STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

VASILE RUS
GOLDEN AGE HOME CARE
19907 NE 104TH AVE
BATTLE GROUND, WA 98604

RE: GOLDEN AGE HOME CARE License # 750333

Dear Provider:

This letter addresses Compliance Determination(s) 61662 (Completion Date 06/25/2025) and 59930 (Completion Date 05/22/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/25/2025 and found that you have corrected the violations listed in the Full report dated 05/22/2025. Your home is back in compliance as of 06/01/2025 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 388-76-10805, WAC 388-76-10805-3, WAC 388-76-10750-6, WAC 388-76-10750-6-a, WAC 388-76-10750-6-b, WAC 388-76-10750-6-c, WAC 388-76-10490, WAC 388-76-10490-1, WAC 388-76-10490-2, WAC 388-76-10490-2-a, WAC 388-76-10490-2-b, WAC 388-76-10490-2-b-i, WAC 388-76-10490-2-b-ii, WAC 388-76-10490-2-b-iii, WAC 388-76-10490-2-b-iii-A, WAC 388-76-10490-2-b-iii-B, WAC 388-76-10490-2-b-iii-C, WAC 388-76-10490-2-c, WAC 388-76-10490-2-c-i, WAC 388-76-10490-2-c-ii, WAC 388-76-10490-2-c-iii, WAC 388-76-10490-2-c-iv, WAC 388-76-10490-2-c-v

The Department staff who did the on-site verification:
Olga Goyzman

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Statement of Deficiencies	License # 750333	Compliance Determination # 53930
Plan of Correction	GOLDEN AGE HOME CARE	Completion Date
Page 1 of 6	Licensee: VASILE RUS	05/22/2025

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 the unannounced on-site full inspection on 05/20/2025 of:
GOLDEN AGE HOME CARE
18907 NE 104TH AVE
BATTLE GROUND, WA 98604

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Olga Goyzman

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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Olga Goyzman

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Statement of Deficiencies	License #: 750333	Compliance Determination #: 58930
Plan of Correction	GOLDEN AGE HOME CARE	Completion Date
Page 2 of 6	Licensee: VASILE RUS	05/22/2025

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.

Clinton Fridley
Residential Care Services

05/23/2025
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.

VASILE RUS
06.01.2025
Provider (or Representative)

06.01.2025
Date

WAC 388-76-10805 Automatic smoke alarms.

(3) The home must ensure the smoke alarms in all parts of the home are active and interconnected in such a manner that the activation of one alarm will activate them all. Physical interconnection of smoke alarms shall not be required where listed wireless alarms are installed and all alarms sound upon activation of one alarm.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure smoke detectors were kept in working condition for 1 of 6 bedrooms (Bedroom B). This failed practice placed residents, staff and visitors at risk of possible harm in the event of a fire emergency.

Findings included...

An unannounced licensing inspection was initiated on 05/20/2025

On 05/20/2025 at 1:00 PM, during the tour of the AFH with the Provider, testing of the smoke detector in Bedroom B revealed it to not be working.

On 05/20/2025 at 1:05 PM, Provider was observed trying to fix the smoke detector in Bedroom B, but it did not work.

On 05/20/2025 at 1:15 PM, Provider acknowledged the non-working smoke detector as required and stated that they will get a professional electician to fix this issue

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

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Provider (or Representative) | Date

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On 05/20/2025 at 1:05 PM, Provider was observed trying to fix the smoke detector in Bedroom B, but it did not work.

On 05/20/2025 at 1:15 PM, Provider acknowledged the non-working smoke detector as required and stated that they will get a professional electrician to fix this issue.

Statement of Deficiencies	License #: 750333	Compliance Determination #:58930
Plan of Correction	GOLDEN AGE HOME CARE	Completion Date
Page 3 of 6	Licensee: VASILE RUS	05/22/2025

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, GOLDEN AGE HOME CARE is or will be in compliance with this law and / or regulation on (Date) 06.01.2025.

