



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Hands On Adult Family Home LLC
Hands On Adult Family Home LLC
4905 189th St SW
Lynnwood, WA 98036

RE: Hands On Adult Family Home LLC License # 756305

Dear Provider:

This letter addresses Compliance Determination(s) 34749 (Completion Date 01/04/2024) and 32894 (Completion Date 12/06/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/04/2024 and found that you have corrected the violations listed in the Complaint report dated 12/06/2023. Your home is back in compliance as of 12/19/2023 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 388-76-10615-3

The Department staff who did the on-site verification:
Spomenka Hodzic, NCI

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



Residential Care Services Investigation Summary Report

Provider/Facility: Hands On Adult Family Home LLC

License/Cert.#: 756305

Compliance Determination #: 32894

Investigator: Spomenka Hodzic

Investigation Date(s): 11/21/2023 through 12/06/2023

Complainant Contact Date(s): 12/08/2023

Provider Type: Adult Family Home

Intake ID: 105624

Region/Unit #: RCS Region 2 / Unit I

Allegation(s):

1. Adult Family Home (AFH) failed to give proper discharge notice to the Named Resident (NR).

Investigation Methods:

Sample:	Total residents: 3 Resident sample size: 2 Closed records sample size: 1
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents, Staff, Provider, Resident Representatives, Third Party Provider.
Record Reviews:	Resident Records, Staff Records, AFH Policies and Procedures, Third Party Provider Notes.

Investigation Summary:

Observation showed that Adult Family Home (AFH) had three residents in their care. In an interview, Sample Resident (SR) reported that they were getting good care. In an interview, AFH staff reported that they issued discharge notice to the Name Resident (NR) and because the notice was issued to them, they refused their re-admission at the door. In an interview, the NR's Legal Representative reported that they asked AFH staff to readmit the NR until they were able to arrange another placement for the NR, but AFH denied re-admission. Record review showed that NR had few more days until the discharge date was due. Please refer to SOD written on 12/8/23.

Conclusion / Action:

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



Residential Care Services Investigation Summary Report

Provider/Facility: Hands On Adult Family Home LLC

License/Cert.#: 756305

Compliance Determination #: 32894

Investigator: Spomenka Hodzic

Investigation Date(s): 11/21/2023 through 12/06/2023

Complainant Contact Date(s): 12/08/2023

Provider Type: Adult Family Home

Intake ID: 105560

Region/Unit #: RCS Region 2 / Unit I

Allegation(s):

1. Adult Family Home (AFH) failed to give proper discharge notice to the Named Resident (NR).

Investigation Methods:

Sample:	Total residents: 3 Resident sample size: 2 Closed records sample size: 1
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents, Staff, Provider, Resident Representatives, Third Party Provider.
Record Reviews:	Resident Records, Staff Records, AFH Policies and Procedures, Third Party Provider Notes.

Investigation Summary:

Observation showed that Adult Family Home (AFH) had three residents in their care. In an interview, Sample Resident (SR) reported that they were getting good care. In an interview, AFH staff reported that they issued discharge notice to the Name Resident (NR) and because the notice was issued to them, they refused their re-admission at the door. In an interview, the NR's Legal Representative reported that they asked AFH staff to readmit the NR until they were able to arrange another placement for the NR, but AFH denied re-admission. Record review showed that NR had few more days until the discharge date was due. Please refer to SOD written on 12/8/23.

Conclusion / Action:

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



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 756305	Compliance Determination # 32894
Plan of Correction	Hands On Adult Family Home LLC	Completion Date
Page 1 of 4	Licensee: Hands On Adult Family Home LLC	12/06/2023

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 11/21/2023 and 11/21/2023 of:

Hands On Adult Family Home LLC
 4905 189th St SW
 Lynnwood, WA 98036

This document references the following complaint number(s): 105624, 105560

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

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

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.

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

RECEIVED

DEC 26 2023

DSHS/ALTSBROS

Statement of Deficiencies	License #: 756305	Compliance Determination # 32894
Division of Correction	Hands On Adult Family Home LLC	Completion Date
Page 2 of 4	Licensee: Hands On Adult Family Home LLC	12/06/2023

Aster Kifer

Provider (or Representative)

12/19/2023

Date

WAC 388-76-10615 Resident rights Transfer and discharge.

(3) The home must give residents enough preparation and orientation to ensure a safe and orderly transfer or discharge from the home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure safe and orderly discharge from the home for 1 of 4 Residents (Resident 4, former Resident). This resulted in Resident 4 being transferred between three local hospitals, denied entry back into the AFH, and placed Resident 4 at risk of harm from homelessness.

Findings included...

Record review showed the AFH admitted Resident 4 on [REDACTED]/2023 with multiple diagnosis including

[REDACTED] and [REDACTED]

Record review of Resident 4's assessment and preliminary care plan, dated 09/10/2023, indicated that Resident 4 required stand by assist for ambulation. Review showed Resident 4 was nervous to walk alone due to their limiting nerve pain. Resident 4 required staff with them at all times for ambulation and transfers.

