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) 39649 (Completion Date 04/16/2024) and 34768 (Completion Date 01/23/2024).

The Department completed a follow-up inspection of your Adult Family Home on 04/16/2024 and found that you have corrected the violations listed in the Complaint report dated 01/23/2024. Your home is back in compliance as of 02/10/2024 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 388-76-10400-3-b, WAC 388-76-10220-2, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10705-2-c, WAC 388-76-10810-2-b, WAC 388-76-10810-2-c, WAC 388-76-10825-3, WAC 388-76-10905-2, WAC 388-76-10905-3, WAC 388-76-10915-2, WAC 388-76-10435-2

The Department staff who did the on-site verification:
Vadim Panitkov, NCI

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 #: 34768
Intake ID: 112983
Investigator: Vadim Panitkov
Region/Unit #: RCS Region 2 / Unit G
Investigation Date(s): 01/04/2024 through 01/23/2024
Complainant Contact Date(s): 01/04/2024, 01/23/2024

Allegation(s):

1. Named Resident (NR) reported that the Adult Family Home (AFH) had a fire that required evacuation in front yard for couple hours. The AFH staff instructed the NR not to call the fire department while they tending to it. In addition, Complainant reported fire occurred in the laundry room because of clothes got on space heater.
2. NR feels intimidated and frightened at the AFH about reporting concerns and retaliation from AFH staff.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 5 Closed records sample size: 0
Observations:	General environment Resident rooms Laundry room Staff to resident interactions Fire extinguisher Baseboard heaters
Interviews:	Residents AFH Staff collateral contacts
Record Reviews:	Resident assessments, Negotiated Care Plans (NCP), Incident Log, Abuse/Neglect Policy, Progress notes, Fire Drill, Evacuation Map, Fire policy, Medication Administration Records (MAR)

Investigation Summary:

1. Observation showed five residents and one staff present in the AFH. Residents were dressed and groomed appropriately. Initial observation of environment showed a strong burnt smoke odor, multiple windows were open in resident rooms, and an air purifier that was turned on and active. Sampled resident and NR interviews identified that there was a fire in the laundry room and the residents were evacuated. Observation of laundry room showed that the room was freshly painted with paint or primer that was wet to touch, the white colored drier and washer had black stains on

the front. Provider interview showed that fire started in the laundry room on 12/31/2023 around noon when the clothes were caught on fire by the baseboard heater that had no flame-resistant barrier. Provider stated that they removed the baseboard heater and disposed it after the fire incident. Provider extinguished the fire with a fire extinguisher and then evacuated the residents. Provider interview showed that they did not call the fire department or the department complaint hotline because they did not think they needed to call as they thought the fire was not big and they managed to extinguish the fire. Record review showed that there was no documentation or record of the fire incident. In addition, NR stated that the provider told them not say anything about the that event or call the fire department. Interviewed provider and AFH staff stated that they did not tell any resident not to call the fire department or report the incident.

2. Interview with NR and sampled resident showed that they felt safe at the AFH. NR and sampled resident had no additional concerns to report about care and services. Collateral contact stated that they had no concerns with care and services. Observation of staff interactions with residents showed staff responsive to resident needs and provided care and services respectively. Unable to substantiate allegation.

Failed facility practice identified, and a Stop Placement was issued. Refer to SOD dated 01/23/2024.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Raziela AFH LLC
Provider Type: Adult Family Home
License/Cert.#: 754603
Compliance Determination #: 34768
Intake ID: 114384
Investigator: Vadim Panitkov
Region/Unit #: RCS Region 2 / Unit G
Investigation Date(s): 01/04/2024 through 01/23/2024
Complainant Contact Date(s):

Allegation(s):

1. The Adult Family Home (AFH) failed to have Negotiated Care Plans (NCP) signed and dated for Named Residents (NR) 1, 2, 3 and 4.
2. The AFH failed to document medication refusals on back of the Medication Administration Record (MAR) and notify the primary care provider (PCP) for NR 1, 2, and 3.
3. The AFH staff were sleeping in common area.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 5 Closed records sample size: 0
Observations:	General environment Resident rooms Staff to resident interactions
Interviews:	Residents AFH Staff
Record Reviews:	NCP, Progress notes, MAR

Investigation Summary:

1. Observation showed five residents and one staff present in the AFH. Residents were dressed and groomed appropriately. Reviewed of Named Residents (NR) 1, 2, 3, and 4 NCP's identified that they were not signed or dated by the resident, resident representative, and the AFH. Provider interview showed that they forgot to review and sign the NCPs with residents or resident's representatives. Failed practice identified and a citation was issued, refer to Statement of Deficiency (SOD) dated 01/23/2024.

2. Observation showed five residents and one staff present in the AFH. Residents were dressed and groomed appropriately. Record review of NR 1,2, and 3 December 2023 MAR identified circled initials with not documentation or notification on the back of the MAR or anywhere else. Provider interview identified that they did not document the refusal and notify the PCP for NR 1, 2, and 3 on the back of the MAR or anywhere else in resident record. Failed practice identified, and a citation was issued, refer to SOD

dated 01/23/2024.

3. Observation showed five residents and one staff present in the AFH. Residents were dressed and groomed appropriately. Observation of common resident area showed that there was a portable bed that was folded and stored behind the couch. Staff interview identified that they were sleeping in the common living area at night in order to provide care for the residents. Failed practice identified and citation was issued, refer to SOD dated 01/23/2024. This is a repeated deficiency previously cited.

