



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

February 28, 2020

Florina D Fulga
T & R ADULT FAMILY HOME
10409 238TH WAY SE
ISSAQUAH, WA 98027

RE: T & R ADULT FAMILY HOME License #553101

Dear Provider:

On February 24, 2020 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated September 24, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Adelle Walker, Licensors

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

Sincerely,

Dahl Kim, Field Manager
Region 2, Unit E
Residential Care Services



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RECEIVED

OCT 24 2019

DSHS/ALTA/RCS

Statement of Deficiencies	License #: 553101	Completion Date
Plan of Correction	T & R ADULT FAMILY HOME	September 24, 2019
Page 1 of 2	Licensee: FLORINA FULGA	

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.

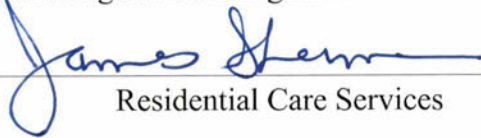
The department has completed data collection for the unannounced on-site full inspection of:
 9/20/2019

T & R ADULT FAMILY HOME
 10409 238TH WAY SE
 ISSAQUAH, WA 98027

The department staff that inspected the adult family home:
 Adelle Walker, BHS, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

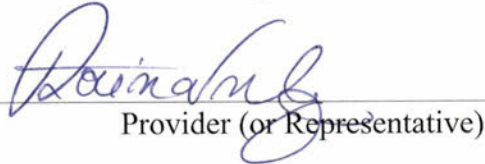
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 Residential Care Services

10/03/19

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)

10/16/2019

Date

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

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 and interview, the adult family home (AFH) did not keep one of five residents' (Resident #1) over-the-counter (OTC) medications in locked storage. This put residents at risk for accidental ingestion or improper use of the prescription medication.

Findings included...

On 9/20/19 at 9:48 AM, observations of Bedroom #B showed it was occupied by Resident #1. At 10:15 AM, further observations of Bedroom #B's bathroom over the counter vanity showed one bottle of Perineal cleanser Spray and one bottle of No Rinse Perineal Spray.

In an interview at 10:17 AM, Staff #A, Provider, stated that the home was unaware the cleansers were required to be kept in locked storage.

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, T & R ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 10/16/2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

10/16/19.

Date

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

**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: Dahl Kim, Field Manager
Residential Care Services
Region 2, Unit E
20425 72nd Avenue S, Suite 400
Kent, WA 98032-2388

Informal Dispute Resolution [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after 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 Pilot page at:

<https://www.dshs.wa.gov/altsa/informal-dispute-resolution-adult-family-home-pilot-project>

All documents supporting your dispute must be included with the corresponding form. **The IDR will not consider any documents submitted after the 10 working day deadline.**

Send your request to: Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

You may also scan and/or e-mail materials within 10 working days to
rcsidr@dshs.wa.gov

9489 0090 0027 6077 9260 89

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