



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

02/18/2021

**Certified Mail 7018 0360 0000 1579 4601**

Michael Tesfay  
Happy Family Adult Family Home #4  
21905 55<sup>th</sup> Avenue W  
Mountlake Terrace, WA 98043

**IDR RESULTS**

AFH License #754445

Dear Mr. Tesfay:

Thank you for participating in the Informal Dispute Resolution (IDR) process on February 18, 2021. This letter is a follow-up regarding the result of your IDR. During the IDR, the panel addressed a citation identified in the Statement of Deficiencies (SOD) report dated November 25, 2021. As discussed during the IDR, the panel considered the following information:

- Written materials presented by the adult family home;
- Oral statements and explanations offered by the adult family home;
- Records gathered by the Residential Care Services (RCS) regional staff; and
- Oral statements and explanations offered by RCS staff.

**After careful review and consideration, the panel recommended the following change to the SOD report dated November 25, 2020:**

**WAC 388-76-10225 (3) (b) – Removed and replaced with WAC 388-76-10225 (1) (b) (ii)**

**Next Steps:**

- If you have not done so already, you must begin the process of submitting attestation(s) for disputed deficiency or deficiencies immediately.
- Contact the local field manager if you need clarification related to the SOD report.
- Within five calendar days after you receive this letter, complete and return the "Plan/Attestation Statement" for all disputed deficiencies.
  - For each disputed deficiency, indicate the date you have or will have corrected each one.
  - Next to each disputed deficiency, sign and date certifying that you have or will correct each disputed deficiency.
  - Mail the "Plan/Attestation Statement" with original signatures to:

Brenda Mooney, Field Manager  
Residential Care Services  
Region 2, Unit I  
20816 44<sup>th</sup> Avenue, Suite 240  
Lynnwood, WA 98036

- You must complete corrections within 45 days or less if directed by the department after review of your proposed correction dates.

If you have any questions, please contact me at (360) 725-2383.

Sincerely,

*M. Tornquist*

Mike Tornquist  
IDR Program Manager  
Residential Care Services

cc: Field Operations Office Chief, RCS  
Regional Administrator, Region 2  
Field Manager, Region 2, Unit I  
Statewide Long Term Care Ombuds  
Regional Long Term Care Ombuds  
Central File  
IDR File