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

Mirela Covaci
Lulus Adult Family Home
1710 Shelton Ave NE
Renton, WA 98056

RE: Lulus Adult Family Home License # 755481

Dear Provider:

This letter addresses Compliance Determination(s) 62166 (Completion Date 07/07/2025) and 59148 (Completion Date 05/12/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/07/2025 and found that you have corrected the violations listed in the Full report dated 05/12/2025. Your home is back in compliance as of 06/16/2025 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 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b, WAC 388-76-10485-1, WAC 388-76-10350-2-d, WAC 388-76-10530-1-a, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-e, WAC 388-76-10530-2, WAC 388-76-10360, WAC 388-76-10265-1-d

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
Residential Care Services

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

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 05/06/2025 of:
Lulus Adult Family Home
1710 Shelton Ave NE
Renton, WA 98056

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:

Liza Flowers, AFH Licensor

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

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

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to maintain general and professional liability insurance. This failure placed 5 of 5 current residents (Residents 1, 2, 3, 4, and 5) unprotected against claims arising from bodily injuries, damage to their personal property, and unprotected in the event of negligence and malpractice.

Findings included…

On 05/06/2025 at 10:38 AM, observation showed Residents 1 and 4 in the living room watching television.

On 05/06/2025 at 10:54 AM, observation showed Staff B, Caregiver, interacted with and assisted Resident 5 with ambulation from their room to the bathroom.

On 05/06/2025 at 11:10 AM, observation showed Staff A, Provider, interacted with Resident 2.

On 05/06/2025 at 11:15 AM, observation showed Resident 3 was in their bedroom watching television.

In an interview on 05/06/2025 at 12:00 PM, Staff A stated that the AFH had five residents.

On 05/06/2025 at 6:21 PM, Staff A was unable to provide AFH's general and professional liability insurance and said that they would send it to the Department Staff after they asked Household Member 1, about it.

In a telephone interview on 05/12/2025 at 8:58 AM, Staff A stated that the AFH did not have a general and professional liability insurance but had a quote for it.

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, Lulus Adult Family Home 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to keep the prescribed medication found in Bathroom 1 for 1 of 2 sampled residents (Resident 2) in locked storage. This failure placed residents who used Bathroom 1 at risk of harm had they accessed and inappropriately taken and/or used the medication.

Findings included…

In an interview on 05/06/2025 at 11:33 AM, Staff A, Provider, stated that the AFH had two bathrooms used by all residents.

In an interview on 05/06/2025 at 12:00 PM, Staff A stated that the AFH had five residents and all required assistance from staff with medication.

During an environmental tour on 05/06/2025 at 1:41 PM, observation showed a tube of Calmoseptine ointment (a medication used to protect and heal irritated or damaged skin) 113 grams that was placed on the lower level of an open shelf in Bathroom 1. The medication was labeled with Resident 2's name and its prescription number.

Review of the Calmoseptine ointment medication warning label showed "Warning: For external use only … In case of accidental ingestion contact a physician or poison control center immediately …"

In an interview on 05/06/2025 at 1:47 PM, Staff A stated, "maybe" staff forgot to put the Calmoseptine ointment back in a locked medication drawer after they gave the medication to Resident 2.

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, Lulus Adult Family Home 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 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to update the assessment at least every twelve months for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk for unmet care needs.

Findings included…

On 05/06/2025 at 1:55 PM, observation showed Staff B, Caregiver, assisted Resident 2 with ambulation from their room to Bathroom 2.

Record review of Resident 2's undated face sheet (a document summarizing a resident's personal and demographic information) showed Resident 2 was admitted to the home on [redacted]/2022.

Resident 2's initial assessment showed it was completed on 11/22/2022. Review of Resident 2's 2023 assessment showed it was completed on 12/28/2023 (36 days overdue).

In an interview on 05/06/2025 at 6:25 PM, Staff A, Provider, stated that Resident 2's Assessor (person that conducts assessments) was not able to come and reassessed the resident on time.

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, Lulus Adult Family Home 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 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every 24 months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to provide and ensure 1 of 2 sampled residents (Resident 2) signed and dated the written notice of the house rules, resident rights, services, and activities provided, and the charges for them at least every twenty-four months after admission. This failure placed Resident 2 and/or their representative at risk of being unaware of the current house rules, residents' rights, services, and costs.

Findings included…

On 05/06/2025 at 1:55 PM, observation showed Staff B, Caregiver, assisted Resident 2 with ambulation from their room to Bathroom 2.

Record review of Resident 2's undated face sheet (a document summarizing a resident's personal and demographic information) showed Resident 2 was admitted to the home on [redacted]/2022.

Record review of Resident 2's notice of services, dated [redacted]/2022, showed the AFH and Resident 2's representative last reviewed and signed the notice of services on [redacted]/2022 (159 days overdue).

In an interview on 05/06/2025 at 3:56 PM, Staff A, Provider, stated that they did not review Resident 2's admission agreement every two years because there were no changes.

