STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Laura Raica
NORTHWEST HOME CARE
21831 14TH PL W
LYNNWOOD, WA 98036

RE: NORTHWEST HOME CARE License # 111200

Dear Provider:

This letter addresses Compliance Determination(s) 54105 (Completion Date 01/31/2025) and 53286 (Completion Date 01/22/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/31/2025 and found that you have corrected the violations listed in the Full report dated 01/22/2025. Your home is back in compliance as of 01/20/2025 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 388-76-10805-3

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor
Hang Lu, Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 111200	Compliance Determination #53286
Plan of Correction	NORTHWEST HOME CARE	Completion Date
Page 1 of 2	Licensee: Laura Raica	01/22/2025

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 the unannounced on-site full inspection on 01/16/2025 and 01/16/2025 of:
NORTHWEST HOME CARE
21932 14TH PL W
LYNNWOOD, WA 98036

The following sample was selected for review during the unannounced on-site visit: 1 of 1 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licensor
Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Renee' Bourgue
Residential Care Services

01/23/2025
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.

Statement of Deficiencies	License #: 111200	Compliance Determination # 53286
Plan of Correction	NORTHWEST HOME CARE	Completion Date
Page 2 of 2	Licensee: Laura Raica	01/22/2025

Laura Raica
Provider (or Representative)

1-29-2025
Date

WAC 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the smoke detector in the area where 2 of 3 staff (Staff B, Co-Provider, and Staff C, Caregiver) slept was interconnected. This failure placed 1 of 1 resident (Resident 1) at risk for injury due to a delayed warning in the event of a fire emergency.

Findings included...

Observation, on 01/16/2025 at 3:10 PM, showed the smoke detector in the private living quarter (where Staff B and C slept), located at the end of the hallway, was not interconnected with the rest of the smoke detectors in the AFH.

In an interview, on 01/16/2025 at 3:10 PM, Staff A, Provider, stated that they thought they were "grandfathered in". Staff A stated that they would have the smoke detector in their private living quarter interconnected soon.

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, NORTHWEST HOME CARE is or will be in compliance with this law and / or regulation on (Date) 1-20-2025

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

Laura Raica
Provider (or Representative)

1-29-2025
Date

Provider (or Representative) _____ Date _____

WAC 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the smoke detector in the area where 2 of 3 staff (Staff B, Co-Provider, and Staff C, Caregiver) slept was interconnected. This failure placed 1 of 1 resident (Resident 1) at risk for injury due to a delayed warning in the event of a fire emergency.

Findings included...

Observation, on 01/16/2025 at 3:10 PM, showed the smoke detector in the private living quarter (where Staff B and C slept), located at the end of the hallway, was not interconnected with the rest of the smoke detectors in the AFH.

In an interview, on 01/16/2025 at 3:10 PM, Staff A, Provider, stated that they thought they were "grandfathered in". Staff A stated that they would have the smoke detector in their private living quarter interconnected soon.

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, NORTHWEST HOME CARE 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 _____