STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

MICHAEL TESFAY
HAPPY FAMILY ADULT FAMILY HOME
21905 55TH AVE W
MOUNTLAKE TERRACE, WA 98043

RE: HAPPY FAMILY ADULT FAMILY HOME License # 751446

Dear Provider:

This letter addresses Compliance Determination(s) 76960 (Completion Date 05/08/2026) and 75353 (Completion Date 04/08/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/08/2026 and found that you have corrected the violations listed in the Full report dated 04/08/2026. Your home is back in compliance as of 04/30/2026 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 388-76-10506, WAC 388-76-10506-1, WAC 388-76-10506-2, WAC 388-76-10506-2-a, WAC 388-76-10506-2-b, WAC 388-76-10506-2-c, WAC 388-76-10506-3, WAC 388-76-10506-4, WAC 388-76-10506-4-a, WAC 388-76-10506-4-b, WAC 388-76-10506-5, WAC 388-76-10506-5-a, WAC 388-76-10506-5-b, WAC 388-76-10506-5-c, WAC 388-76-10506-5-d, WAC 388-76-10420-4, WAC 388-76-10895-2-a, WAC 388-76-10265-1-d, WAC 388-76-10265-1-e, WAC 388-76-10165-1-b

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager

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

Region 2, Unit I
Residential Care Services

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 the unannounced on-site full inspection on 04/03/2026 of:

HAPPY FAMILY ADULT FAMILY HOME
21905 55TH AVE W
MOUNTLAKE TERRACE, WA 98043

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 inspected the Adult Family Home:

Farrah Sirous, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

Statement of Deficiencies	License #: 751446	Compliance Determination # 75353
Plan of Correction	HAPPY FAMILY ADULT FAMILY HOME	Completion Date
Page 2 of 8	Licensee: MICHAEL TESFAY	04/08/2026

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.

Renee' Bourgue
Residential Care Services

04/09/2026
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)

4/17/26
Date

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(c) Requires the facility to provide notice to residents before transfer and discharge that includes information about available legal resources and notice that, subject to legislative appropriation, residents have the right to legal counsel at public expense upon notice of transfer or discharge.

(3) For residents whose payor status changes from medicaid to private pay, a new residency agreement is required if the resident's payor status returns to medicaid.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at [phone

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number].

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date].

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a signed and dated Residency Agreement for 3 of 4 residents (Residents 1, 3 and 4). This failure placed Residents 1, 3 and 4 at risk of not being fully aware of their rights.

Findings included...

Review of Residents 1, 3 and 4's records showed they were [redacted] payees. Further review showed Residents 1, 3 and 4 did not have a Residency Agreement as required.

In an interview, on 04/03/2026 at 12:20 PM, Staff B. General manager, stated that they were not aware of the new requirement to have a signed and dated Residency Agreement for each of their [redacted] residents. Staff B stated that they would complete a Residency Agreement and obtain the signatures of residents or their representatives.

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, HAPPY FAMILY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 04/25/26.

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

Provider (or Representative) — Date: 04/17/26

WAC 388-76-10420 Meals and snacks. The adult family home must:

(4) Serve nutrient concentrates, supplements, and modified diets only with written approval of the resident's physician;

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This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain a doctor's order prior to serving a nutritional supplement (Glucerna) to 2 of 4 residents (Residents 2 and 4). This failure placed Residents 2 and 4 at risk for dietary problems and possible health complications.

Findings included...

In an interview, on 04/03/2026 at 10:30 AM, Staff B, General Manager, stated that Residents 2 and 4 were taking Ensure once a day.

Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/2024 with multiple medical diagnoses.

<Resident 4>
Review of Resident 4 record showed the AFH admitted Resident 4 on [redacted]/2011 with multiple medical diagnoses.

Review of Residents 2 and 4's record showed there was no written approval or documentation from Residents 2 and 4's physician for the use of the Ensure supplement.

Observation and interview, on 04/03/2026 at 11:45 AM, showed the AFH had supplies of Glucerna shake. Staff B stated that Residents 2 and 4 were taking Glucerna once a day. Staff B stated that they would send the doctor's order for Residents 2 and 4's nutritional supplements to the department next business day (04/06/2026) by 12 PM.

Review of the documents received by the department showed a copy of Resident 4's doctor's order to take Glucerna, dated 04/07/2026.

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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, HAPPY FAMILY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 04/30/26

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

Provider (or Representative) 04/16/26 Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure partial evacuation drills were completed every 60 days. This failure placed 4 of 4 current residents (Residents 1, 2, 3 and 4) at risk of harm or injury in the event of an emergency requiring evacuation from the home.

Findings included...

