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

HASET ADULT FAMILY HOME LLC
Haset Adult Family Home LLC
19711 Whitman Ave N
Shoreline, WA 98133

RE: Haset Adult Family Home LLC License # 753836

Dear Provider:

This letter addresses Compliance Determination(s) 66994 (Completion Date 10/21/2025) and 63856 (Completion Date 09/18/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/21/2025 and found that you have corrected the violations listed in the Complaint report dated 09/18/2025. Your home is back in compliance as of 09/29/2025 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 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10225-2-c, WAC 388-76-10225-2-f

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

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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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 08/07/2025 and 09/02/2025 of:

Haset Adult Family Home LLC
19711 Whitman Ave N
Shoreline, WA 98133

This document references the following complaint number(s): 188466, 190093

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Alina Zaharie, NCI
Lydia Owusu-Acheampong, Community Field Manager

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

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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 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to include in the Negotiated Care Plan (NCP) for 1 of 3 sample residents (Resident 1) the assessed need for turning and repositioning at least every 2 hours. This may have led to the development of Pressure Ulcer (an injury to the skin and underlying tissue caused by constant pressure) on Resident 1's tail bone (last bone of the bottom of spine) and placed them at risk for unmet care needs.

Findings included…

Review of Resident 1's annual assessment dated 10/31/2024 showed Resident 1 had been their own decision maker and with no indicators of impairments for memory, comprehension or decision process. The assessment showed Resident 1 was diagnosed with several complex conditions, to include, but not limited to [redacted], and [redacted] The record showed Resident 1 was fully dependent on caregivers to turn and reposition. Additional skin specific instructions were for AFH to observe Resident 1 skin at least once a day for changes in color or temperature; assist client to

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change position at least every 2 hours and report to case manager any skin changes, such as redness; swelling, heat or pain; or a break in the skin over a pressure point.

Review of Resident 1's NCP dated 11/18/2024, showed that Resident 1 is fully dependent on caregivers for turn and reposition. NCP showed no instruction for caregivers when and how reposition will be provided. NCP showed that box 'Turn resident every 2-4 hours' had not been checked for caregivers to follow.

In an interview on 08/07/2025 at 12:25 PM, Staff A, Entity/Representative stated that Staff B is expected to respond during the night to Resident 1 call and see if they need to be repositioned or if they need something else.

During an interview on 08/07/2025 at 12:42 PM, Staff B, Resident Manger stated that Resident 1 coordinates their own care and that they do just what Resident 1 requested. Staff B stated that they reposition Resident 1 if they asked. Staff B stated that they do not have documentation of 2 hourly reposition program for Resident 1.

In another interview on 08/07/2025 at 1:19 PM, Staff B stated that Resident 1 had no skin issues or any pressure ulcers.

An observation on 08/07/2025 at 1:26 PM of Resident 1's tailbone area showed Resident 1 had redness on their bottom area.

During an interview on 08/07/2025 at 1:26 PM, Resident 1 stated that their tailbone area was painful to touch.

Record review of Resident 1's Progress Note, showed last documentation entry for Resident 1's skin condition on 01/27/2025 for pressure sore behind ears. Resident 1's progress Note showed no entry documentation of Resident 1's redness present on their tailbone area.

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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, Haset 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

WAC 388-76-10225 Reporting requirement.

(2) When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(c) The resident's health care provider;

(f) The resident's case manager if the resident is a department client.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to notify resident's Department Case Manager (DCM) and designated healthcare provider for 1 of 3 sampled residents' (Resident 1) when they developed skin redness on their tailbone. This failure to notify placed Resident 1 at risk for delayed in obtaining treatment for pressure injury (an injury to the skin and underlying tissue caused by constant pressure), and unmet care needs.

Findings included…

Review of Department Service Episode Records on 08/08/2025 by DCM showed that AFH had not notified DCM that Resident 1 had developed skin issues. Department report showed that DCM had requested AFH to notify them about any skin issues and that AFH agreed to follow the requirement. DCM stated that they found Resident 1 pressure on 08/08/2025 after Resident 1 sent them an email.

Review of Resident 1's annual assessment dated 10/31/2024 showed Resident 1 had been their own decision maker and with no indicators of impairments for memory, comprehension or decision process. Assessment showed Resident 1 diagnosed with several complex conditions, to include, but not limited to [redacted], and [redacted] Assessment showed Resident 1 was fully dependent on caregivers to turn and

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reposition. Assessment showed specific instructions for AFH Staff regarding preventing skin issues from which: observe Resident 1 skin at least one a day for changes in color or temperature, assist client to change position at least every 2 hours and report to case manager any skin changes, such as redness, swelling, heat or pain, or a break in the skin over a pressure point.

Review of Resident 1's Negotiated Care Plan (NCP) dated 11/18/2024, showed AFH staff would monitor Resident 1's skin for pressure ulcers and other skin problems. Resident 1's NCP exhibited that AFH staff were supposed to document and report any skin problems.

During an interview on 08/07/2025 at 1:19 PM, Staff B (Resident Manager) stated that Resident 1 had no skin issues or any pressure ulcers.

An observation on 08/07/2025 at 1:26 PM of Resident 1's tailbone area (last bone of the bottom of spine) showed Resident 1 had redness on their bottom area.

During an interview on 08/07/2025 at 1:26 PM, Resident 1 stated that their tailbone area was painful to touch.

During an interview on 09/02/2025 at 2:36 PM, Staff C (Caregiver) stated that they checked Resident 1's skin two times per day (morning and evening). Staff C stated that they noted that Resident 1's tailbone area was red before department visit and that they reported to Staff B immediately. Staff C stated that they applied prescribed zinc oxide cream (cream to prevent skin irritation) three times daily.

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, Haset 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

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