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

TOPHILL HOME CARE LLC

TOPHILL HOME CARE LLC
8911 NE 180TH ST
BOTHELL, WA 98011

RE: TOPHILL HOME CARE LLC License # 750129

Dear Provider:

This letter addresses Compliance Determination(s) 55166 (Completion Date 02/21/2025) and 54013 (Completion Date 01/31/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/21/2025 and found that you have corrected the violations listed in the Full report dated 01/31/2025. Your home is back in compliance as of 02/16/2025 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 388-76-10201, WAC 388-76-10201-1, WAC 388-76-10201-2, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10320-10, WAC 388-76-10320

The Department staff who did the off-site verification:
Claire Fleming, Long Term Care Surveyor

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Allied Health Field Manager
Region 2, Unit K
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 01/29/2025 of:
TOPHILL HOME CARE LLC
8911 NE 180TH ST
BOTHELL, WA 98011

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Claire Fleming, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 — Date: 02/10/2025

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: 2/16/2025

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a written plan to address how the AFH would continue to provide care and services in the event the provider is no longer able to fulfill their provider duties in case of an emergency or other exceptional circumstances. This failure placed 3 of 3 residents (Resident 1, 2, and 3) at risk of unmet needs.

Findings included...

Record review on 01/29/2025 showed the AFH did not have a written Succession Plan available to review.

During an interview, on 01/29/2025 at 3:31 PM, Staff A, Provider stated that they had no written succession plan in place for the AFH. Staff A stated that they were not aware of the requirement to have succession plan for the AFH. Staff A agreed to create one as

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.

Alfredo Brown
Residential Care Services

02/10/2025
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

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to have a written plan to address how the AFH would continue to provide care and services in the event the provider is no longer able to fulfill their provider duties in case of an emergency or other exceptional circumstances. This failure placed 3 of 3 residents (Resident 1, 2, and 3) at risk of unmet needs.

Findings included...

Record review on 01/29/2025 showed the AFH did not have a written Succession Plan available to review.

During an interview, on 01/29/2025 at 3:31 PM, Staff A, Provider stated that they had no written succession plan in place for the AFH. Staff A stated that they were not aware of the requirement to have succession plan for the AFH. Staff A agreed to create one as

soon as possible to correct the deficiency.

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, TOPHILL HOME CARE LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/25.

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

Nicoalea Angela Hutchison — 2/16/25

Provider (or Representative) — Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled residents (Resident 1 and Resident 2) had a current Personal Belongings Inventory List in their resident record, signed by the resident and the AFH. This failure placed Residents 1 and Resident 2 at risk for lost, stolen or misplaced personal property.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2021.

Record review on 01/29/2025 at 11:35 AM showed that Resident 1 did not have a Personal Belongings Inventory List.

Record review showed the AFH admitted Resident 2 on [redacted]/2024.

soon as possible to correct the deficiency.

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, TOPHILL HOME CARE LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 2 of 2 sampled residents (Resident 1 and Resident 2) had a current Personal Belongings Inventory List in their resident record, signed by the resident and the AFH. This failure placed Residents 1 and Resident 2 at risk for lost, stolen or misplaced personal property.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2021.

Record review on 01/29/2025 at 11:35 AM showed that Resident 1 did not have a Personal Belongings Inventory List.

Record review showed the AFH admitted Resident 2 on [redacted]/2024.

Record review on 01/29/2025 at 1:36 PM showed that Residents 2 did not have a Personal Belongings Inventory List.

During an interview on, 01/29/2025 at 12:15 PM, the Staff A. Provider stated that they were not aware of that their residents needed to have a current Personal Belongings Inventory List.

During an interview on 01/29/2025 at 1:59 PM, Staff A stated that they were initially planning to complete a Personal Belongings Inventory List during resident admission. Staff A stated that they do not have a current system in place to ensure a Personal Belongings Inventory List are completed upon admission.

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, TOPHILL HOME CARE LLC is or will be in compliance with this law and / or regulation on (Date) 2/16/25.

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

Micaela Angela Nuta Anuta — 2/16/25

Provider (or Representative) — Date

Record review on 01/29/2025 at 1:36 PM showed that Residents 2 did not have a Personal Belongings Inventory List.

During an interview on, 01/29/2025 at 12:15 PM, the Staff A, Provider stated that they were not aware of that their residents needed to have a current Personal Belongings Inventory List.

During an interview on 01/29/2025 at 1:59 PM, Staff A stated that they were initially planning to complete a Personal Belongings Inventory List during resident admission. Staff A stated that they do not have a current system in place to ensure a Personal Belongings Inventory List are completed upon admission.

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, TOPHILL HOME CARE LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Provider (or Representative) Date

Succession Plan

Name of AFH: Tophill Home Care LLC

License #: 750129

Name of Provider: Mioara Angela Nutu

Address: 8911 NE 180th St Bothell, WA 98011

Provider Cell Number: 425-908-7177

I, **Mioara Angela Nutu RN,** am the Provider of the above AFH. **Monica Rognean RN** will: take over the business if I am unable to work, take care of the business, or die.

☒ *In an emergency or exceptional circumstance requiring a change of ownership due to the provider's inability to operate the home, a qualified applicant will apply for a provisional license and a change of ownership. We are aware the department will decide if a provisional license is warranted.

☐ The Successor will close/shut down the AFH and ensure the staff/caregivers stay until all residents are placed in safe locations.