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

Statement of Deficiencies	License #: 754503	Compliance Determination # 34768
Plan of Correction	Raziela AFH LLC	Completion Date
Page 1 of 17	Licensee: Raziela AFH LLC	01/23/2024

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 01/04/2024 and 01/10/2024 of:

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

This document references the following complaint number(s): 112983, 114384

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Vadim Panitkov, NCI
Dahl Kim, Field Manager

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.

Dahl Kim — Residential Care Services

02/01/2024 — 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.

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 01/04/2024 and 01/10/2024 of:

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

This document references the following complaint number(s): 112983, 114384

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Vadim Panitkov, NCI
Dahl Kim, Field Manager

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)

2-10-24
Date

WAC 388-76-10490 Care and services. The adult family home must ensure each resident receives:

(3) The care and services in a manner and in an environment that:

(b) Actively supports the safety of each resident, and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to promote resident safety for 5 of 5 residents (Residents 1, 2, 3, 4, and 5) when the AFH did not report a fire that broke out in the laundry room to the fire department 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 into the AFH without the benefit of the fire department inspecting structural integrity and air quality of the AFH.

Findings included...

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/04/2024 at 1:08 PM, observation showed that the AFH had a strong smoke odor inside the AFH. Further observation showed that the windows in the living areas were left open and air purifier turned on and working.

On 01/04/2024 at 1:30 PM, Resident 1 stated there was a fire on 12/31/2023 by the dryer in the laundry room that resulted in a lot of smoke. Resident 1 stated that Staff A extinguished the fire with a fire extinguisher. Resident 1 reported they were evacuated from the AFH and remained at the gazebo located at the back of the house for an hour until the smoke subsided. Resident 1 stated that the fire started when a stack of clothes fell on the baseboard heater in the laundry room.

On 01/04/2024 at 1:55 PM, Resident 2 stated that there was a fire on 12/31/2023 and smoke at the AFH that started in the back of the house when some clothes fell on a baseboard heater in the laundry room. Resident 2 stated that Staff A extinguished the fire with a fire extinguisher, and then they were all evacuated outside to the gazebo in back of the AFH.

Provider (or Representative) Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(3) The care and services in a manner and in an environment that:

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to promote resident safety for 5 of 5 residents (Residents 1, 2, 3, 4, and 5) when the AFH did not report a fire that broke out in the laundry room to the fire department 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 into the AFH without the benefit of the fire department inspecting structural integrity and air quality of the AFH.

Findings included…

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/04/2024 at 1:08 PM, observation showed that the AFH had a strong smoke odor inside the AFH. Further observation showed that the windows in the living areas were left open and air purifier turned on and working.

On 01/04/2024 at 1:30 PM, Resident 1 stated there was a fire on 12/31/2023 by the dryer in the laundry room that resulted in a lot of smoke. Resident 1 stated that Staff A extinguished the fire with a fire extinguisher. Resident 1 reported they were evacuated from the AFH and remained at the gazebo located at the back of the house for an hour until the smoke subsided. Resident 1 stated that the fire started when a stack of clothes fell on the baseboard heater in the laundry room.

On 01/04/2024 at 1:55 PM, Resident 2 stated that there was a fire on 12/31/2023 and smoke at the AFH that started in the back of the house when some clothes fell on a baseboard heater in the laundry room. Resident 2 stated that Staff A extinguished the fire with a fire extinguisher, and then they were all evacuated outside to the gazebo in back of the AFH.

On 01/04/2024 at 2:52 PM, department staff requested to observe the laundry room. Staff A stated that the laundry room was locked, and they did not have a key. Staff A stated that the Staff A's family member took the key to make a duplicate and would return later that day around 5 PM or even later. Department staff departed the AFH at 3:40 PM for a break. When the department staff returned to the AFH at 4:15 PM, observation showed the laundry room door was opened and Staff A was cleaning the bathroom across from the laundry room with Clorox.

On 01/04/2024 at 4:15 PM, observation showed that the laundry room was freshly painted with a light coat of white paint or primer. The corners of the wall and the wood wall paneling had white paint that was wet to touch. The ceiling corners showed black areas over grey paint. The white colored dryer and washer had black stains on the front. The back wall underneath the laundry lights had exposed wiring in a metal box.

On 01/04/2024 at 4:30 PM, Staff A stated that the fire started in the laundry room on 12/31/2023 around noon when the clothes were caught on fire by the baseboard heater. Staff A stated they extinguished the fire with a fire extinguisher and then evacuated the residents from the house to the gazebo in the back of the AFH until the smoke subsided. Staff A stated that they did not call the fire department because they did not think they needed to call as they thought the fire was not big and they managed to extinguish the fire.

On 01/08/2024 at 12:11 PM, in an interview the local fire department reported that there was no notification of a fire from the AFH on or after 12/31/2023. In a follow up email, the local fire department reported that there were no reports made about the fire incident by the AFH between 01/06/2024 and 01/08/2024.

On 01/10/2024 at 8:51 AM, Staff A stated that on 12/31/2023 around noon the fire alarm was triggered, and Staff A rushed to the laundry room. When opening the door, Staff A noticed a fire and grabbed the fire extinguisher to extinguish the fire. After the fire was extinguished, Staff A evacuated the residents. Staff A stated they then disposed the baseboard heater into the trash can. When asked if the heater was still in the trash, Staff A stated the garbage was picked up. Staff A stated they left a bin with full of clothes on the floor next to the baseboard heater in the laundry room. They thought the bin got closer to the baseboard heater when they closed the door. That was how the clothes got on the baseboard heater and started a fire. Staff A stated the baseboard heater was an older model and had no flame-resistant barrier.

