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) 57803 (Completion Date 04/09/2025) and 54496 (Completion Date 02/25/2025).

The Department completed a follow-up inspection of your Adult Family Home on 04/09/2025 and found that you have corrected the violations listed in the Complaint report dated 02/25/2025. Your home is back in compliance as of 03/09/2025 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 388-76-10400-3-b

The Department staff who did the on-site verification:
Mavis Downing, 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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Statement of Deficiencies	License #: 750067	Compliance Determination # 54496
Plan of Correction	SENIOR CARE ADULT FAMILY HOME	Completion Date
Page 1 of 4	Licensee: VIORICA CAPRAR	02/25/2025

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 01/31/2025 of:

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

This document references the following complaint number(s): 164140

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 investigated the Adult Family Home:

Mavis Downing, 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

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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.

Dahl Kim
Residential Care Services

03/06/2025
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)

03-09-2025
Date

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(3) The care and services in a manner and in an environment that:

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to immediately seek medical intervention when 1 of 1 Resident (Resident 1) fell and sustained broken fingers (fracture) of the left hand. This placed Resident 1 at risk of complications and reduced quality of life associated with delayed medical intervention care for a fractured hand.

Findings included...

Review of Assessment dated 11/01/2023, showed the AFH admitted Resident 1 with multiple diagnoses including [redacted]. Resident 1 used a wheelchair for mobility and required assistance of staff for most of activities of daily living including transfers, toileting and hygiene care.

Observation on 01/31/2025 at 11:00 AM, Resident 1 sat in a wheelchair, and watched television in the living room with other residents. Resident 1 stated that they had a cast (splint used to holds a broken bone in place to prevent movement to the affected area until healed) to the second metacarpal (second fingers) few weeks back after they fell in the AFH.

On 01/31/2025 at 11:30 AM, in an interview, Resident 1 stated that they fell on the floor some weeks ago, when they attempted to use the bathroom. Resident 1 added that, they fell on the floor hitting their left hand first, resulting in a fracture to the two middle fingers. Resident 1 stated that Staff B, Caregiver assisted them from the bathroom floor to the living room. Resident 1 said, they sustained a small laceration to the middle finger. Staff B then cleansed the affected area and applied an ice pack to the left hand.

Review of the AFH fall incident report dated 01/17/2025 showed Resident 1 was on the toilet floor when they called for help on 01/17/2025 at 3:00 PM. Staff B observed Resident sitting on the toilet floor with their left hand touching the floor. Report further stated that, Staff A, Entity Representative/Resident Manager assisted Staff B to reposition the resident into a wheelchair. Staff A had assessed the resident and noted a small laceration to the second finger of the left hand. The resident denied any pain or discomfort. Staff A cleansed and applied an ice pack to the affected area.

On 01/31/2025 at 11:00 AM, in an interview, Staff B stated that on 01/23/2025, six days after Resident 1's fall incident (the day when Resident 1 was scheduled for outside recreational activity), Resident 1's left hand was observed swollen and bruised, and Resident 1 complained of pain to the left hand. Staff B said they applied ice to the resident's left hand. Staff B further stated, shortly after they noted the resident's swollen and bruised hand, the driver from the recreational center arrived to pick up the resident for a scheduled recreational activity. As a result, Staff B stated that they were not able to transfer the resident to the emergency room or urgent care for evaluation, or did not call the resident's medical provider.

On 01/31/2025 at 12:00 PM, when Staff B was asked if they notified the resident's medical provider about the fall injury, Staff B stated that they did not, as the laceration was minor, and the resident denied any pain or discomfort.

On 02/20/2025 at 10:00 AM, in an interview, Collateral Contact (CC1) stated that they did not receive any calls from the AFH about Resident 1's fall or injuries sustained. According to CC1, Resident 1's medical provider stated that during Resident 1's assessment conducted by nursing staff, they observed Resident 1 with a severely bruised left hand and the resident complained of excruciating pain.

Review of the medical provider's progress notes dated 01/23/2025 showed an order for X-ray of Resident 1's left hand. Review of the X-ray dated 01/23/2025 showed Resident 1 had a fracture to the second and third metatarsals (middle fingers) of the left hand. The notes further showed Resident 1's hand had a yellowish bluish color to their left hand. Resident 1 had also complained of excruciating pain to the left hand during the visit. The medical provider issued an order to immobilize and apply a cast to the second and third metatarsals. The medical provider notified Staff A about the X-ray results, and the need for the AFH staff to administer medications to relieve the resident's pain at the AFH.

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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) 03-09-2025

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

Provider (or Representative) — Date: 03-09-2025