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, Lulus Adult Family Home 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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to develop a negotiated care plan (NCP) for 1 of 2 sampled residents (Resident 1) within 30 days of their admission. This failure placed Resident 1 at risk for unmet care needs.

Findings included...

On 05/06/2025 at 2:02 PM, observation showed Staff B, Caregiver, interacted with and gave medication to Resident 1.

Record review of Resident 1's undated face sheet (a document summarizing a resident's personal and demographic information) showed Resident 1 was admitted to the home on [redacted]/2024.

Review of Resident 1's NCP, dated 08/12/2024, showed it was completed, reviewed, signed and dated by the AFH and Resident 1's representative on 08/12/2024.

In a telephone interview on 05/12/2025 at 10:57 AM, Staff A, Provider, stated that Resident 1 was previously admitted to the home on [redacted]/2024. Resident 1 moved out and was discharged from the home on [redacted]/2024. Resident 1 got readmitted to the home on [redacted]/2024. Staff A further stated that they forgot about having an NCP done within 30 days of Resident 1's readmission.

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, Lulus Adult Family Home 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 388-76-10265 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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure 3 of 6 staff (Staff A, Provider, Staff B and D, Caregivers) had Tuberculosis (TB- is a disease that usually affects the lungs that can spread through the air when people with active TB cough, sneeze, or spit) skin testing within three days of hire. This failure placed the residents at risk of exposure to an infectious disease.

Findings included…

Staff A

During an unannounced visit to the AFH on 05/06/2025 at 10:39 AM, Staff A was observed in the home.

Record review of the AFH Summary Report from the Department that was retrieved on 04/02/2025, showed Staff A was granted the AFH license to operate an AFH effective 03/16/2022. Staff A, started working as a Provider effective 03/16/2022 and Staff A should have TB testing done within three days of this date.

Review of Staff A's TB test records, dated 10/12/2020, showed a T-SPOT.TB (a blood test used to detect TB or aid in the diagnosis of [redacted]) was collected on 10/08/2020 and the result was read negative on 10/10/2020. There was no other TB test found on their records.

In a telephone interview on 05/12/2025 at 4:39 PM, Staff A stated that they previously (unknown date) tested positive for TB antibodies (is a protein produced by the body to fight off infections and illnesses) and tested negative for TB blood test in 2020. Staff A thought that they did not need to repeat the TB blood test until five years after the blood test was done on 10/08/2020.

STAFF B

On 05/06/2025 at 1:55 PM, observation showed Staff B assisted Resident 2 with ambulation from their room to Bathroom 2.

Review of the undated AFH orientation records showed the AFH hired Staff B as a Caregiver on 01/18/2025. Staff B had TB skin tests done that were administered on 06/10/2022 and read with a negative result on 06/13/2022, administered on 10/03/2022 and read with a negative result on 10/05/2022, administered on 02/25/2025 and read with a negative result on 02/27/2025, administered on 03/31/2025 and read with a negative result on 04/02/2025, administered on 04/17/2025 and read with a negative result on 04/19/2025. There was no TB testing done within three days of Staff B's hire.

In an interview on 05/06/2025 at 5:32 PM, Staff A stated that Staff B did not have a TB testing done within three days of hire because Staff B came with TB test results. They sent Staff B for a TB test on 03/31/2025 because they had a feeling that Staff B's previous TB tests did not meet the requirement.

STAFF D

Review of the undated AFH orientation record showed the AFH hired Staff D as a Caregiver on 03/14/2022. Staff D had a TB skin test administered on 06/22/2020 and read with a negative result on 06/24/2020. The second TB skin test was administered on 06/29/2020 and read with a negative result on 07/02/2020. An additional TB test was administered on 12/19/2022 and read with a negative result on 12/21/2022. There was no TB testing done within three days of Staff D's hire.

In an telephone interview on 05/12/2025 at 4:39 PM, Staff A stated that Staff D did not have TB testing within three days of hire because they forgot to do it.

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, Lulus Adult Family Home 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

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

05/13/2025

Mirela Covaci
Lulus Adult Family Home
1710 Shelton Ave NE
Renton, WA 98056

RE: Lulus Adult Family Home # 755481

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/12/2025 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• 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 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.

(2) If the background check results show that an individual specified in WAC 388-76-10161 has a criminal conviction or pending charge for a crime that is not automatically disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether or not the person has the character, competence and suitability to have unsupervised access to residents; and

(b) Document in writing the basis for making the decision.

The Adult Family Home (AFH) did not document its determination whether Staff A, Provider, whose fingerprint background check results, dated 11/02/2020, showed a negative finding that was not automatically disqualifying, had the Character, Competence, and Suitability (CCS) review to work with vulnerable adults, and the basis for making the decision. The AFH immediately provided a CCS for Staff A on 05/06/2025 at 4:30 PM, prior to the Department staff exit.

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)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:
eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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:

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