On 01/10/2024 at 9:13 AM, observation of the laundry room showed electrical wires protruding from the floor that were exposed and not secured. The walls had a heavy fresh coat of paint. The door casing to the laundry room had black stains at the top left corner and part of the door casing was painted.

On 01/10/2024 at 9:15 AM, Staff A stated that the exposed wires were connected to the discarded baseboard heater, and it had been turned off from the electrical box.

Statement of Deficiencies	License #: 754603	Compliance Determination # 34788
Plan of Correction	Raziela AFH LLC	Completion Date
Page 4 of 17	Licensee: Raziela AFH LLC	01/23/2024

On 01/10/2024 a record review of undated AFH "Fire" policy, showed that the AFH did not follow their fire policy that stated, "Call 9-1-1, report the address and the location of the fire within the facility."

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) 02/10/24.

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

Provider (or Representative) — Date: 01/03/24

WAC 388-76-10220 Incident log. The adult family home must keep a log of:

(2) Accidents or incidents affecting a resident's welfare; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to document and record on the incident log a fire incident in the laundry room of the AFH that resulted in smoke, requiring 5 of 5 residents (Resident 1, 2, 3, 4, and 5) to be evacuated to outside of the AFH. This failure placed the residents (Resident 1, 2, 3, 4, and 5) at risk for harm and delay of care, reporting to appropriate parties, services, and treatment and prevented the department and other authorities to review what and how the fire occurred. In addition, the failure prevented the AFH from tracking the course of events and notifications.

Findings included...

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/04/2024 at 1:08 PM, observation showed that the AFH had a strong smoke odor inside the home.

On 01/10/2024 a record review of undated AFH “Fire” policy, showed that the AFH did not follow their fire policy that stated, “Call 9-1-1, report the address and the location of the fire within the facility.”

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 388-76-10220 Incident log. The adult family home must keep a log of:

(2) Accidents or incidents affecting a resident's welfare; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to document and record on the incident log a fire incident in the laundry room of the AFH that resulted in smoke, requiring 5 of 5 residents (Resident 1, 2, 3, 4, and 5) to be evacuated to outside of the AFH. This failure placed the residents (Resident 1, 2, 3, 4, and 5) at risk for harm and delay of care, reporting to appropriate parties, services, and treatment and prevented the department and other authorities to review what and how the fire occurred. In addition, the failure prevented the AFH from tracking the course of events and notifications.

Findings included…

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/04/2024 at 1:08 PM, observation showed that the AFH had a strong smoke odor inside the home.

On 01/04/2024 at 1:30 PM, Resident 1 stated there was a fire on 12/31/2023 by the dryer in the laundry room that resulted in a lot of smoke. Resident 1 stated that Staff A extinguished the fire with a fire extinguisher. They were evacuated from the AFH and remained at the gazebo located at the back of the house for an hour until the smoke subsided. The fire started when a stack of clothes fell on the baseboard heater. Resident 1 stated that Staff A removed a bag of burned clothes from the laundry room after the fire.

On 01/04/2024 at 1:55 PM, Resident 2 stated that there was a fire on 12/31/2023 and smoke at the AFH that started in the back of the house when some clothes fell on a baseboard heater in the laundry room. Resident 2 stated that Staff A extinguished the fire with a fire extinguisher, and then they were all evacuated outside to the gazebo in back of the AFH.

On 01/04/2024 at 4:15 PM, observation showed that the laundry room was freshly painted with a light coat of white paint or primer. The corners of the wall and the wood wall paneling had white paint that was wet to touch. The ceiling corners showed black areas over grey paint. The white colored dryer and washer had black stains on the front. The back wall underneath the laundry lights had exposed wiring in a metal box.

On 01/04/2024 at 4:30 PM, Staff A stated that the fire started in the laundry room on 12/31/2023 around noon when clothes placed by the baseboard heater, caught fire. The fire was extinguished with a fire extinguisher in the home, and then the residents were evacuated from the house to the gazebo in the back of the AFH until the smoke subsided. Staff A stated that they did not think they needed to call the fire department, document the fire in the incident log, or notify the department because they thought the fire was not big and they managed to extinguish it.

On 01/04/2024 a record review of undated "Raziels Complaint Records" showed there was no documentation or record of the fire incident on 12/31/2023. The records contained progress notes of the residents and did not contain any AFH incident log forms.

On 01/04/2023, at 4:35 PM, when asked for an AFH incident log, Staff A stated they did not have 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, Raziels AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/10/24

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

Kaben Astaw
Provider (or Representative)

01-03-24
Date

On 01/04/2024 at 1:30 PM, Resident 1 stated there was a fire on 12/31/2023 by the dryer in the laundry room that resulted in a lot of smoke. Resident 1 stated that Staff A extinguished the fire with a fire extinguisher. They were evacuated from the AFH and remained at the gazebo located at the back of the house for an hour until the smoke subsided. The fire started when a stack of clothes fell on the baseboard heater. Resident 1 stated that Staff A removed a bag of burned clothes from the laundry room after the fire.

On 01/04/2024 at 1:55 PM, Resident 2 stated that there was a fire on 12/31/2023 and smoke at the AFH that started in the back of the house when some clothes fell on a baseboard heater in the laundry room. Resident 2 stated that Staff A extinguished the fire with a fire extinguisher, and then they were all evacuated outside to the gazebo in back of the AFH.

On 01/04/2024 at 4:15 PM, observation showed that the laundry room was freshly painted with a light coat of white paint or primer. The corners of the wall and the wood wall paneling had white paint that was wet to touch. The ceiling corners showed black areas over grey paint. The white colored dryer and washer had black stains on the front. The back wall underneath the laundry lights had exposed wiring in a metal box.

