STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

MOUNTAIN VIEW ADULT CARE HOME, INC
MOUNTAIN VIEW
15922 -66th St. E
Sumner, WA 98390

RE: MOUNTAIN VIEW License # 583300

Dear Provider:

This letter addresses Compliance Determination(s) 77064 (Completion Date 05/07/2026) and 75280 (Completion Date 04/08/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/07/2026 and found that you have corrected the violations listed in the Full report dated 04/08/2026. Your home is back in compliance as of 04/16/2026 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 388-76-10130-3, WAC 388-112A-0050-1, WAC 388-112A-0050-1-a, WAC 388-112A-0050-1-a-i

The Department staff who did the off-site verification:
Hung Bui, Adult Family Home RN Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

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Statement of Deficiencies	License #: 583300	Compliance Determination # 75280
Plan of Correction	MOUNTAIN VIEW	
Page 1 of 3	Licensee: MOUNTAIN VIEW ADULT CARE HOME, INC	Completion Date 04/08/2026

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 04/01/2026 of:
MOUNTAIN VIEW
15922 66TH ST E
SUMNER, WA 98390

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 inspected the Adult Family Home:

Hung Bui, Adult Family Home RN Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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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

04/09/2026
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)

4/16/26
Date

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(1) The following chart provides a summary of the training and certification requirements for a volunteer, a long-term care worker and an adult family home provider in an adult family home: Who Status Facility Orientation Safety/ orientation training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home resident manager, or long-term care worker in adult family home.

(i) An ARNP, RN, LPN, NA-C, HCA, NA-C student or other professionals listed in WAC 388-112A-0090 . Required per WAC 388-112A-0200 (1). Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required twelve hours per WAC 388-112A-0610 for NA-Cs, HCAs and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to maintain the current Department of Health (DOH) license for 1 of 7 staff members

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(Provider). This failure resulted in all residents receiving care from an unqualified staff member.

Findings included...

On 04/01/2026 at 09:45 AM, it was observed that the Provider was working at the AFH.

Record review revealed that the Provider's DOH Licensed Practical Nurse license expired on 12/10/2024 (16 months prior).

On 04/01/2026 at 1:05 PM, in an interview, the Provider acknowledged the deficiency and attributed the oversight to a motor vehicle accident sustained during that period.

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, MOUNTAIN VIEW is or will be in compliance with this law and / or regulation on (Date) 4/16/26 .

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

Hanna Kerr
Provider (or Representative)

4/16/26
Date

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MOUNTAIN VIEW ADULT CARE HOME, INC
MOUNTAIN VIEW
15922 -66th St. E
Sumner, WA 98390

RE: MOUNTAIN VIEW # 583300

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/08/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/08/2026), no later than 05/23/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10850 Emergency medical supplies. The adult family home must:

(3) Have a first aid manual.

On 04/01/2026, it was noted that the first aid emergency kit lacked a manual. The Provider suggested it might have been misplaced by a previous caregiver. To resolve this issue, a new manual was purchased and photo documentation was submitted to the department on 04/08/2026.

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(d) Ensure the medical device is properly installed.

On 04/01/2026, observation showed that Resident 5 (R5) in bedroom [redacted] had a ceiling-to-floor [redacted] by their bed. The [redacted], held by pressured telescoping springs, was wobbly when tested. The Provider explained that the resident used the [redacted] for bed transfers, and its use was authorized by the family. However, there was no assessment on file for the device. The Provider discussed the issue with R5 and their family, and on April 2nd, 2026, submitted photo documentation to the department showing the [redacted] was taken down and no longer used.

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

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Review of administrative record revealed that the Adult Family Home (AFH) lacked a Medical Test Site Waiver Certificate (MTSWC) to perform daily blood sugar testing for Resident 4. The Provider stated they were unfamiliar with the MTSWC and believed their licensed practical nurse license was sufficient. Following the inspection, the Provider applied for the certificate and submitted photo documentation showing that the completed application and payment were submitted to the Department of Health.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Rathana Duong, AFH Field Manager
Residential Care Services

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Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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