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) 79242 (Completion Date 06/18/2026) and 77568 (Completion Date 05/28/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/18/2026 and found that you have corrected the violations listed in the Complaint report dated 05/28/2026. Your home is back in compliance as of 06/08/2026 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 388-76-10475-3-a, WAC 388-76-10475-1, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375

The Department staff who did the on-site verification:
Tekeste Demissie, Complaint Investigator

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

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

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Statement of Deficiencies	License #: 751446	Compliance Determination # 77568
Plan of Correction	HAPPY FAMILY ADULT FAMILY HOME	Completion Date
Page 1 of 4	Licensee: MICHAEL TESFAY	05/28/2026

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 05/18/2026 and 05/26/2026 of:

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

This document references the following complaint number(s): 221287, 224851, 225063, 225748

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

The department staff that investigated the Adult Family Home:

Tekeste Demissie, Complaint Investigator

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

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Statement of Deficiencies	License #: 751446	Compliance Determination # 77568
Plan of Correction	HAPPY FAMILY ADULT FAMILY HOME	Completion Date
Page 2 of 4	Licensee: MICHAEL TESFAY	05/28/2026

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' Bourque
Residential Care Services

06/04/2026
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)

06/12/26
Date

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on interviews and record review, the Adult Family Home (AFH) failed to have a system in place to ensure medications were administered as required and documented correctly on the medication log (ML) for 1 of 4 residents (Resident 3). These failures resulted in inaccurate records of administered medications for Resident 3. These failures also placed Resident 3 at risk of harm from medication errors.

Findings included...

Review of Resident 3's Negotiated Care Plan (NCP), dated 09/11/2025, showed Resident 3 was admitted to the AFH on [redacted]/2011, with multiple diagnoses. Further review of the NCP showed Resident 3 required caregiver assistance with medication administration.

Review of Resident 3's May 2024 ML showed an order written "Take 1 capsule NITROFUR MONO-MCR [an antibiotic to treat an infection] 100 milligrams [mg- a unit of weight]" the hours listed were 8:00 AM and 8:00 PM with a start date of 05/22/2026 at 8:00 PM. Further review of the ML showed staff had not documented the medications were given on 05/22/2026 at 8:00 PM and 05/23/2026 at 8:00 AM.

In an interview, on 05/27/2026 at 12:25 PM, Staff B (Supervisor), stated that Staff F,

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Caregiver, had administered the antibiotics on 05/22/2026 at 8:00 PM and 05/23/2026 at 8:00 AM, but Staff F forgot to document. Staff B reported that they had initiated training for Staff F about the importance of documentation.

In an interview, on 06/02/2026 at 2:01 PM, Staff F stated that they had given the antibiotics to Resident 3 on 05/22/2026 at 8:00 PM and 05/23/2026 at 8:00 AM but did not sign. Staff F reported that they signed the ML on a later day.

Record review of text message exchange between Staff B, and F, dated 05/26/2026, showed Staff F confirmed giving the antibiotics on 05/22/2026 at 8:00 PM and 05/23/2026 at 8:00 AM.

Review of an email received on 06/02/2026 at 9:20 AM from Staff B showed the ML was updated and signed by Staff F.

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) 05/28/26

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

Provider (or Representative)  Date 06/12/26

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the Negotiated Care Plan (NCP) was agreed to and signed by the resident or their representative for 1 of 4 residents (Resident 3). This failure placed Resident 3 at risk of unrecognized and/or unmet care needs.
Findings included...

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Record review showed Resident 3 was admitted to the AFH on [redacted]/2011, with multiple diagnoses including [redacted] and [redacted]

Review of Resident 3 NCP dated 09/11/2025, showed there were no signatures and dates noting that the NCP was reviewed with either Resident 3 or their representative and the AFH. Further reviews showed the last time NCP was reviewed and signed by Resident 3's representative and the AFH was on 02/19/2025.

In an interview, on 05/26/2026 at 12:25 PM, Staff B (Supervisor), stated that the NCP should be signed and reviewed yearly. Staff B stated that they were unaware the NCPs were not signed and dated. Staff A stated that they would make sure all NCPs were signed and dated.

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) 06/08/26.

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

Provider (or Representative) — Date: 06/12/26

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