On 01/04/2024 at 4:30 PM, Staff A stated that the fire started in the laundry room on 12/31/2023 around noon when clothes placed by the baseboard heater, caught fire. The fire was extinguished with a fire extinguisher in the home, and then the residents were evacuated from the house to the gazebo in the back of the AFH until the smoke subsided. Staff A stated that they did not think they needed to call the fire department, document the fire in the incident log, or notify the department because they thought the fire was not big and they managed to extinguish it.

On 01/04/2024 a record review of undated “Raziela Complaint Records” showed there was no documentation or record of the fire incident on 12/31/2023. The records contained progress notes of the residents and did not contain any AFH incident log forms.

On 01/04/2023, at 4:35 PM, when asked for an AFH incident log, Staff A stated they did not have 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) 02/10/24 Date

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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 4 of 5 sampled residents (Residents 2, 3, 4, and 5) was agreed, signed, and dated by the resident or their representatives, and the AFH. This failure placed the residents (Resident 2, 3, 4, and 5) at risk for unmet care needs and receiving services that the resident(s) or their representative, and the AFH did not agree.

Findings included...

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/04/2024 record review of Resident 2's NCP dated 03/22/2023 showed that the NCP was not signed or dated by the resident and the AFH. The AFH admitted Resident 2 on [redacted]/2023.

On 01/04/2024 record review of Resident 3's NCP dated 03/15/2023 showed that the NC was not signed or dated by the resident and the AFH. The AFH admitted Resident 3 on [redacted]2021.

On 01/04/2024 at 4:45 PM, Staff A stated that they forgot to review and sign the NCP with the Residents 2 and 3. Additionally, Staff A stated that they will have them signed by resident representatives as soon as possible.

On 01/10/2024 record review of Resident 4's NCP dated 05/10/2022 showed that the NCP had a missing signature page. The AFH admitted Resident 4 on [redacted]/2020.

On 01/10/2024 at 9:40 AM, Staff A stated that they did not know where Resident 4's NCP signature page was located.

Provider (or Representative) Date

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 observation, interview, and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 4 of 5 sampled residents (Residents 2, 3, 4, and 5) was agreed, signed, and dated by the resident or their representatives, and the AFH. This failure placed the residents (Resident 2, 3, 4, and 5) at risk for unmet care needs and receiving services that the resident(s) or their representative, and the AFH did not agree.

Findings included…

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/04/2024 record review of Resident 2's NCP dated 03/22/2023 showed that the NCP was not signed or dated by the resident and the AFH. The AFH admitted Resident 2 on [redacted]/2023.

On 01/04/2024 record review of Resident 3's NCP dated 03/15/2023 showed that the NC was not signed or dated by the resident and the AFH. The AFH admitted Resident 3 on [redacted]/2021.

On 01/04/2024 at 4:45 PM, Staff A stated that they forgot to review and sign the NCP with the Residents 2 and 3. Additionally, Staff A stated that they will have them signed by resident representatives as soon as possible.

On 01/10/2024 record review of Resident 4's NCP dated 05/10/2022 showed that the NCP had a missing signature page. The AFH admitted Resident 4 on [redacted]/2020.

On 01/10/2024 at 9:40 AM, Staff A stated that they did not know where Resident 4's NCP signature page was located.

Statement of Deficiencies	License #: 764663	Compliance Determination # 34733
Plan of Correction	Razlela AFH LLC	Completion Date
Page 7 of 17	Licensee: Razlela AFH LLC	01/23/2024

On 01/10/2024 record review of Resident 5's NCP dated 05/20/2022 showed that the NCP was not dated by Staff A under review/revise date section. The AFH admitted Resident 5 on [redacted] 2022. Additionally, the Resident 5's signature was not dated.

On 01/23/2024 at 1:36PM, Staff A stated that Resident 4's NCP was still missing. Staff A stated they did not know why Resident 5's NCP was not dated. Staff A stated that they will investigate and follow up with Resident 4 representative for a signature and Resident 5 for the date as soon as possible.

Association 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, Razlela AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/10/24.

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

Kaben Astaw — Provider (or Representative)

01/03/24 — Date

WAC 388-76-10705 Common use areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that the living room area was not used by 1 of 2 staff (Staff B, Caregiver) as a sleeping area. This failure placed five residents (Resident 1, 2, 3, 4, and 5) at risk for not being able to utilize common area at their leisure.

Findings included...

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B.

On 01/04/2024 at 1:10 PM, observation showed that Staff A, Entity Representative/Resident Manager, entered the AFH.

On 01/10/2024 record review of Resident 5's NCP dated 05/20/2022 showed that the NCP was not dated by Staff A under review/revise date section. The AFH admitted Resident 5 on [redacted]/2022. Additionally, the Resident 5's signature was not dated.

On 01/23/2024 at 1:36PM, Staff A stated that Resident 4's NCP was still missing. Staff A stated they did not know why Resident 5's NCP was not dated. Staff A stated that they will investigate and follow up with Resident 4 representative for a signature and Resident 5 for the date as soon as possible.

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 388-76-10705 Common use areas.

(2) The adult family home must ensure common use areas are:

(c) Not used as bedrooms or sleeping areas.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that the living room area was not used by 1 of 2 staff (Staff B, Caregiver) as a sleeping area. This failure placed five residents (Resident 1, 2, 3, 4, and 5) at risk for not being able to utilize common area at their leisure.

Findings included…

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B.

