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

RAMONA MARICUTU
MOUNTLAKE TERRACE AFH
22903 57TH AVENUE W
MOUNTLAKE TERRACE, WA 98043

RE: MOUNTLAKE TERRACE AFH License # 317102

Dear Provider:

This letter addresses Compliance Determination(s) 64352 (Completion Date 08/19/2025) and 62895 (Completion Date 07/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/19/2025 and found that you have corrected the violations listed in the Full report dated 07/29/2025. Your home is back in compliance as of 08/12/2025 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 388-76-10430-1, WAC 388-76-10430-2-d, WAC 388-76-10810-2-b

The Department staff who did the on-site verification:
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

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 07/21/2025 of:

MOUNTLAKE TERRACE AFH
22903 57TH AVENUE W
MOUNTLAKE TERRACE, WA 98043

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, 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

Statement of Deficiencies	License #: 317102	Compliance Determination # 62895
Plan of Correction	MOUNTLAKE TERRACE AFH	Completion Date
Page 2 of 5	Licensee: RAMONA MARICUTU	07/29/2025

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' Bourque
Residential Care Services

07/30/2025
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.

Ramona Maricutu
Provider (or Representative)

8/7/25
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the services provided for 1 of 2 residents (Resident 2) met the medication needs and met all laws and rules relating to medications. This failure placed Resident 2 at risk for not receiving all prescribed medications and medication errors.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted] 2024 with medically disabling diagnoses. Record review showed Resident 2 was on multiple prescribed medications.

Observation of Resident 2's medication supply, on 07/21/2025 at 2:05 PM, showed there was a tube of Cavilon Cream (for skin protection) with a pharmacy label that read, "Cavilon Durable Barrier Cream: Apply topically to the affected area every morning. May re-apply topically once daily to small abrasions as needed."

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

07/30/2025
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.

Provider (or Representative)

Date

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(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have a system in place to ensure the services provided for 1 of 2 residents (Resident 2) met the medication needs and met all laws and rules relating to medications. This failure placed Resident 2 at risk for not receiving all prescribed medications and medication errors.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2024 with medically disabling diagnoses. Record review showed Resident 2 was on multiple prescribed medications.

Observation of Resident 2's medication supply, on 07/21/2025 at 2:05 PM, showed there was a tube of Cavilon Cream (for skin protection) with a pharmacy label that read, "Cavilon Durable Barrier Cream: Apply topically to the affected area every morning. May re-apply topically once daily to small abrasions as needed."

Review of Resident 2's July 2025 Medication Log (ML) showed Cavilon Durable Barrier Cream was not listed as one of Resident 2's current medications. Record review showed there was no documentation of the use of Cavilon Durable Barrier Cream.

In an interview, on 07/21/2025 at 2:08 PM, Staff A, Provider, stated that the Cavilon Cream was a replacement for the A/D Treat Cream (for skin protection). Staff A stated that they would look for the Cavilon Cream order or call the pharmacy (to get a copy of the order). Staff A did not explain why there was no documentation on the use of Cavilon Cream on Resident 2's July 2025 ML.

Review of Resident 2's record showed Resident 2's Nurse Practitioner (NP) had signed the pharmacy generated Physician's Order List on 07/15/2025. Record review Resident 2 had an order that read, "A/D Treat Cream 1-10% Diaper Rash: Apply after each bowel movement. May repeat as needed for skin irritation."

Review of Resident 2's July 2025 ML showed the A/D Treat Cream entry matched the NP's order. Record review showed AFH staff initialed (to indicate they gave A/D Treat Cream) once on 07/10/2025 at 8 AM. Record review showed AFH staff did not apply the A/D Treat Cream as prescribed.

Observation, on 07/21/2025 at 2:07 PM, showed there was no A/D Treat Cream in Resident 2's medication supply.

In an interview, on 07/21/2025 at 2:34 PM, Staff A stated that the pharmacy said Cavilon Cream had been discontinued. Staff A stated they were told by the pharmacy that Resident 2's insurance did not cover the A/D Treat Cream. Staff A stated that they had asked the pharmacy to send the A/D Treat cream soon. Staff A stated that they would pay for Resident 2's A/D Treat Cream.

In an interview, on 07/21/2025 at 3:30 PM, Staff A stated that they had received a copy of the order, dated 06/13/2025, to discontinue Cavilon Cream from the pharmacy. Staff A stated that they would dispose of the Cavilon Cream right away. At 4:23 PM, Staff A stated that they would ask the NP the next day to order either the A/D Treat Cream or the A & D Ointment for Resident 2, but not both (A/D cream and ointment) at the same time. Staff A stated that they would make sure Resident 2 received their medications as prescribed.

Statement of Deficiencies	License #: 317102	Compliance Determination # 62895
Plan of Correction	MOUNTLAKE TERRACE AFH	Completion Date
Page 4 of 5	Licensee: RAMONA MARICUTU	07/29/2025

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, MOUNTLAKE TERRACE AFH is or will be in compliance with this law and / or regulation on (Date) 7/22/25.

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

Ramona Maricutu — Provider (or Representative)

8/7/25 — Date

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 fire extinguisher (FE 1) was inspected and serviced annually. This failure placed Residents 1, 2, 3, and 4 at risk of harm in the event of a fire emergency.

Findings included...

Observation and interview, on 07/21/2025 at 2:41 PM, showed the tag on FE 1 (located in dining area) hole punched to indicate it was last inspected and serviced in April 2024. Staff A, Provider, stated that they did not realize FE 1 was overdue for service. Staff A stated that they would call someone (to inspect and service FE 1) right away. At 4:30 PM, Staff A stated that the person (who inspected and serviced the FE) said they would call Staff A back the next day.

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, MOUNTLAKE TERRACE AFH is or will be in compliance with this law and / or regulation on (Date)_____ .

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Provider (or Representative) Date

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Findings included...

Observation and interview, on 07/21/2025 at 2:41 PM, showed the tag on FE 1 (located in dining area) hole punched to indicate it was last inspected and serviced in April 2024. Staff A, Provider, stated that they did not realize FE 1 was overdue for service. Staff A stated that they would call someone (to inspect and service FE 1) right away. At 4:30 PM, Staff A stated that the person (who inspected and serviced the FE) said they would call Staff A back the next day.

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Page 5 of 5	Licensee: RAMONA MARICUTU	07/29/2025

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

Ramona Maricutu 8/7/25

Provider (or Representative) Date

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