety assessment, alternative explored; how to keep resident safe section of Resident 1's NCP was empty.

Record review of doctor's notes dated 04/06/2023 showed a durable medical equipment referral for [redacted] on both sides, and an order for [redacted] for right and left side of bed.

There was no record found that Resident 1 was assessed for the need and safe usage of the [redacted] or whether the resident was aware of the risks of using it.

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, Ayasha Adult Family Home LLC 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