Observation, on 04/03/2026 at 9:40 AM showed Residents 1, 2, 3 and 4 lived in and received care from the AFH. Observation showed Residents 1 and 3 ambulated independently, Resident 2 ambulated with staff assistant and Resident 4 was [redacted]. Resident 3 was out of home.

Review of the AFH records showed the last partial evacuation drill was conducted on 01/01/2026. There were no records of emergency fire drills after January 2026 on file.

In an interview, on 04/03/2026 at 2:00 PM, Staff B, General Manager, stated that they conducted a partial fire drill on 03/01/2026 and they ran out of paper to print out the form and document a partial fire drill conducted on 03/01/2026.

Review of document received by the department on 04/07/2026 showed a copy of partial fire drill completed on 03/01/2026.

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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, HAPPY FAMILY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 03/01/26.

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

Provider (or Representative) Date 04/16/26

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

(e) Staff; and

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 2 of 5 staff (Staff B, General Manager and Staff C, Caregiver) obtained Tuberculosis (TB) testing within three days of employment. This failure placed Residents 1, 2, 3 and 4 at risk for potential exposure to a communicable disease.

Findings included...

Review of personnel records showed the AFH hired Staff B on 01/15/2020. Review of Staff B's records showed Staff B had record of one step TB skin test on 03/10/2020 with a negative result. Further reviews showed Staff B had previous one step TB skin test on 02/23/2018 with a negative result. There was no evidence of previous two step TB skin test or blood test for Staff B on file before their employment in 2020. There was no evidence of TB testing within three days of Staff B's employment in 2020.

<Staff C>
Review of Staff C's record showed the AFH hired Staff C on 11/05/2025. Records review showed the AFH previously hired Staff C on 10/27/2017, 02/01/2018 and 09/13/2022. Review of Staff C records showed Staff C had records of TB blood test with a negative result on 10/12/2017. There was no evidence of TB testing within three days for Staff C

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after re-hiring in 2025.

In an interview, on 04/03/2026 at 1:45 PM, Staff B stated that they left for a while and they re-hired later. Staff B stated that they had multiple TB tests and they were trying to figure out TB testing requirements.

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, HAPPY FAMILY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/16/26 .

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

Provider (or Representative) — Date: 04/16/26

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 staff (Staff A, Entity Representative) had a valid Washington Name and Date of Birth Background Check (WNOB BGC). This failure placed 4 of 4 residents (Residents 1, 2, 3 and 4) at risk of being cared for by someone with an unknown criminal background.

Findings included...

Review of the AFH personnel records showed Staff A's WNOB BGC expired on 02/21/2026.

In an interview, on 04/03/2026 at 1:20 PM, Staff B, General Manager, stated that they had Staff A's WNOB BGC and they would provide it.

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Review of the correspondent email received by the department showed a copy of Staff A's WNOB BGC renewed on 04/07/2026. Further reviews showed Staff A's date of birth did not match with their personnel records on file.

In a telephonic interview, on 04/07/2026 at 4:21 PM, Staff A stated that they would renew their WNOB BGC with the correct date of birth.

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, HAPPY FAMILY ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 04/13/26

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

Provider (or Representative) 04/16/26 Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

04/09/2026

MICHAEL TESFAY
HAPPY FAMILY ADULT FAMILY HOME
21905 55TH AVE W
MOUNTLAKE TERRACE, WA 98043

RE: HAPPY FAMILY ADULT FAMILY HOME # 751446

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/08/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

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

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/08/2026), no later than 05/23/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

WAC 388-76-10320 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

The Adult Family Home (AFH) failed to ensure Resident 2's current personal belonging inventory had signed by Resident 2's representative. This deficiency was corrected during the visit.

WAC 388-76-10825 Space heaters, fireplaces, and stoves.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

The Adult Family Home (AFH) failed to ensure a used fireplace in the common area of the AFH (Livingroom) with the hot screen was secured properly. This deficiency was corrected during the visit by Staff C, Caregiver, who closed the flame-resistant barrier securely.

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in

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the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline;

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

The Adult Family Home (AFH) failed to review the Admission Agreement with Resident 1 and their representative at least every twenty-four months. Resident 1's Admission Agreement was reviewed in 2023 and 2026. Staff B, General Manager, stated that they would make sure they review Resident 1's Admission Agreement every twenty-four months.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

The Adult Family Home (AFH) failed to have the personnel records for Staff E, Caregiver, readily available for review. In a telephonic interview, on 04/07/2026 at 4:25 PM, Staff A, Entity Representative, stated that Staff E last time worked at AFH in May 2025 with other trained staff supervision. The department staff requested Staff E's facility orientation record with a correct hiring date and the date of departure. Staff A stated that they would send it to the department. Requested records received by the department on 04/09/2026.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

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

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

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

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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