STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

PAULA CAZACU
KINGSGATE CARELAND ADULT FAMILY HOME
14209 121ST AVE NE
KIRKLAND, WA 98034

RE: KINGSGATE CARELAND ADULT FAMILY HOME License # 750443

Dear Provider:

This letter addresses Compliance Determination(s) 71929 (Completion Date 01/27/2026) and 69358 (Completion Date 12/16/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/27/2026 and found that you have corrected the violations listed in the Full report dated 12/16/2025. Your home is back in compliance as of 12/28/2025 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 388-76-10015-1, WAC 388-76-10195-1, WAC 388-76-10195-3, WAC 388-76-10430-1, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Angelica Rios, ALF Licensor

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

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

Statement of Deficiencies	License #: 750443	Compliance Determination # 69358
Plan of Correction	KINGSGATE CARELAND ADULT FAMILY HOME	Completion Date
Page 1 of 5	Licensee: PAULA CAZACU	12/16/2025

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 12/02/2025 of:
KINGSGATE CARELAND ADULT FAMILY HOME
14209 121ST AVE NE
KIRKLAND, WA 98034

The following sample was selected for review during the unannounced on-site visit: 1 of 2 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Angelica Rios, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 750443	Compliance Determination # 69358
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Page 2 of 5	Licensee: PAULA CAZACU	12/16/2025

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.

Residential Care Services — 12/19/2025 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) — 12/28/25 Date

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

This requirement was not met as evidenced by:

Based on observation, interview and record interview, the Adult Family Home (AFH) failed to have a current Medical Test Site Waiver (MTSW) which is required to perform certain medical tests in an AFH. This failure led to the AFH conducting tests on Resident 1 without proper licensure.

Findings included...

Observation, on 12/02/2025 at 1:30 PM, showed Resident 1 lived in and received care from the AFH.

During an interview, on 12/02/2025 at 4:40 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 1 had diabetes (a chronic disease where the body doesn't properly regulate blood sugar levels) and was dependent on insulin (a hormone that helps regulate blood sugar levels) injections. Staff A further stated that Resident 1 required regular blood sugar testing.

Review of Resident 1's December 2025 medication log, showed that Resident 1 required blood sugar testing every morning.

Statement of Deficiencies	License #: 750443	Compliance Determination # 69358
Plan of Correction	KINGSGATE CARELAND ADULT FAMILY HOME	Completion Date
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During an interview, on 12/02/2025 at 4:45 PM, Staff A stated that they were not aware a MTSW was required for blood sugar testing in the home. Staff A further stated that they would apply for the MTSW.

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, KINGSGATE CARELAND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/03/2025.

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

Provider (or Representative) Date 12/28/25

WAC 388-76-10195 Adult family home Staff Generally. The adult family home must ensure:

(1) When one or more residents are in the home, enough staff are available in the home to meet the needs of each resident, except as provided in WAC 388-76-10200 ;

(3) All staff are skilled and able to do the tasks assigned to meet the needs of each resident.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there were enough qualified caregiving staff available to provide care to 2 of 2 residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk of unmet care needs.

Findings included...

During a visit, on 12/02/2025 at 1:30 PM, observation showed Resident 1 and Resident 2 lived in and received care from the AFH. Staff D, Housekeeper, was the only staff in the home.

During an interview, on 12/02/2025 at 1:35 PM, Staff D stated that Staff A, Entity Representative/Resident Manager, was at a medical appointment and would not be available for a couple of hours. Staff D further stated that they did not provide any care to residents, and they worked as a house manager in the home when Staff A was away. Staff D additionally stated there was an on-call caregiver that worked in the AFH when the provider took extended time off.

Review of Resident 1's admission agreement showed that the AFH's basic services rate included at least one qualified caregiver with a Certified Nursing Assistant license to be present when residents are in the home.

During an interview, on 12/02/2025 at 4:37 PM, Staff A stated that they only had another caregiver work in the AFH when they took extended time off. Staff A stated that Staff D and Staff C, Caregiver, were in the home when they left for an appointment. Staff A stated that Staff C was in the process of getting their Home Care Aide (HCA) license. Staff A stated that Staff C currently had no credentials and had not scheduled their HCA examination.

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, KINGSGATE CARELAND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/28/2025 .

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

Provider (or Representative) — Date: 12/28/25

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure medications were received as required for 1 of 1 sampled resident (Resident 1). This failure placed Resident 1 at risk of worsening condition from incorrect medication dosage.

Findings included...

Statement of Deficiencies	License #: 750443	Compliance Determination # 69358
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During a visit, on 12/02/2025 at 1:30 PM, observation showed Resident 1 lived in and received medication assistance from the AFH.

Review of Resident 1's December 2025 Medication Logs (ML) showed Resident 1 was prescribed Alpha Lipoic Acid (a dietary supplement) 100 milligrams (mg), take one capsule by mouth three times daily for Essential Fatty Acid Deficiency (a condition that occurs when the body lacks crucial fats).

Observation, on 12/02/2025 at 4:01 PM, showed Resident 1's medication storage container contained an open bottle of Alpha Lipoic Acid 600 mg.

During an interview, on 12/02/2025 at 5:00 PM, Staff A, Entity Representative/Resident Manager, stated that Resident 1's family supplied the Alpha Lipoic Acid supplement. Staff A stated that they did not realize the dosages were different than what was listed on Resident 1's ML because Resident 1's family was responsible for providing the AFH with the Alpha Lipoic Acid supplement. Staff A further stated that they would ensure Resident 1 had the proper dosage of all medications.

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, KINGSGATE CARELAND ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/03/2025.

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

Provider (or Representative) Date 12/28/25