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

Provider (or Representative) — Date: 06.01.2025

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(8) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(a) Tubs;

(b) Showers; and

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure resident bathroom water temperatures were at least 105 degrees Fahrenheit (F) and did not exceed 120 F. This deficient practice placed 5 of 5 residents (Resident1 [R1], [R2], [R3], [R4], [R5] at risk of water being warm enough and potential harm due to injury from burns.

Findings included...

An unannounced inspection was initiated on 05/20/2025

A tour of the AFH on 05/20/2025 at 1:45 PM, showed main bathroom water temperature measured at 125.2 F and 122.2 F in Bedroom A's bathroom.

On 05/20/2025 at 5:00 PM, water temperatures in Bathroom A tested at 89 F. Provider stated the temp had adjusted the hot water tank to ensure the water fell within parameters.

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, GOLDEN AGE HOME CARE 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 388-76-10750 Safety and maintenance. The adult family home must:

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This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure resident bathroom water temperatures were at least 105 degrees Fahrenheit (F) and did not exceed 120 F. This deficient practice placed 5 of 5 residents (Resident1 [R1], [R2], [R3], [R4], [R5] at risk of water being warm enough and potential harm due to injury from burns.

Findings included…

An unannounced inspection was initiated on 05/20/2025.

A tour of the AFH on 05/20/2025 at 1:45 PM, showed main bathroom water temperature measured at 125.2 F and 122.2 F in Bedroom A's bathroom.

On 05/20/2025 at 5:00 PM, water temperatures in Bathroom A tested at 69 F. Provider stated the temp had adjusted the hot water tank to ensure the water fell within parameters.

Statement of Deficiencies	License #: 750333	Compliance Determination #58930
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Page 4 of 6	Licensee: VASILE RUS	05/22/2025

On 05/20/2025 at 2:16 PM, Provider stated that Resident 1, Resident 2, and Resident 5 were independent with ambulation and would be able to access the bathrooms independently.

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, GOLDEN AGE HOME CARE is or will be in compliance with this law and / or regulation on (Date) 06.01.2025

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

Provider (or Representative) 06.01.2025 Date

WAC 388-76-10490 Medication disposal Written policy Required.

(1) For the purposes of this section, "discontinued" means medication that is no longer prescribed or being used to treat a condition, as directed by the resident's physician or health care professional with prescriptive authority.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(a) Comply with all federal and state laws and regulations regarding medication disposal;

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

(ii) For deceased residents the facility must safely dispose of all medications within 30 calendar days of the resident's death; and

(iii) For discharged residents the facility must:

(A) Assist with the transfer of the resident's medications to the resident's new setting, when needed;

(B) End fulfillment, delivery, and receipt of prescription medications within 10 calendar days; and

(C) Safely dispose of any medications left at the adult family home after 90 calendar days.

(c) Require that the safe disposal of the medication is recorded in a document that includes:

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Provider (or Representative) Date

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(C) Safely dispose of any medications left at the adult family home after 90 calendar days.

(c) Require that the safe disposal of the medication is recorded in a document that includes:

(i) Name of resident;

(ii) Name of medication;

(iii) Amount of medication;

(iv) Date of disposal or transfer; and

(v) Name of individual completing the task.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home (AFH) failed to ensure that expired medications were disposed of and failed to have a written medication disposal policy for 5 of 5 residents [Resident 1 (R1), Resident 2 (R2), Resident 3 (R3), Resident 4 (R4), Resident 5 (R5)]. This failure resulted in all residents in the AFH being at risk of taking expired medications and medications not being disposed of when expired.

Findings included...

A review of R5's medication supply, on 05/20/2025 at 1:38 PM, showed the medication hydromorphone expired on 4/24/2025.

A review of R1's medication supply, on 05/20/2025 at 1:38 PM, showed the medication Fluticasone Spray expired July 2024.

On 05/20/2025 an AFH policy review revealed no medication disposal policy

During an interview on 05/20/2025, Provider stated that when medications are expired, they are supposed to be disposed of and admitted that this wasn't caught.

Provider supplied a written medication disposal policy within 24 hours of the onsite visit.

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