



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

June 27, 2019

Laura Raica  
Paul Raica  
LAURA RAICA HOME CARE  
21831 14TH PL W  
LYNNWOOD, WA 98036

RE: LAURA RAICA HOME CARE License #378600

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on June 25, 2019 for the deficiency or deficiencies cited in the report/s dated May 15, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Toni Bolo, Complaint Investigator

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

Sincerely,

Jennifer Witman, Field Manager  
Region 2, Unit B  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** LAURA RAICA HOME CARE (686834) **Intake ID(s):** 3631647

**License/Cert. #:** AF378600

**Investigator:** Bolo, Toni

**Region/Unit:** RCS Region 2/Unit B

**Investigation Date(s):** 04/25/2019 through 05/15/2019

**Complainant Contact Date(s):** 04/25/2019, 05/15/2019

**Allegations:**

1. The adult family home (AFH) refused to readmit the named resident after he/she was hospitalized.

**Investigation Methods:**

**Sample:** Three residents

**Observations:** Exterior/interior environment, staff to resident interactions, resident to staff interactions

**Interviews:** Residents, staff and others not affiliated with the AFH

**Record Reviews:** Resident records, progress notes, medical records, AFH policies/records

**Allegation Summary:**

1. The Provider reported that she did not readmit the named resident and did not issue the named resident a discharge notice. Failed Provider practice identified and cited.

**Unalleged Violation(s):**  Yes  No

None

**Conclusion / Action:**  **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

WAC 388-76-10615  
Resident rights Transfer and discharge.



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Statement of Deficiencies	License #: 378600	Completion Date
Plan of Correction	LAURA RAICA HOME CARE	May 15, 2019
Page 1 of 3	Licensee: Laura Raica	

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 complaint investigation of: 4/25/2019

LAURA RAICA HOME CARE  
 1410 218TH PL SW  
 LYNNWOOD, WA 98036

This document references the following complaint number: 3631647

The department staff that inspected and investigated the adult family home:  
 Toni Bolo, RN, BSN, Complaint Investigator

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

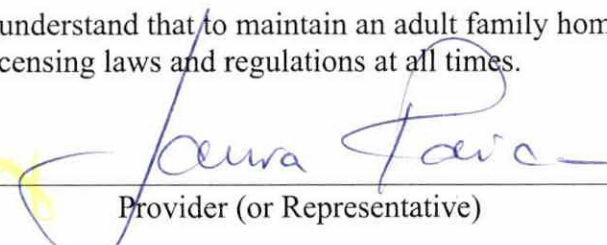
RECEIVED  
 JUN 03 2019  
 ADSA/RCS  
 Smokey Point

As a result of the on-site complaint investigation 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

5/17/19  
 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)

\* 5-30-19  
 Date

This document was prepared by Residential Care Services for the Locator website.

**WAC 388-76-10615 Resident rights Transfer and discharge.**

(2) Before a home transfers or discharges a resident, the home must:

(b) Notify the resident and representative and make a reasonable effort to notify, if known, an interested family member of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand;

(c) Record the reasons in the resident's record; and

(d) Include in the notice the items described in subsection (5) of this section.

(5) The home must include the following in the written notice specified in subsection (2) of this section:

(a) The reason for transfer or discharge;

(b) The effective date of transfer or discharge;

(c) The location where the resident is transferred or discharged;

(d) The name, address, and telephone number of the state long-term care ombuds;

(e) For residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals; and

(f) For residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals.

**This requirement was not met as evidenced by:**

Based on interview and record review, Staff A (Provider) failed to follow the regulatory requirements related to the discharge of one of one former resident (Resident #1). Failure to notify the resident and representative regarding discharge in writing was a violation of Resident #1's resident rights.

Findings included...

Resident #1 was admitted to the adult family home (AFH) on [REDACTED]/19 with diagnoses including [REDACTED]. Resident #1 was hospitalized on [REDACTED]/19 and did not return to the AFH.

On 04/25/19 at 03:10PM, Staff A reported that it was decided she would not accept Resident #1 back to the AFH. Staff A reported that she did not issue Resident #1 a written discharge notice.

The AFH was previously cited for this on a complaint investigation. See 05/22/18 statement of deficiencies.

Statement of Deficiencies

License #: 378600

Completion Date

Plan of Correction

LAURA RAICA HOME CARE

May 15, 2019

Page 3 of 3

Licensee: Laura Raica

**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, LAURA RAICA HOME CARE is or will be in compliance with this law and / or regulation on (Date) 5-15-19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Laura Raica  
Provider (or Representative)

5-30-19  
Date

This document was prepared by Residential Care Services for the Locator website.