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

VLADIMER STEPANIA
VALLEY CARE ADULT FAMILY HOME
8213 S 116TH STREET
SEATTLE, WA 98178

RE: VALLEY CARE ADULT FAMILY HOME License # 327603

Dear Provider:

This letter addresses Compliance Determination(s) 64101 (Completion Date 08/13/2025) and 61676 (Completion Date 07/09/2025).

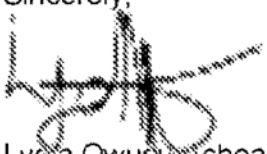
The Department completed a follow-up inspection of your Adult Family Home on 08/13/2025 and found that you have corrected the violations listed in the Complaint report dated 07/09/2025. Your home is back in compliance as of 07/23/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10025-3

The Department staff who did the on-site verification:
Sharon Judie, Community Complaint Investigator

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

Sincerely,



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

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

Statement of Deficiencies	License #: 327603	Compliance Determination # 61676
Plan of Correction	VALLEY CARE ADULT FAMILY HOME	Completion Date
Page 1 of 3	Licensee: VLADIMER STEPANIA	07/09/2025

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 an unannounced on-site complaint investigation on 06/25/2025 of:

VALLEY CARE ADULT FAMILY HOME
8213 S 116TH STREET
SEATTLE, WA 98178

This document references the following complaint number(s): 181001

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Sharon Judie, Community Complaint Investigator

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

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Page 2 of 3	Licensee: VLADIMER STEPANIA	07/09/2025

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.

Residential Care Services — 7-15-2025 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) — 7-23-2025 Date

WAC 388-76-10025 License annual fee.

(3) The home must ensure that the department receives the annual license fee when it is due.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to pay the 1 of 1 annual license fees during the month of April 2025. This failure resulted in the AFH operating with an invalid license from 04/15/2025 to 07/01/2025.

Findings included...

Review of Department records using secured tracking and reporting system on 06/25/2025 at 8:00 AM, showed the AFH annual license fee was past due in the amount of $1350.00.

Observation of the AFH on 06/25/2025 at 12:30 PM showed 5 of 6 residents (Residents 2, 3, 4, 5, and 6) received care from two AFH staff (Staff B, Caregiver and Staff C, Caregiver) at the AFH.

In an interview at 12:47 PM, Staff A, Entity Representative, stated they mailed the payment to the Department. Staff A stated they would check their bank account to see if the check cleared their bank account.

Review of Department records on 07/09/2025 at 4:45 PM showed the AFH annual license fees were paid late on 07/01/2025 in the amount of $1350.00.

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, VALLEY CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on
(Date) 7-23-2025

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

V. Stepanian
Provider (or Representative)

7-23-2023
Date