STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

CLAUDIU MARICUTU
ALDERWOOD ELDERLY HOME CARE
17731 11TH PL W
LYNNWOOD, WA 98037

RE: ALDERWOOD ELDERLY HOME CARE License # 752406

Dear Provider:

This letter addresses Compliance Determination(s) 73932 (Completion Date 03/05/2026) and 71495 (Completion Date 01/21/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/05/2026 and found that you have corrected the violations listed in the Full report dated 01/21/2026. Your home is back in compliance as of 01/16/2026 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 388-76-10885, WAC 388-76-10885-1, WAC 388-76-10885-2, WAC 388-76-10885-3, WAC 388-76-10750-7, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c, WAC 388-76-10015-1

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn on behalf of Renee' Bourgue

Nicholette Flynn, AFH Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 01/14/2026 of:
ALDERWOOD ELDERLY HOME CARE
17731 11TH PL W
LYNNWOOD, WA 98037

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 752406	Compliance Determination # 71495
Plan of Correction	ALDERWOOD ELDERLY HOME CARE	Completion Date
Page 2 of 6	Licensee: CLAUDIU MARICUTU	01/21/2026

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.

Renee' Bourque
Residential Care Services

02/03/2026
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.

Provider (or Representative)

02/09/2026
Date

WAC 388-76-10885 Elements of emergency evacuation floor plan. ~~The adult family home must~~ develop an emergency evacuation floor plan for each level of the home that:

(1) Is accurate and includes all rooms, hallways, and exits (such as doorways and windows) to the outside of the home;

(2) Illustrates the emergency evacuation route(s) to exit the home, with the route to the emergency exit door being easily identifiable; and

(3) Identifies the designated safe location for the residents to meet outside the home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that an evacuation map was located on the second floor of the AFH which included all rooms, hallways and exit doors and/or windows being easily identifiable or identifying the safe location to meet outside of the home. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm during an emergency.

Findings included...

On 01/14/2026 at 11:50 AM, Staff B (Resident Manager) was asked for a copy of the evacuation maps for the resident lower floor and the upper private floor of the AFH.

Review of the upper private area evacuation map Staff B presented showed a piece of notebook paper with a handwritten map with no writing on it other than "Second Floor Evacuation Plan" and some unidentified letters which may be "stairs" and "F. door". The map had no rooms, doors or windows labelled and no safe area was noted on the map to evacuate to.

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 _____

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 _____

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(3) Identifies the designated safe location for the residents to meet outside the home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that an evacuation map was located on the second floor of the AFH which included all rooms, hallways and exit doors and/or windows being easily identifiable or identifying the safe location to meet outside of the home. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm during an emergency.

Findings included…

On 01/14/2026 at 11:50 AM, Staff B (Resident Manager) was asked for a copy of the evacuation maps for the resident lower floor and the upper private floor of the AFH.

Review of the upper private area evacuation map Staff B presented showed a piece of notebook paper with a handwritten map with no writing on it other than “Second Floor Evacuation Plan” and some unidentified letters which may be “stairs” and “F. door”. The map had no rooms, doors or windows labelled and no safe area was noted on the map to evacuate to.

In an interview, on 01/14/2026 at 3:00 PM, Staff B stated that they would revise the upstairs emergency map to include identifiable doors and windows as well as rooms, hallways and a clear evacuation route.

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, ALDERWOOD ELDERLY HOME CARE is or will be in compliance with this law and / or regulation on (Date) 01/14/2026

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

Provider (or Representative) — Date: 02/09/2026

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure all toxic chemicals were stored in a secure location. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of possible chemical exposure.

Findings included...

Observation, on 01/14/2026 at 11:15 AM, showed the unlocked cabinet under the kitchen sink in the resident common area had multiple bottles of cleaning solutions present including bleach products.

In an interview, on 01/14/2026 at 11:20 AM, Staff B (Resident Manager) stated that the cleaning solutions would be moved to a secure location.

In an interview, on 01/14/2026 at 3:00 PM, Staff B stated that they would revise the upstairs emergency map to include identifiable doors and windows as well as rooms, hallways and a clear evacuation route.

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, ALDERWOOD ELDERLY 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.

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Provider (or Representative) Date

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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 all toxic chemicals were stored in a secure location. This failure placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of possible chemical exposure.

Findings included…

Observation, on 01/14/2026 at 11:15 AM, showed the unlocked cabinet under the kitchen sink in the resident common area had multiple bottles of cleaning solutions present including bleach products.

In an interview, on 01/14/2026 at 11:20 AM, Staff B (Resident Manager) stated that the cleaning solutions would be moved to a secure location.

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, ALDERWOOD ELDERLY HOME CARE is or will be in compliance with this law and / or regulation on (Date) 01/14/2026

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

Provider (or ~~Representative~~) 02/09/2026 Date

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;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 6 residents (Resident 1 and Resident 2) had the required negotiated care planning completed prior to the use of a medical device. This failure placed Resident 1 and Resident 2 at risk of injury related to the use of [redacted]

Findings included...

