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

Raziela AFH LLC

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

RE: Raziela AFH LLC License # 754603

Dear Provider:

This letter addresses Compliance Determination(s) 26129 (Completion Date 06/26/2023) and 21019 (Completion Date 03/09/2023).

The Department completed a follow-up inspection of your Adult Family Home on 06/26/2023 and found that you have corrected the violations listed in the Complaint report dated 03/09/2023. Your home is back in compliance as of 04/09/2023 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 388-76-10165, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10285-2, WAC 388-76-10285

The Department staff who did the on-site verification:
Marites Gatan, NCI
Susan Aromi, Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Raziela AFH LLC
Provider Type: Adult Family Home
License/Cert.#: 754603
Compliance Determination #: 21019
Intake ID: 73478
Investigator: Susan Aromi
Region/Unit #: RCS Region 2 / Unit G
Investigation Date(s): 03/08/2023 through 03/09/2023
Complainant Contact Date(s):

Allegation(s):

1. The Entity Representative/Resident Manager (ER/RM) did not have complete Tuberculosis (TB) testing as required.
2. The ER/RM did not have a valid Washington name and date-of-birth background check (NDOBBC).

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size: 1
Observations:	Residents, staff interaction with residents, general Adult Family Home (AFH) environment
Interviews:	AFH ER/RM, one caregiver
Record Reviews:	Staff records, written communication with Background Check central Unit (BCCU), department's AFH Summary Record

Investigation Summary:

1. There were five vulnerable adults in the AFH. The ER/RM's date of employment was on 07/09/2020. Staff A had a TB skin test, negative for TB, dated 11/20/2020. The TB record had directions for the ER/RM to return to the clinic on 11/28/2020. There was no record of a second TB test for Staff A. Staff A said they did not go back to the clinic on 11/28/2020 for their second TB skin test.
2. Review of the records of the AFH ER/RM's records showed no NDOBBC. Review of the department's initial, 12/17/2020 licensing records showed a NDOBBC for Staff A that expired on 03/05/2022. There was no background check authorization form found for the ER/RM to renew their expired NDOBBC. In an interview, the ER/RM said they forgot to renew their NDOBBC.

Conclusion / Action:

- [x] 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

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 03/08/2023, 03/08/2023 and 03/08/2023 of:

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

This document references the following complaint number(s): 73478

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Susan Aromi, Licensor

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

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 388-76-10165 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:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(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 observation, interview and record review, the Adult Family Home (AFH) did not have a valid Washington Name and Date-of-Birth Background check (NDOBBC) for 1 of 2 current staff (Staff A, Entity Representative/Resident Manager). In addition, the AFH did not have a system in place to ensure background check authorization forms were submitted every two years for 1 of 1 current staff (Staff A). This failure allowed Staff A unsupervised access to five residents (Residents 1, 2, 3, 4 and 5) without a current background check, and placed the residents at risk of harm from staff with an unknown current criminal background.

Findings included…

Observation on 03/08/2023 at 2:40 PM showed Staff A entered the AFH the same time the department staff entered. Staff B, Caregiver, was in the AFH with five residents.

In an interview on 03/08/2023 at 3:12 PM, Staff B said they worked at the AFH from 7:00 AM to 7:00 PM five days a week and went home at night. Staff B said Staff A worked the night shifts at the AFH.

In an interview on 03/08/2023 at 3:28 PM, Staff A said they worked the night shifts (7:00 PM to 7:00 AM) and 24-hour days during the weekends, by themselves.

Review of the department's 03/08/2023 AFH Summary Report showed the home was licensed on 07/09/2020, with Staff A as the Entity Representative/Resident Manager.

Review of Staff A's records showed no NDOBBC. Review of the department's initial, 12/17/2020 licensing records showed a NDOBBC for Staff A that expired on 03/05/2022. There was no background check authorization form found for Staff A to renew their expired NDOBBC.

In an interview on 03/08/2023 at 3:32 PM, Staff A said they did not renew their background check. Staff A stated, "I totally forgot about it."

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, Raziela AFH 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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled staff (Staff A, Entity Representative/Resident Manager) had two-step Tuberculosis (TB) skin testing. This failure placed all their residents at risk of possible exposure to TB, a communicable disease.

Findings included…

Observation on 02/08/2023 at 2:40 PM showed Staff A entered the AFH the same time the department staff entered. Staff B, Caregiver, was in the AFH with five residents.

In an interview on 03/08/2023 at 3:28 PM, Staff A said they worked the night shifts (7:00 PM to 7:00 AM) and 24-hour days during the weekends, by themselves.

Review of the department's 03/08/2023 AFH Summary Report showed the home was licensed on 07/09/2020, with Staff A as the Entity Representative/Resident Manager.

Review of Staff A's records showed a TB skin test, negative for TB, dated 11/20/2020. The TB record had the following handwritten note, "Come back on the 28th." There was no record of a second test done one to three weeks after Staff A's first TB test.

In a further interview on 03/08/2023 at 3:32 PM, Staff A said they did not go back to the clinic on 11/28/2020 for their second TB skin test.

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, Raziela AFH 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