Record review of Resident 4's Negotiated Care Plan (NCP), dated 10/10/2023, showed interventions that AFH staff would use to managed Resident 4's behavioral issues, such as excessive worrying and mood swings. The NCP indicated that Resident 4 "did not want to take any medications". Resident 4 had vitamin patches, and one prescription medication. The NCP showed that Resident 4 required extensive assist with behavioral issues and sleeping patterns. The NCP showed that Resident 4 required extensive assist with toileting, and bathing, and dressing. Resident 4 required extra time with dressing due to nerve pain. The NCP indicated that Resident 4 required stand by assist for ambulation and transfers. The NCP indicated that Resident 4 was anxious to walk alone, used a walker (medical device used to assist with walking, gait, and balance,) and that Resident 4 had limited mobility due to their nerve pain.

Record review of "Adult Family Home Transfer and Discharge Notice", dated 10/10/2023, showed that AFH gave Resident 4 a thirty-day discharge notice with end date of 11/10/2023, with the location of discharge to be decided (TBD). Reason for discharge from the AFH was Resident 4's refusal to take medications and verbal emotional outbursts.

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

Record review of advanced psychiatric registered nurse practitioner (ARNP), dated 11/02/2023, showed that Resident 4 was cognitively intact adult who cannot be legally compelled to take prescribed medication. In ARNP's opinion the only way to legally compel Resident 4 to take medications would have been to legally detain Resident 4 and court order them to take medications.

Record review of hospital record, dated [REDACTED]/2023, showed that Resident 4 went to a local hospital for medical and psychological evaluation. Review showed the AFH received a call, on [REDACTED]/2023 at 3:28 AM, from the hospital nurse informing them that Resident 4 was medically cleared for discharge back to AFH. Staff A, Provider, told the hospital discharge nurse that they were not taking Resident 4 back because they were not able to take care for Resident 4 for approximately one month. Review showed the AFH received another phone call at 9:22 AM from the hospital social worker and discussed discharge planning for Resident 4. Further review showed the hospital nursing staff called the AFH a third time at 12:55 PM. The AFH had not answered the third call.

Record review, of hospital records, dated [REDACTED]/2023 at 9:22 AM, showed that during an interview Resident 4 had told the hospital social worker that they would prefer to be returned back to the AFH then be placed in the homeless shelter, because their discharge notice was not due yet.

Record review of American Medical Response (AMR) ambulance records, dated [REDACTED]/23, showed that Resident 4 was transported back to the AFH, on [REDACTED]/2023 at 1:07 PM. On arrival Resident 4 was refused entrance and care by the AFH Staff. AMR transported Resident 4 back to the hospital waiting room.

In an interview, on 11/21/2023 at 11:21 AM, Staff B, Co-Provider, reported that it was not their decision to send Resident 4 to the hospital for the evaluation. Staff B reported that Resident 4's legal representative instructed them to send Resident 4 for evaluation and they followed their instructions. Staff B reported that they had difficulty taking care of Resident 4 due to behavioral issues. Staff B reported that they did refuse to readmit Resident 4 at the door because they gave Resident 4 discharge notice. Staff B reported that they had consulted with the AFH council, and the AFH council had told them that they were not obligated to take Resident 4 back since they already issued a discharge notice to them.

In an interview, on 11/21/2023 at 2:06 PM, Collateral Contact 2 (CC2), emergency responder, reported that they observed Resident 4 on [REDACTED]/2023 while being transported and they were concerned about Resident 4's well-being due to their "super poor mobility" and being a vulnerable adult. CC2 reported that Resident 4 was able to ambulate with the walker but very slowly and took a long time. CC2 was worried about Resident 4's position (where would Resident 4 live and who would advocate for them).

In an interview, on 12/06/2023 at 1:33 PM, CC4, Resident 4's legal representative, reported that after they were informed by the hospital that Resident 4 would not get admitted, they asked the AFH to take Resident 4 back until the end of the discharge notice.

CC4 stated that the AFH staff told them that Resident 4's bed was already occupied by someone else and that they cannot take Resident 4 back. CC4 stated that they knew that the AFH staff lied to them because Resident 4's personal belongings were still in their room. CC4 reported that they lived out of State and these additional two to three days would have allowed them to properly arrange another safe placement for Resident 4. CC4 reported that after the AFH refused entrance and care to Resident 4, that Resident 4 was seeking medical care at three different local hospitals. CC4 stated that Resident 4 was trying to avoid being homelessness until they (CC4) were able to transport Resident 4 to out of State family member to care for them.

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, Hands On Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 12/19/2023

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

Aster Kifiro

Provider (or Representative)

12/19/2023

Date

Hands On Adult Family Home

4905 189th str sw

Lynnwood, Wa 98036

Phone 206-372-7164

Fax 425-582-0366

Email handsonafh@gmail.com

Plan Of Correction

12/19/2023

Hands on AFH will correct and abide by the rules of Transfer and discharge policy as stated on the **WAC 388-76-10615** Resident rights as of 12/19/2023. Moving forward, Hands On will insure clints are discharged or transferred to another AFH of their choice, to skilled nursing facility or hospital based on their need with ample lead time in non-emergency setting.

Provider ASTER KIFLE

Signature ~~AST~~ Kif

Date 12/19/2023