RESIDENT 1:
Record review showed Resident 1 was admitted on [redacted] 2024 with multiple diagnoses including [redacted]

Observation of Resident 1's bed, on 01/14/2026 at 11:40 AM, showed one-half length [redacted] on the right side of Resident 1's bed. The left side of Resident 1's bed was against the wall.

Review of Resident 1's record showed a [redacted] consent form and the safety assessment was present in Resident 1's record. Resident 1's negotiated care plan (NCP), dated 01/12/2026, did not address the safe use of the [redacted]

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, ALDERWOOD ELDERLY 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

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

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 6 residents (Resident 1 and Resident 2) had the required negotiated care planning completed prior to the use of a medical device. This failure placed Resident 1 and Resident 2 at risk of injury related to the use of [redacted].

Findings included…

RESIDENT 1:
Record review showed Resident 1 was admitted on [redacted] 2024 with multiple diagnoses including [redacted].

Observation of Resident 1's bed, on 01/14/2026 at 11:40 AM, showed one-half length [redacted] on the right side of Resident 1's bed. The left side of Resident 1's bed was against the wall.

Review of Resident 1's record showed a [redacted] consent form and the safety assessment was present in Resident 1's record. Resident 1's negotiated care plan (NCP), dated 01/12/2026, did not address the safe use of the [redacted].

In an interview, on 01/14/2026 at 3:30 PM, Staff B (Resident Manager) stated they would complete the required document for the safe use of the [redacted].

RESIDENT 2:
Record review showed Resident 2 was admitted on [redacted] 2025 with multiple diagnoses including a [redacted]

Observation, on 01/14/2026 at 11:45 AM, showed a one-half length [redacted] on the right side of Resident 2's bed. The left side of Resident 2's bed was against the wall.

Review of Resident 2's record showed no [redacted] consent form, no safety assessment and no negotiated care plan documentation about the safe [redacted] use for Resident 2.

In an interview, on 01/14/2026 at 3:30 PM, Staff B stated that they would look for the required documents and submit them to the department.

On 01/14/2026 the department received an email from the AFH containing the consent form and the safety assessment for the [redacted] which had been completed and signed by Resident 2 in December 2025. The AFH also sent a revised NCP with [redacted] directions made after the inspection was completed on 01/14/2026.

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, ALDERWOOD ELDERLY HOME CARE is or will be in compliance with this law and / or regulation on (Date) 01/14/2026.

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

Provider (or Representative) — Date: 02/09/2026

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 70.129 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

In an interview, on 01/14/2026 at 3:30 PM, Staff B (Resident Manager) stated they would complete the required document for the safe use of the [redacted].

RESIDENT 2:
Record review showed Resident 2 was admitted on [redacted] 2025 with multiple diagnoses including a [redacted].

Observation, on 01/14/2026 at 11:45 AM, showed a one-half length [redacted] on the right side of Resident 2's bed. The left side of Resident 2's bed was against the wall.

Review of Resident 2's record showed no [redacted] consent form, no safety assessment and no negotiated care plan documentation about the safe [redacted] use for Resident 2.

In an interview, on 01/14/2026 at 3:30 PM, Staff B stated that they would look for the required documents and submit them to the department.

On 01/14/2026 the department received an email from the AFH containing the consent form and the safety assessment for the [redacted] which had been completed and signed by Resident 2 in December 2025. The AFH also sent a revised NCP with [redacted] directions made after the inspection was completed on 01/14/2026.

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, ALDERWOOD ELDERLY 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 388-76-10015 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 review, the Adult Family Home (AFH) failed to obtain 1 of 1 medical test site waiver (MTSW) (required Waiver 1) prior to performing medical testing for residents. This placed residents at risk for receiving medical tests without the required certificate of waiver.

Findings included...

Observation, on 01/14/2026 at 11:25 AM, showed a posted MTSW certificate which had expired on 06/30/2023.

Review of the AFH resident records showed that Resident 3, Resident 5 and Resident 6 required as needed blood glucose monitoring.

In an interview, on 01/14/2026 at 3:15 PM, Staff B (Resident Manager) stated they had requested a new MTSW certification before it had expired but had not followed up.

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, ALDERWOOD ELDERLY HOME CARE is or will be in compliance with this law and / or regulation on (Date) 01/16/2026.

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

Provider (or Representative) — Date: 02/09/2026

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to obtain 1 of 1 medical test site waiver (MTSW) (required Waiver 1) prior to performing medical testing for residents. This placed residents at risk for receiving medical tests without the required certificate of waiver.

Findings included…

Observation, on 01/14/2026 at 11:25 AM, showed a posted MTSW certificate which had expired on 06/30/2023.

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

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Provider (or Representative) Date