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

CRISTINA SUCIU
LAKE LEOTA SENIOR CARE
16028 NE 184TH PL
WOODINVILLE, WA 98072

RE: LAKE LEOTA SENIOR CARE License # 750810

Dear Provider:

This letter addresses Compliance Determination(s) 36752 (Completion Date 02/14/2024) and 33894 (Completion Date 12/28/2023).

The Department completed a follow-up inspection of your Adult Family Home on 02/14/2024 and found that you have corrected the violations listed in the Full report dated 12/28/2023. Your home is back in compliance as of 02/10/2024 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 388-76-10265-1-d, WAC 388-76-10015-1, WAC 388-76-10015-2

The Department staff who did the off-site verification:
Rivi Stella Perez

If you have any questions, please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter

Ann Lee-Hunter, 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

Statement of Deficiencies	License #: 750810	Compliance Determination # 33894
Plan of Correction	LAKE LEOTA SENIOR CARE	Completion Date
Page 1 of 4	Licensee: CRISTINA SUCIU	12/28/2023

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 12/14/2023 and 12/14/2023 of:
LAKE LEOTA SENIOR CARE
16028 NE 184TH PL
WOODINVILLE, WA 98072

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:

Rivi Stella Perez

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.

Ann Lee-Hunter
Residential Care Services

01/08/2024
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.

Statement of Deficiencies	License #: 750810	Compliance Determination # 33894
Plan of Correction	LAKE LEOTA SENIOR CARE	Completion Date
Page 2 of 4	Licensee: CRISTINA SUCIU	12/28/2023

C. S. — Provider (or Representative)

1/25/2024 — Date

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment.

(d) Caregiver;

This requirement was not met as evidenced by:

Based on record review and interviews, the AFH failed to ensure a screening for Tuberculosis (or TB, a communicable disease) was conducted within three days of employment for 2 of 3 staff (Staff B and Staff D) reviewed for TB screening. This failure placed all 4 residents and other caregivers at risk of exposure to TB.

Findings included .

STAFF B
Review of Staff B's (Caregiver) personnel records on 12/14/2023 showed a hire date of 4/24/2023. The personnel file showed a record of a one-step TB skin test that was read on 01/30/2023, which was prior to the hire date. There was no record of a TB skin test or blood test that was done following employment at the AFH.

During an interview, on 12/14/2023 at 3:43 PM, Staff A (Provider/Resident Manager) stated that Staff B (caregiver) did not have a TB test done after the start date at the AFH.

STAFF D
Review of Staff D's (Caregiver) personnel records on 12/14/2023 showed a hire date of 12/12/2023. The personnel file showed a record of a one-step TB skin test that was read on 07/08/2021, which was prior to the hire date. There was no record of a TB skin test or blood test that was done following employment at the AFH

During an interview, on 12/28/2023 at 11:34 AM, Staff A stated that new staff needs to have their TB screen or test done as part of the screening process to check for TB. Staff A stated that Staff D had gone for an appointment to get a blood test.

Review of Staff D's medical record on 12/29/2023 showed Staff D went for a screening examination for pulmonary TB on 12/28/2023 and was ordered to have the TB blood test.

Statement of Deficiencies	License #: 750810	Compliance Determination # 33894
Plan of Correction	LAKE LEOTA SENIOR CARE	Completion Date
Page 3 of 4	Licensee: CRISTINA SUCIU	12/28/2023

Attestation Statement

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, LAKE LEOTA SENIOR CARE is or will be in compliance with this law and / or regulation on (Date) 2/01/2024.

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

Provider (or Representative) 1/25/2024 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

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home

This requirement was not met as evidenced by:

Based on record review and interviews, the Adult Family Home (AFH) failed to meet applicable laws and regulations related to medical tests done in the AFH by failing to apply and obtain a Medical Test Site Waiver (MTSW) license. This failure resulted in the AFH operating without a MTSW license when they collected specimens and interpreted the result when they conducted home testing.

Findings included:

NOTE: Review of Washington (WA) State Department of Social and Health Services, "Dear Provider" letter dated 04/01/2022, titled "Medical Test Site Waiver Regulatory Requirements", showed certain types of medical testing require a state Medical Test Site Waiver (MTSW) license. One type of activity requiring a MTSW license is testing residents for COVID-19 [an infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death]. Other types of medical testing requiring a MTSW license include, but are not limited to, blood glucose tests and urine tests."