The named individual will immediately contact the **CRU at 1-800-562-6078** and the following:

- **RCS Field Manager:** Alfredo Brown, Email: alfredo.brown@dshs.wa.gov,

  Phone: 253-341-7376
- **HCS DSHS Social Worker:** _____ (Medicaid Only)
- **ECS/SBS Social Worker:** _____ (Medicaid Only)
- **DDA Social Worker:** _____ (Medicaid Only)

If the AFH Provider becomes sick/ill with a minor issue, the following named individual will step in and facilitate/manage the care of individual residents, manage staff, and AFH operations:

- **Name/Number:** Monica Rognean RN – 206-948-7786

When the home is being managed, the following individual will buy/deliver groceries:

- **Name/Number:** Samuel Rognean – 425-208-1707

When the home is being managed, the following individual will pay bills/mortgage:

- **Name/Number:** Andrei Nutu- 206-914-6649

Individuals named in this plan will need to be fully qualified as an AFH Provider/Entity Representative. See WACs below for more information.

Angela Nutu Signature: A Nutu

Date: 1/29/2025

Monica Rognean Signature: MRognean

Date: 1/29/2025

Phone Number: 206-948-7786

Succession Plan

WAC 388-76-10201: Succession Plan

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

WAC 388-76-10037 License requirements—Multiple adult family homes—Additional homes.

The department will only accept and process an application for an additional license as follows:

(1) For a second home, if the applicant has maintained the first adult family home license for at least twenty-four months with no enforcement actions as listed in RCW 70.128.160(2) related to a significant violation of chapters 70.128, 70.129 or 74.34 RCW, this chapter, or other applicable laws and regulations; and

(2) For a third or additional homes as follows:

(a) When twelve months have passed since the previous adult family home license was granted and the department has taken no enforcement actions against the applicant's currently licensed adult family homes during the twelve months prior to application; or

(b) When less than twelve months have passed since the previous adult family home license was granted; and

(i) The applications are due to the change in ownership of existing adult family homes that are currently licensed; and

(ii) No enforcement action was taken against any of the applicant's currently licensed homes during the twelve months prior to application.

WAC 388-76-10107: Priority processing—Change of ownership and relocation.

(1) In order to prevent disruption to residents, currently licensed providers may request in writing that the department give priority processing to an applicant seeking to be licensed as the new provider of an existing, licensed adult family home in the event of a change of ownership or relocation.

(2) If priority processing is granted, the requirement that written notification be provided to the department and residents or applicable resident representatives sixty days prior to the change of ownership may be waived. Notice will be required as early as possible if this requirement is waived.

Succession Plan

WAC 388-76-10064: Adult family home administrator training requirements.

(1) Applicants and entity representatives must successfully complete the department approved adult family home administration class as required in chapter 388-112A WAC.
(2) An applicant who operates or is the entity representative in a currently licensed home and has already taken the adult family home administrator training is not required to take the class again. However, a currently licensed provider or current entity representative who has not successfully completed the adult family home administrator training must take the class before submitting an application for a new license.
(3) Under exceptional circumstances, the department may waive the administrator training class for up to four months if the application meets all the other requirements for licensure and all the components of WAC 388-76-10074 or the requirements for a provisional license per RCW 70.128.064.

WAC 388-76-10074 Application—Waiver of fees.

The department may authorize a one-time waiver of the application fees for a change of ownership or relocation, if the situation meets all of the following conditions:
(1) The current provider has experienced an exceptional circumstance such as the diagnosis of a terminal or debilitating illness that prevents them from running the adult family home;
(2) Residents will be forced to move if a new provider is not licensed;
(3) Full payment of the licensing fee would cause the applicant a financial hardship;
(4) The application has been approved for priority processing by the local field office per WAC 388-76-10107; and
(5) Neither the applicant nor the current provider has requested a waiver of fees in the past.

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:
(1) Be twenty-one years of age or older;
(2) Have a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536, or any English or translated government document of the following:
(a) Successful completion of government approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction a year for twelve years, or no less than twelve thousand hours of instruction;
(b) Graduation from a foreign college, foreign university, or United States community college with a two-year diploma, such as an associate's degree;
(c) Admission to, or completion of course work at a foreign or United States college or university for which credit was awarded;
(d) Graduation from a foreign or United States college or university, including award of a bachelor's degree;
(e) Admission to, or completion of postgraduate course work at, a United States college or university for which credits were awarded, including award of a master's degree; or
(f) Successful passage of the United States board examination for registered nursing, or any professional medical occupation for which college or university education was required;

(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;
(4) Have good moral and responsible character and reputation;
(5) Be literate and able to communicate in the English language, and assure that a person is on staff and available at the home who is capable of understanding and speaking English well enough to be able to respond appropriately to emergency situations and be able to read, understand and implement resident negotiated care plans;
(6) Have the ability to communicate with residents in their primary language, including through a qualified person on-site or readily available at all times, or other reasonable accommodations, such as a language line;
(7) Be able to carry out the management and administrative requirements of chapters 70.128, 70.129 and 74.34 RCW, this chapter and other applicable laws and regulations;
(8) Have completed at least one thousand hours of successful direct care experience in the previous sixty months obtained after age eighteen to vulnerable adults in a licensed or contracted setting before operating or managing a home. Individuals holding one of the following professional licenses are exempt from this requirement:
(a) Physician licensed under chapter 18.71 RCW;
(b) Osteopathic physician licensed under chapter 18.57 RCW;
(c) Osteopathic physician assistant licensed under chapter 18.57A RCW;
(d) Physician assistant licensed under chapter 18.71A RCW; or
(e) Registered nurse, advanced registered nurse practitioner, or licensed practical nurse licensed under chapter 18.79 RCW;
(9) Have no disqualifying criminal convictions or pending criminal charges under chapter 388-113 WAC;
(10) Have none of the negative actions listed in WAC 388-76-10180;
(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; and
(12) Have tuberculosis screening to establish tuberculosis status per this chapter.