STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Fernando Valenzuela
Mountain View Manor
11606 SE McGillivray Blvd
Vancouver, WA 98683

RE: Mountain View Manor License # 751813

Dear Provider:

This letter addresses Compliance Determination(s) 76974 (Completion Date 05/06/2026) and 73977 (Completion Date 03/23/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/06/2026 and found that you have corrected the violations listed in the Full report dated 03/23/2026. Your home is back in compliance as of 04/04/2026 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

The Department staff who did the off-site verification:
Sarah Bjork, Licensor

If you have any questions, please contact me at (360)664-8421.

Sincerely,

Jennifer LeMaster

Jennifer LeMaster, Community Nurse Field Manager
Region 3, Unit F
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 03/06/2026 of:
Mountain View Manor
13001 SE Angus St
Vancouver, WA 98683

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:

Sarah Bjork, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

Statement of Deficiencies	License #: 751813	Compliance Determination # 73977
Plan of Correction	Mountain View Manor	Completion Date
Page 2 of 3	Licensee: Fernando Valenzuela	03/23/2026

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

04/13/2026
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.

Fernando Valenzuela
Provider (or Representative)

3-26-26
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 interview and record review, the adult family home failed to ensure one of two sampled staff (Staff B, caregiver) completed testing for Tuberculosis (TB) upon hire. This failure placed 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) at risk for being exposed to TB.

Findings included...

An initial interview took place with Staff A (resident manager) at 11:53 am, during a full inspection of the adult family home on 03/06/2026. Staff A stated Staff B worked at the adult family home on a part-time basis.

Staff B's undated hire and orientation checklist showed Staff B was hired 03/01/2025. Staff B had evidence of one (negative) blood test for TB, dated 04/25/2024. No additional testing upon hire was found for Staff B. The provider stated Staff B would schedule additional testing promptly. In an email communication received from the provider on 03/23/2026, the provider stated Staff B completed testing and they were waiting to receive the results.

Statement of Deficiencies	License #: 751813	Compliance Determination # 73977
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Page 3 of 3	Licensee: Fernando Valenzuela	03/23/2026

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, Mountain View Manor is or will be in compliance with this law and / or regulation on (Date) 4-4-26 .

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

Fernando Valenzuela — Provider (or Representative)

3-26-26 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Fernando Valenzuela
Mountain View Manor
11606 SE McGillivray Blvd
Vancouver, WA 98683

RE: Mountain View Manor # 751813

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/23/2026 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 Return the Plan/Attestation Statement and report with signatures to:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (03/23/2026), no later than 05/07/2026 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 388-76-10530 Resident rights Notice of rights and services.

(2) Upon receiving the notice of rights and services at admission and at least every 24 months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

Resident 1's admission agreement was last signed on 06/09/2023. An updated admission agreement for Resident 1, signed on 03/09/2026, was received on 03/09/2026.

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

Signed residency agreements were not found for Resident 1 or Resident 3. The provider stated he was unaware of the requirement. Signed residency agreements for all four residents were received on 03/09/2026.

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

The provider's Washington state criminal background check expired 01/17/2026. A new Washington state criminal background for the provider, which would expire 03/18/2028, was received on 03/23/2026.

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

The adult family home did not have a Medical Test Site Waiver certification to conduct and interpret medical testing, including blood sugar checks. The provider showed evidence the application had been sent on 03/09/2026.

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)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit F
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:
Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit F
Preferred methods:
eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 make an IDR request and find directions on the IDR 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 IDRs** 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 supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225