On 01/04/2024 at 1:10 PM, observation showed that Staff A, Entity Representative/Resident Manager, entered the AFH.

Statement of Deficiencies	License #: 750503	Compliance Determination #: 547B8
Plan of Correction	Reziela AFH LLC	Completion Date
Page 5 of 17	Licensee: Reziela AFH LLC	01/29/2024

On 01/04/2024 at 2:20 PM, Staff B stated that they provided nighttime care for the residents at the AFH. Staff B stated that they worked 5 days per week with 2 days off and that they occasionally slept at night on a portable bed in the living room that was folded and stored behind the couch.

On 01/04/2024 at 1:40 PM, Staff A showed department staff the common living room that had a stored folded bed in the corner behind the couch. The folded bed had a mattress covered by a black blanket. All bedrooms were occupied by the residents and there was no caregiver's bedroom in the AFH. Staff A stated that Staff B used the bed at night to sleep when they worked at the AFH.

This is a repeated deficiency previously cited on 10/13/2022.

Resolution 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, Reziela AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/10/24

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

Kaben Astaw — Provider (or Representative)

01/03/24 — Date

R400.8405-R5-16(4) (2) Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(a) Inspected and serviced annually;

(c) In proper working order;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that 1 of 1 fire extinguisher was serviced annually and was in working order. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for harm in the event of a fire emergency that required the use of a fire extinguisher at the AFH.

Findings included:

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with

On 01/04/2024 at 2:20 PM, Staff B stated that they provided nighttime care for the residents at the AFH. Staff B stated that they worked 5 days per week with 2 days off and that they occasionally slept at night on a portable bed in the living room that was folded and stored behind the couch.

On 01/04/2024 at 4:40 PM, Staff A showed department staff the common living room that had a stored folded bed in the corner behind the couch. The folded bed had a mattress covered by a black blanket. All bedrooms were occupied by the residents and there was no caregiver's bedroom in the AFH. Staff A stated that Staff B used the bed at night to sleep when they worked at the AFH.

This is a repeated deficiency previously cited on 10/18/2022.

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 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

(c) In proper working order;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that 1 of 1 fire extinguisher was serviced annually and was in working order. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for harm in the event of a fire emergency that required the use of a fire extinguisher at the AFH.

Findings included…

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with

Statement of Deficiencies	License #: 758763	Compliance Determination #347581
Plan of Correction	Raziela AFH LLC	Completion Date
Page 8 of 17	Licensee: Raziela AFH LLC	01/23/2024

Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/04/2024 at 2:40 PM, observation showed an untagged fire extinguisher located near the AFH entrance in the living room. Department staff observed the fire extinguisher was empty with the indicator arrow on the gauge in red that indicated needing to recharge. Department staff told Staff A that they need to obtain a working fire extinguisher right away.

A record review of the AFH Undated Fire Extinguisher Service Log showed that the fire extinguisher was last serviced in May 2022 and was due for service in May 2023.

On 01/04/2024 at 3:35 PM, Staff A stated that they did not know that the fire extinguisher needed to be inspected annually. Additionally, Staff A stated that they did not replace the fire extinguisher after they extinguished the fire with the extinguisher on 12/31/2023, and they did not have other fire extinguishers at the AFH.

On 01/10/2024 at 9:40 AM, Staff A stated that they purchased a new fire extinguisher on 01/03/2024. The AFH did not have a functioning fire extinguisher between 12/31/2023 and 01/03/2024.

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, Razlela AFH LLC is or will be in compliance with this law and / or regulation on (Date) 02/10/24.

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

Kaban Asfaw
Provider (or Representative)

01/03/24
Date

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.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that the baseboard heater had a flame-resistant border in their laundry room and 1 of 5 resident's

Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/04/2024 at 2:49 PM, observation showed an untagged fire extinguisher located near the AFH entrance in the dining room. Department staff observed the fire extinguisher was empty with the indicator arrow on the gauge in red that indicated needing to recharge. Department staff told Staff A that they need to obtain a working fire extinguisher right away.

A record review of the AFH undated Fire Extinguisher Service Log showed that the fire extinguisher was last serviced in May 2022 and was due for service in May 2023 .

On 01/04/2024 at 3:05 PM, Staff A stated that they did not know that the fire extinguisher needed to be inspected annually. Additionally, Staff A stated that they did not replace the fire extinguisher after they extinguished the fire with the extinguisher on 12/31/2023, and they did not have other fire extinguishers at the AFH.

On 01/10/2024 at 9:40 AM, Staff A stated that they purchased a new fire extinguisher on 01/06/2024. The AFH did not have a functioning fire extinguisher between 12/31/2023 and 01/06/2024.

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 388-76-10825 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.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure that the baseboard heater had a flame-resistant barrier in their laundry room and 1 of 5 resident's

rooms (Resident 4). This failure resulted in a fire in the laundry room that necessitated evacuation of 5 of 5 residents (Residents 1, 2, 3, 4, & 5) and placed all the residents at risk for harm and injury when the residents were exposed to smoke. In addition, this failure placed Resident 4 at risk for harm from fire hazards or possible burns due to direct contact with heat in Resident 4's bedroom.

Findings included…

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/04/2024 at 1:30 PM, Resident 1 stated there was a fire on 12/31/2023 by the dryer in the laundry room that resulted in a lot of smoke. The fire started when a stack of clothes fell on the baseboard heater. Resident 1 stated that Staff A removed a bag of burnt clothes from the laundry room after the fire.

On 01/04/2024 at 1:55 PM, Resident 2 stated that there was a fire on 12/31/2023 and smoke at the AFH that started in the back of the house when some clothes fell on a baseboard heater in the laundry room.