Record review of Resident 1's December 2023 medical records showed Resident 1 was diabetic (the body either doesn't make enough insulin or can't use it as well as it should) and had an order for blood sugar check. The AFH has been doing blood sugar checks daily for Resident 2 since 12/8/2023.

Statement of Deficiencies	License #: 750810	Compliance Determination # 33894
Plan of Correction	LAKE LEOTA SENIOR CARE	Completion Date
Page 4 of 4	Licensee: CRISTINA SUCIU	12/28/2023

Record review of the AFH records on 12/14/2023 showed no record for an MTSW license.

During an interview regarding infection control practices, on 12/14/2023 at 11:04 AM, Staff A (Provider/Resident Manager) stated that they were doing COVID-19 home testing and the last time they did it was last June 2023. Staff A stated that they had interpreted the result and if it was positive, they reported it to the doctor.

During an interview, on 12/14/2023 at 11:05 AM, Staff A stated that they had applied for the MTSW license in May 2023, but it was returned related to the increase in the application fee. Staff A stated that the AFH got busy with the COVID-19 outbreak in June 2023 and had forgotten to send back the application to the department.

During a follow-up interview, on 12/28/2023 at 9:31 AM, Staff A stated that they had not re-applied for the MTSW license.

*I don't know when I will get the waiver, if they are backed up or not.

Attestation Statement

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, LAKE LEOTA SENIOR CARE is or will be in compliance with this law and / or regulation on (Date) 2/20/2024

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

Cristina Suciu — Provider (or Representative)

1/25/2024 — Date

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

01/08/2024

CRISTINA SUCIU
LAKE LEOTA SENIOR CARE
16028 NE 184TH PL
WOODINVILLE, WA 98072

RE: LAKE LEOTA SENIOR CARE # 750810

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 12/28/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10490 Medication disposal Written policy Required. The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(1) Current residents living in the adult family home; and

The Adult Family Home (AFH) failed to ensure they followed and implemented their medication disposal policy to dispose of expired medications. The AFH failed to remove and dispose of the expired bubble pack of Senna (a stool softener), labeled with an expiration date of 10/26/2023, that was in Resident 1's medication bin. This failure placed Resident 1 at risk of taking a medication that had expired. The AFH had re-ordered for a new supply of Senna and had removed the bubble pack with the expired medications after they received the new bubble pack from the pharmacy.

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

The Adult Family Home (AFH) failed to have a system in place to ensure a full emergency evacuation drill was conducted every calendar year. The AFH fire drill records showed the AFH conducted a full emergency evacuation drill on 11/10/2021 and on 01/19/2023. The AFH did not conduct a full emergency evacuation drill for 2022. This failure placed 4 of 4 residents (Residents 1,2,3 and 4) at potential risk for harm in case of an emergency.

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

The Adult Family Home (AFH) failed to have a system in place to ensure newly hired employees had completed a National Fingerprint Background Check, through the department background check central unit for 1 of 6 staff (Staff E, former caregiver) reviewed for fingerprint background check. The AFH did not have a fingerprint report for

Staff E. This failure placed all 4 of 4 residents (Residents 1,2,3 and 4) at risk of being in contact with a caregiver who had an unknown criminal background history.

WAC 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

The Adult Family Home failed to ensure a Washington state name and date of birth background check (BGC) was done no later than one day after the date of hire for 2 of 6 staff (Staff C and D) reviewed for background check. The AFH failed to have both Staff C (Caregiver) and Staff D (Caregiver) sign a disclosure statement that would show both staff denied having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180. Staff C's BGC report was dated 12/12/2022, which was 2 days after the hire date of 12/10/2022. Staff D's BGC report was dated 12/18/2023, which was 6 days after the hire date of 12/12/2023. These failures placed all 4 residents (Residents 1,2,3 and 4) at risk of being in contact with caregivers who had an unknown criminal background history.

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

The Adult Family Home (AFH) failed to do an assessment related to use of [redacted] for 1 of 2 residents (Resident 1) to meet minimum requirements related to use of a medical device with a known safety risk. Resident 1 was observed on 12/14/2023 using bilateral half [redacted] Resident 1's record showed an admission date of [redacted]/2023 and was in hospice care. There was no record that an assessment was done related to use of side [redacted] until Resident 1's assessment was updated on 12/14/2023 to reflect use of side [redacted] This failure placed Resident 1 at potential risk for improper use of [redacted] and for injury.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies

stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (253)341-2633.

Sincerely,

Ann Lee-Hunter, Field Manager
Region 2, Unit K
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Ann Lee-Hunter, Field Manager
Residential Care Services
Region 2, Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each**

citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600