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

VIORICA CAPRAR
SENIOR CARE ADULT FAMILY HOME
26609 199TH PL SE
COVINGTON, WA 98042

RE: SENIOR CARE ADULT FAMILY HOME License # 750067

Dear Provider:

This letter addresses Compliance Determination(s) 61347 (Completion Date 06/27/2025) and 58344 (Completion Date 04/24/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/27/2025 and found that you have corrected the violations listed in the Full report dated 04/24/2025. Your home is back in compliance as of 04/30/2025 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 388-76-10165-1-a, WAC 388-76-10181-1-b, WAC 388-76-10198-2-a, WAC 388-76-10198-3, WAC 388-76-10380-4

The Department staff who did the on-site verification:
Marites Gatan, NCI

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 #: 750067	Compliance Determination # 58344
Plan of Correction	SENIOR CARE ADULT FAMILY HOME	Completion Date
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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 04/21/2025 of:
SENIOR CARE ADULT FAMILY HOME
26609 199TH PL SE
COVINGTON, WA 98042

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:

Marites Gatan, NCI

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

5-1-2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all

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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

5-1-2025
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)

05-03-2025
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to renew the Washington state name and date Background Inquiry (BGI) every two years for 1 of 1 provider (Staff A, Provider). This failure placed all four residents at risk for harm from a provider with an unknown current criminal history.

Findings included...

In an interview on 04/21/2025 at 8:41 AM, Staff A stated that they had four residents (Residents 1, 2, 3, and 4) who received care and services from the AFH staff.

Review of Staff A's personnel records showed a BGI completed on 04/11/2023 that expired on 04/11/2025.

In an interview on 04/21/2025 at 11:42 AM, Staff A stated they did not realize that their BGI was expired.

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, SENIOR CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 04-21-2025.

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

Provider (or Representative) — Date: 05-03-2025

WAC 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) provider failed to ensure they had completed a Character, Competence, and Suitability (CCS) form for 1 of 2 sampled staff (Staff C, Caregiver) who had findings that were not automatically disqualifying on their Final Background Check (FBC).

This failure delayed the department staff in determining if Staff C was qualified to work with all residents in the AFH.

Findings included...

Observation on 04/21/2025 at 8:42 AM showed Staff A, Provider, and Staff C with three residents (Residents 1, 2, 3) and at the AFH. Staff A stated that Resident 4 was at the hospital.

In an interview on 04/21/2025 at 9:20 AM, Staff A stated Staff C worked full time.

Review of Staff C's personnel records showed a Washington name and date of birth background check that expires on 02/05/2027. Staff C had no FBC document.

The AFH faxed to department on 04/22/2025 at 9:56 AM, Staff C's AFH orientation document that showed Staff C's hire date on 09/04/2025 and Staff C's FBC completed on 01/22/2024 that required a CCS review.

In a further interview on 04/23/2025 at 11:00 AM, Staff A initially claimed that they read Staff C's FBC. When asked what they had done after reading the result of the FBC, Staff A stated they did not remember Staff C's FBC result as there were a lot of documents they had faxed to the department. Staff A stated they had not done anything about Staff C's FBC result.

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, SENIOR CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on
(Date) 04-25-2025

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

Provider (or Representative) [signature] Date 05-03-2025

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the records of 1 of 4 staff (Staff C, Caregiver) was complete and readily available to the department staff for review. This failure delayed the department from determining if Staff C was qualified to care for the residents and placed residents at risk of possible exposure to Tuberculosis ([TB] a communicable disease affecting lungs).

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Findings included...

Observation on 04/21/2025 at 8:42 AM showed Staff A, Provider and Staff C with the three residents (Residents 1, 2, and 3) at the AFH. Staff A stated that Resident 4 was at the hospital.

In an interview on 04/21/2025 at 9:20 AM, Staff A stated Staff C worked full time at the AFH.

Review of Staff C's personnel records showed no AFH orientation document, no Tuberculosis test records and no Developmental Disability (DD) training.

The AFH faxed to the department on 04/22/2025 at 9:56 AM, Staff C's AFH orientation document that showed a hire date on 09/04/2025. Staff C's TB test and DD training were not included. There was a handwritten note from Staff C saying that they would obtain the TB test results from the place they got tested.

In a further interview on 04/23/2025 at 11:00 AM, Staff A stated they would inform Staff C to send the TB test results and DD training documents to department staff.

As of "04/25/2025" department have not received Staff C's document.

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, SENIOR CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 04-24-2025

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

Provider (or Representative) 05-03-2025 Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

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(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to review the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 4) at least every twelve months. This failure placed Resident 4 at risk of unmet needs and of receiving care and services they did not negotiate.

Findings included...

Observation on 04/21/2025 at 8:42 AM showed Staff A, Provider and Staff C, Caregiver with three residents (Resident 1, 2, and 3) who received care from the AFH staff.

In an interview on 04/21/2025 at 9:03 AM, Staff A stated that they brought Resident 4 to the hospital on [redacted]/2025 due to a fall with complaint of pain.

Review of Resident 4's records showed the AFH admitted them on [redacted]/2023. Resident 4's 03/15/2023's NCP that was signed by Resident 4's representative on 03/13/2023. There was no other NCP found in Resident 4's record to review.

In an interview on 04/21/2025 at 10:43 AM, Staff A stated they have called up Resident 4's guardian several times and had not received any response when they have tried to review the NCP. Staff A stated they had informed Resident 4's Case Manager that they have not received any response from Resident 4's guardian.

In an interview on 04/24/2025 at 10:12 AM, Resident 4's guardian stated they have reviewed Resident 4's NCP in 2023.

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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, SENIOR CARE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 04-30-2025

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

Viorica Caprar — Provider (or Representative)

05-03-2025 — Date