On 01/04/2024 at 4:15 PM, observation showed that the laundry room was freshly painted with a light coat of white paint or primer. The corners of the wall and the wood wall paneling had white paint that was wet to touch. The ceiling corners had black stains over grey paint. The white colored dryer and washer had black stains on the front. The back wall underneath the laundry lights had exposed wiring in a metal box.

On 01/04/2024 at 4:30 PM, Staff A stated that the fire started in the laundry room on 12/31/2023 around noon when clothes were caught on fire by baseboard heater.

On 01/10/2024 at 8:51 AM, Staff A stated that the baseboard heater was turned on when clothes got in front of the heater and started the fire. The baseboard heater was an older model and had no flame-resistant barrier. Staff A stated that the baseboard heater was in the room on the right side of the doorway near the floor. Staff A stated that they removed the baseboard heater from the laundry room after the fire emergency, and disposed of it, in the trash can.

On 01/10/2024 at 9:13 AM, observation of the laundry room showed that at the previous location of the baseboard heater had protruding wires from the floor that were exposed and not secured.

On 01/10/2024 at 10:10 AM, observation showed Resident 4's room baseboard heater had no flame-resistant barrier. Additionally, the window above the baseboard heater had long

curtains that touched the baseboard heater.

On 01/11/2024 a record review of an email sent by Staff A dated 01/11/2024 showed that the local fire department staff inspected the AFH on 01/11/2024. The local fire department stated that they discussed the fire in the laundry room with Staff A and stated to Staff A that they need to obtain a cover for the exposed wires in the laundry room.

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) 02/10/24.

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

Provider (or Representative) 01/03/24 Date

WAC 388-76-10395 Emergency evacuation - Notification of department required. The adult family home must notify the department's complaint resolution unit as soon as possible after resident safety is secure when:

(2) There is any fire; or

(3) Residents were evacuated from the home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to notify the department's complaint resolution unit after a fire occurred in the laundry room and when 5 of 5 residents (Resident 1, 2, 3, 4, and 5) were evacuated from the home. This failure placed the residents' health and safety at risk , and delayed the department's investigation.

Findings included...

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/04/2024 at 1:09 PM, observation showed that the AFH had a strong smoke odor inside the home. Further observation showed that the windows in the living areas were left

curtains that touched the baseboard heater.

On 01/11/2024 a record review of an email sent by Staff A dated 01/11/2024 showed that the local fire department staff inspected the AFH on 01/11/2024. The local fire department stated that they discussed the fire in the laundry room with Staff A and stated to Staff A that they need to obtain a cover for the exposed wires in the laundry room.

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 388-76-10905 Emergency evacuation Notification of department required. The adult family home must notify the department's complaint resolution unit as soon as possible after resident safety is secure when:

(2) There is any fire; or

(3) Residents were evacuated from the home.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to notify the department’s complaint resolution unit after a fire occurred in the laundry room and when 5 of 5 residents (Resident 1, 2, 3, 4, and 5) were evacuated from the home. This failure placed the residents' health and safety at risk , and delayed the department’s investigation.

Findings included…

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/04/2024 at 1:08 PM, observation showed that the AFH had a strong smoke odor inside the home. Further observation showed that the windows in the living areas were left

open and air purifier turned on, in the home.

On 01/04/2024 at 1:30 PM, Resident 1 stated there was a fire on 12/31/2023 by the dryer in the laundry room that resulted in a lot of smoke. Resident 1 stated that Staff A extinguished the fire with a fire extinguisher. They were evacuated from the AFH and remained at the gazebo located at the back of the house for an hour until the smoke subsided. The fire started when a stack of clothes fell on the heater. Resident 1 stated that Staff A removed a bag of burnt clothes from the laundry room after the fire.

On 01/04/2024 at 1:55 PM, Resident 2 stated that there was a fire on 12/31/2023 and smoke at the AFH that started in the back of the house when some clothes fell on a baseboard heater in the laundry room. Resident 2 stated that Staff A extinguished the fire with a fire extinguisher, and then they were all evacuated outside by the gazebo in back of the AFH.

On 01/04/2024 at 4:30 PM, Staff A stated that the fire started in the laundry room on 12/31/2023 around noon when clothes were caught on fire by baseboard heater. The fire was extinguished with a fire extinguisher and then the residents were evacuated from the house until the smoke subsided. Staff A stated that they did not think they needed to call the fire department or notify the department's complaint resolution unit because they thought the fire was not big and they managed to extinguish it.

On 01/17/2024 a review of department's complaint hotline system showed that the AFH did not report the fire between 12/31/2023 and 01/17/2024.

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) 02/10/24.

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

Karen Arturo — Provider (or Representative)

01/03/24 — Date

WAC 388-76-10915 Department staff access Willful interference prohibited. The adult family home must ensure:

(2) The home and staff do not willfully interfere or fail to cooperate with department staff in the performance of official duties.

open and air purifier turned on, in the home.

On 01/04/2024 at 1:30 PM, Resident 1 stated there was a fire on 12/31/2023 by the dryer in the laundry room that resulted in a lot of smoke. Resident 1 stated that Staff A extinguished the fire with a fire extinguisher. They were evacuated from the AFH and remained at the gazebo located at the back of the house for an hour until the smoke subsided. The fire started when a stack of clothes fell on the heater. Resident 1 stated that Staff A removed a bag of burnt clothes from the laundry room after the fire.

