



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

February 1, 2024

ELECTRONIC-FACSIMILE

Licensee, Raziela AFH LLC
Raziela AFH LLC
17240 33rd Ave S
Seatac, WA 98188

Adult Family Home License #754603
Entity Representative: Kaben Asfaw

**IMPOSITION OF CIVIL FINES AND
CONDITIONS ON A LICENSE**

Dear Licensee:

On January 23, 2024, the Department of Social and Health Services (DSHS), Residential Care Services completed a Complaint Investigation at your facility. This letter is formal notice of the imposition of civil fines and conditions on the license for your adult family home, located at **17240 33rd Ave S, Seatac**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The civil fines and conditions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **January 23, 2024**.

Civil Fines

WAC 388-76-10400(3)(b) Care and services.

\$200.00

The licensee failed to promote resident safety for five residents when the Adult Family Home did not report a fire that broke out in the laundry room after the AFH extinguished the fire and the residents were evacuated from the house. This failure placed the residents at risk of harm including smoke inhalation and associated respiratory problems when the AFH allowed the residents to return to into the AFH without the benefit of the fire department inspecting structural integrity and air quality of the AFH.

WAC 388-76-10905(2)(3) Emergency evacuation - Notification required. **\$200.00**

The licensee failed to notify the department's compliant resolution unit after a fire occurred in the laundry room and when five residents were evacuated from the home. This failure placed the residents' health and safety at risk and delayed the department's investigation.

WAC 388-76-10915 Department staff access - Willful interference prohibited. **\$200.00**

The licensee failed to ensure that the Adult Family Home (AFH) staff did not interfere with department staff investigation of a fire. This failure delayed the department from determining if the AFH had a fire that placed five residents' health and safety at risk.

Conditions on License

WAC 388-76-10825(3) Space heaters, fireplaces, and stoves.

The licensee failed to ensure that the baseboard heater had a flame-resistant barrier in their laundry room and one resident bedroom. This failure resulted in a fire in the laundry room that necessitated evacuation of five residents and placed all the residents at risk for harm and injury when the residents were exposed to smoke. In addition, this failure placed one resident at risk for harm from fire hazards or possible burns due to direct contact with heat in the resident's bedroom.

NOTE: These are the violations, which resulted in the fines and conditions; see the attached Statement of Deficiencies for any additional violations.

The department has determined that the following conditions shall be placed on your adult family home license:

- ***The Adult Family Home (AFH) Provider must:***
 - ***Hire a licensed heating company or licensed electrician by Thursday, February 15, 2024, to assess the laundry room for any electrical issues, ensure all of the heaters in the AFH have flame-resistant barriers, and ensure all of the heaters follow standard residential building codes.***
 - ***Submit the heating company or electrician's report to the Department by Friday, March 8, 2024.***
- ***The AFH provider must post this Notice of Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.***

These conditions are effective upon **verbal** notice to you on **February 1, 2024**, and remain in effect until lifted by formal Department of Social and Health Services notice.

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Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Dahl Kim
Region 2, Unit G
20425 72nd Ave S Ste 400
Kent, WA 98032-2388
Phone: (253) 719-2380 / Fax: (253) 395-5071
rcsregion2email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter. You **must** use an **IDR Request Form** for **each** citation or enforcement action you plan to dispute. You can find this **revised** form and guidelines on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>.

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 you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

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Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

Formal Administrative Hearing

You may contest the civil fines and conditions by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fines and conditions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$600.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check**, to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501
1-800-562-6114 (extension 45919)
OFRMMISVendor@dshs.wa.gov

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If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Dahl Kim, Field Manager, at (253) 719-2380.

Sincerely,



Rathana Duong
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit G
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP