



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 317102	Completion Date
Plan of Correction	MOUNTLAKE TERRACE AFH	February 10, 2016
Page 1 of 3	Licensee: RAMONA MARICUTU	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of:
 2/10/2016

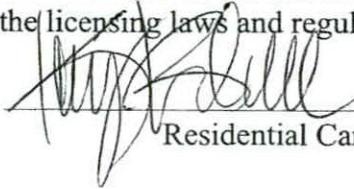
MOUNTLAKE TERRACE AFH
 22903 57TH AVENUE W
 MOUNTLAKE TERRACE, WA 98043

The department staff that inspected the adult family home:
 Megan Wylie, BSN, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit B
 3906-172nd St NE, Suite #100
 Arlington, WA 98223
 (360)651-6872

RECEIVED
 FEB 01 2016
 ADSARCS
 Smokey Point

As a result of the on-site full inspection 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

2/16/16
 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)

2/27/16
 Date

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

(3) All household members over the age of eleven, volunteers, students, and noncaregiving staff who may have unsupervised access to residents must have a Washington state name and date of birth background check. They are not required to have a national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interview, the provider failed to ensure a Washington State Name and Date of Birth Background Check was current for 1 family member living in the home. This placed 6 of 6 residents at risk for abuse.

Findings include:

A full licensing inspection was conducted on 2/10/16, the provider and licenser reviewed the facility's background checks together. The provider stated that her daughter, aged 11, did not have a background check completed. The provider stated she would submit for a background check as soon as possible.

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, MOUNTLAKE TERRACE AFH is or will be in compliance with this law and / or regulation on (Date) 2/22/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Fingerprint apt 3-10-16 will fax results as soon as they come.

Ramona Maricutu
Provider (or Representative)

2/27/16
Date

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

- (1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, homelike environment that is free of hazards;
- (2) Ensure that there is existing outdoor space that is safe and usable for residents;

This requirement was not met as evidenced by:

Based on observation and interview the provider failed to ensure the exterior of the home was maintained in good repair and in a safe and useable condition. This placed all 5 residents at risk for a decreased quality of life. Findings include:

All observations occurred on 2/10/16 unless otherwise noted.

During the tour the following was noted:

- The wood product siding under the gutter near the front door of the house was rotten and falling apart.
- The back patio was crowded with clutter and contained only a walkway to the cement path in the back. Multiple seats available but not usable due to clutter. Plastic tubs and household items

were stored here.

-The cement path was lined with refuse not in the garbage can, kayaks and other equipment. The path led to the front of the home and the back of the home. The back of the home had 3 large aviary's containing pigeons. The provider could not give an estimate on how many pigeons were housed there. There was a strong odor when they were approached, but it could not be smelled from the back door on that occasion. It also appeared that the pigeons could come and go. The provider stated that the residents do not go back there, however there is nothing preventing them. All residents in the home have a diagnosis that impairs their decision making ability and 1 resident is [REDACTED] and goes outside frequently [REDACTED]. The provider stated she could put a gate up to prevent residents from entering that area.

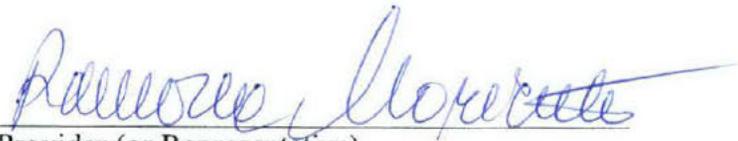
-The roof had multiple areas with organic matter.

-The cover over the patio was covered with debris.

Failure to maintain the home in good condition and in a usable manner impaired the resident's ability to go outside for any length of time.

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, MOUNTLAKE TERRACE AFH is or will be in compliance with this law and / or regulation on (Date) 3/15/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

2/27/16
Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

April 14, 2016

Ramona Maricutu
MOUNTLAKE TERRACE AFH
22903 57TH AVE W
MOUNTLAKE TERRACE, WA 98043

RE: MOUNTLAKE TERRACE AFH License #317102

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on April 6, 2016 for the deficiency or deficiencies cited in the report/s dated February 10, 2016 and found no deficiencies.

The Department staff who did the inspection:
Megan Wylie, Licensor

If you have any questions please, contact me at (360) 651-6872.

Sincerely,

Kay Randall, Field Manager
Region 2, Unit B
Residential Care Services