On 01/04/2024 at 1:55 PM, Resident 2 stated that there was a fire on 12/31/2023 and smoke at the AFH that started in the back of the house when some clothes fell on a baseboard heater in the laundry room. Resident 2 stated that Staff A extinguished the fire with a fire extinguisher, and then they were all evacuated outside by the gazebo in back of the AFH.

On 01/04/2024 at 4:30 PM, Staff A stated that the fire started in the laundry room on 12/31/2023 around noon when clothes were caught on fire by baseboard heater. The fire was extinguished with a fire extinguisher and then the residents were evacuated from the house until the smoke subsided. Staff A stated that they did not think they needed to call the fire department or notify the department's complaint resolution unit because they thought the fire was not big and they managed to extinguish it.

On 01/17/2024 a review of department's complaint hotline system showed that the AFH did not report the fire between 12/31/2023 and 01/17/2024.

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 388-76-10915 Department staff access Willful interference prohibited. The adult family home must ensure:

(2) The home and staff do not willfully interfere or fail to cooperate with department staff in the performance of official duties.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that the 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 5 of 5 residents' (Residents 1, 2, 3, 4, and 5) health and safety at risk.

Findings included…

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/04/2024 at 1:08 PM, observation showed that the AFH had a strong smoke odor inside the AFH. Further observation showed that the windows in the living areas were left open and air purifier turned in the AFH.

On 01/04/2024 at 1:11 PM, Staff A stated that they had no incidents, accidents, or emergencies in the last 30 days.

On 01/04/2024 at 1:30 PM, Resident 1 stated there was a fire on 12/31/2023 by the dryer in the laundry room that resulted in a lot of smoke. Resident 1 stated that Staff A extinguished the fire with a fire extinguisher. They were evacuated from the AFH and remained at the gazebo located at the back of the house for an hour until the smoke subsided. The fire started when a stack of clothes fell on the baseboard heater. Resident 1 stated that Staff A removed a bag of burnt clothes from the laundry room after the fire.

On 01/04/2024 at 1:55 PM, Resident 2 stated that there was a fire on 12/31/2023 and smoke at the AFH that started in the back of the house when some clothes fell on a baseboard heater in the laundry room. Resident 2 stated that Staff A extinguished the fire with a fire extinguisher, and they were all evacuated outside by the gazebo in back of the AFH.

On 01/04/2024 at 2:20 PM, when department staff stated to Staff B that there was a strong smell of smoke at the AFH, Staff B stated that they could not smell the smoke as they were used to the smoke smell and that they were not aware of any fires at the AFH. Staff B stated that they worked on New Years Day (01/01/2024) and did not work on 12/31/2023.

On 01/04/2024 at 2:52 PM, when asked if there was a fire, Staff A stated that on Sunday 12/31/2023, around noon there was a fire in Resident 1's room. There were tissues that caught on fire in a plastic trash can that they took out of the residents' room and extinguished with the fire extinguisher outside the house. Staff A stated that they evacuated the residents for 30 minutes until the smoke subsided. When department staff requested to observe the laundry room Staff A stated that the laundry room was locked and that their family member had the key, and they had no duplicate. Staff A stated that the

family member took the key to make a duplicate and would return later that day around 5:00 PM, or even later considering heavy traffic where the person was coming back from Bellevue.

Department staff departed the AFH at 3:40 PM on 01/04/2024 for a break. Upon returning to the AFH at 4:15 PM observation showed the laundry room door was opened and Staff A was cleaning the bathroom directly across from the laundry room with Clorox.

On 01/23/2024 at 1:36 PM, at a follow up phone interview, when asked how they were able to open the laundry room door before the department staff returned from a break on 01/04/2024, Staff A stated that their family member arrived at the AFH shortly after 4:00 PM, right before the department staff returned.

On 01/04/2024 at 4:15 PM, observation showed the laundry room was opened, and Staff A's family member was not in sight. Observation showed that the laundry room was freshly painted with a light coat of white paint or primer. The corners of the wall and the wood wall paneling had white paint that was wet to touch. The ceiling corners showed black areas over grey paint. The white colored dryer and washer had black stains on the front. The back wall underneath the laundry lights had exposed wiring in metal box.

On 01/04/2024 at 4:30 PM, when asked again, how the fire occurred Staff A now stated that the fire started in the laundry room on 12/31/2023 around noon when clothes were caught on fire by baseboard heater. This was a different statement than what Staff A indicated earlier in the day. Staff A stated they extinguished the fire with a fire extinguisher and then evacuated the residents from the house to the gazebo in the back of the AFH until the smoke subsided.

On 01/04/2024 a record review of undated “Raziela Complaint Records” showed that there was no documentation or record of fire incident on 12/31/2023, no notification of fire department, no notification of the department’s complaint resolution unit, and no documentation of resident evacuation.

On 01/10/2024 at 8:51 AM, Staff A stated that the fire started on 12/31/2023 at around noon in the laundry room when they were washing clothes. The baseboard heater was turned on when clothes got in front of the heater and started the fire. The baseboard heater was an older model and had no flame-resistant barrier. Staff A stated that the baseboard heater was in the room located on the right side of the doorway near the floor. Staff A stated that they removed the baseboard heater from the laundry room after the fire and disposed of it in the trash can. Staff A stated that they did not recall if Staff B was at the AFH when the fire occurred.

On 01/10/2024 at 10:05 AM, Staff A stated that after the fire, their family member obtained white paint at the local department store to paint the laundry room walls.

On 01/10/2024 at 10:11 AM, Staff A stated they had changed the order of the events of the fire initially, as they were afraid and nervous about the incident.

On 01/10/2024 a record review of undated "Raziela Complaint Records" showed that there was no documentation or record of fire incident on 12/31/2023, no notification of fire department, no notification of the department's complaint resolution unit, no documentation of resident evacuation, no notification of resident representatives and primary care physicians.

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) 02/10/24.

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

Kaben Aglam — Provider (or Representative)

01/03/24 — Date

WAC 388-76-10435 Medication refusal.

(2) If the adult family home is assisting with or administering a resident's medications and the resident refuses to take or does not receive a prescribed medication:

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that 3 of 5 residents (Resident 2, 3, and 4) medication refusals were documented, recorded, and Primary Care Providers (PCP) notified. These failures placed Residents 2, 3, and 4 at risk for altered health status, and unmet care needs.

Findings included...

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/10/2024 at 10:30 AM, Staff A, Entity Representative/Resident Manager, stated that circled initials on the Medication Administration Record (MAR) was medication refusal. Staff A stated that when resident refused medications , they notify the PCP and document on the back of the MAR.

On 01/10/2024 at 10:11 AM, Staff A stated they had changed the order of the events of the fire initially, as they were afraid and nervous about the incident.

On 01/10/2024 a record review of undated “Raziela Complaint Records” showed that there was no documentation or record of fire incident on 12/31/2023, no notification of fire department, no notification of the department’s complaint resolution unit, no documentation of resident evacuation, no notification of resident representatives and primary care physicians.

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 388-76-10435 Medication refusal.

(2) If the adult family home is assisting with or administering a resident's medications and the resident refuses to take or does not receive a prescribed medication:

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that 3 of 5 residents (Resident 2, 3, and 4) medication refusals were documented, recorded, and Primary Care Providers (PCP) notified. These failures placed Residents 2, 3, and 4 at risk for altered health status, and unmet care needs.

Findings included…

On 01/04/2024 at 1:07 PM, observation showed Residents 1, 2, 3, 4, and 5 in the AFH with Staff B, Caregiver. Staff B made a call and Staff A, Entity Representative/Resident Manager arrived shortly thereafter.

On 01/10/2024 at 10:30 AM, Staff A, Entity Representative/Resident Manager, stated that circled initials on the Medication Administration Record (MAR) was medication refusal. Staff A stated that when resident refused medications , they notify the PCP and document on the back of the MAR.

On 01/10/2024 a review of Resident 2's Negotiated Care Plan (NCP) dated 03/22/2023 showed that the medication management self-administration box was checked for "Oral" and instructions that stated Resident 2 "required assistance with medication [sic]." A review of Resident 2's December 2023 MAR showed that "Aspercreme Lido 4% patch" (a topical medication for pain) had circled initials on 12/01/2023, 12/10/2023, 12/11/2023 at 8:00 AM and "Banatrol plus PK 75x10.75" (a medication for treatment of diarrhea) had circled initials on 12/01/2023 at 8:00 AM and 8:00 PM indicating refusals. The MAR did not have documentation or record on the back of the MAR that stated refusal. The AFH no documentation of notification of PCP stated on the back of the MAR or anywhere in the resident record.

On 01/10/2024 a review of Resident 3's NCP dated 03/15/2023 showed that instructions under the section "Self Medication with [sic] Assistance" that stated Resident 3 was "able to put medication in mouth" and that "staff to put medications [sic] in a cup and hand to them [sic] and ensure that they [sic] swallow." In addition, under the "Administration" section of care and services, Resident 3's NCP showed "resident is UNABLE to put medications [sic] in mouth" and that staff were "document each medication [sic] taken." A review of Resident 3's December 2023 MAR showed that "Aspercreme Lido 4% patch" (a topical medication for pain) had circled initials on 12/01/2023 at 8:00 AM and 8:00 PM, on 12/02/2023 at 8:00 AM, on 12/03/2023 at 8:00 AM, and on 12/11/2023 at 8:00 AM and 8:00 PM. In addition, Boost Plus (a supplemental nutritional drink) had circled initials on 12/01/2023, 12/10/2023, and 12/11/2023 at 10:00 PM indicating refusals. The MAR did not have documentation or record on the back showing Resident 3's refusal. The AFH did not have documentation that they notified the PCP on the back of the MAR or anywhere in the resident record.

On 01/10/2024 a review of Resident 4's NCP date 05/10/2022 showed that instruction under the section "Self Medication with [sic] Assistance" that stated Resident 4 was "able to put medications in mouth and that "staff to put oral medication [sic] in a cup and hand it to them [sic]." In addition, under the "Administration" section of care and services, Resident 4's NCP showed that "resident is UNABLE to put medications [sic] in mouth" and that staff to "document medication [sic] taken." A review of Resident 4's December 2023 MAR showed that Boost Plus (a supplemental nutritional drink) had circled initials on 12/05/2023 and 12/06/2023 indicating refusals. The MAR did not have specified time and documentation or record on the back of the MAR that stated refusal. There was no documentation of notification of PCP stated on the back of the MAR or anywhere in the resident.

On 01/10/2024 at 10:33 AM, department staff showed Staff A Residents' 2, 3, and 4 MARs' that had circled initials and no documentation on the back of the MAR. Staff A stated that they did not document the refusal and did not notify the residents' PCP.

Attestation Statement

Statement of Deficiencies	License #: 754603	Compliance Determination # 34768
Plan of Correction	Raziela AFH LLC	Completion Date
Page 17 of 17	Licensee: Raziela AFH LLC	01/23/2024

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) 02/10/24.

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

Kaben Afan — Provider (or Representative)

01/03/24 — Date

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