



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

CORNEL PERDE
SWEET CARE HOME
13205 SE 160TH PL
RENTON, WA 98058

RE: SWEET CARE HOME License # 730100

Dear Provider:

This letter addresses Compliance Determination(s) 59219 (Completion Date 05/07/2025) and 55979 (Completion Date 03/11/2025).

The Department completed a follow-up inspection of your Adult Family Home on 05/07/2025 and found that you have corrected the violations listed in the Full report dated 03/11/2025. Your home is back in compliance as of 03/12/2025 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 388-76-10430-1, WAC 388-76-10430-2, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10470-1-a, WAC 388-76-10470-1-b-ii

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

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

Sincerely,

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



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Statement of Deficiencies	License #: 730100	Compliance Determination # 55979
Plan of Correction	SWEET CARE HOME	Completion Date
Page 1 of 5	Licensee: CORNEL PERDE	03/11/2025

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 03/06/2025 of:

SWEET CARE HOME
13205 SE 160TH PL
RENTON, WA 98058

The following sample was selected for review during the unannounced on-site visit: 2 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH Licenser

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

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

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

03/11/2025
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 388-76-10430 Medication system.

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
- (c) Medication log is kept current as required in WAC 388-76-10475 ;
- (d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure a medication system was in place for 1 of 2 sampled current residents (Resident 1) when the AFH did not ensure the medication label, and the Medication Administrative Record (MAR) reflected the correct dosage as ordered. In addition, the AFH failed to ensure Resident 1's as needed medication ordered by their Medical Provider was available. These failures placed Resident 1 at risk of health complications and medication error.

Findings included...

During unannounced visit to the AFH on 03/06/2025 between 10:20 AM and 4:33 PM, observation showed staff interacted and provided care to Resident 1.

In an interview on 03/06/2025 at 11:14 AM, Staff A, Provider, stated that Resident 1

required medication assistance from staff.

MEDICATION LABEL and MAR

On 03/06/2025 at 11:54 AM, observation showed Staff A gave two tablets of Acetaminophen (pain medication) that was taken from a pharmacy prepared medication bubble pack (a method of organizing medications into individual doses, typically sealed in compartments with protective bubbles).

Record review of Resident 1's bubble pack medication label showed: "Acetaminophen 500 milligrams (mg) tablet. Take 2 tablets (650 mg) by mouth daily (8 AM/2 PM)".

Record review of Resident 1's March 2025 MAR showed: "Acetaminophen 500 milligrams (mg) tablet. Take 2 tablets (650 mg) by mouth daily (8 AM/2 PM)."

Record review of Resident 1's Medical Provider's order, dated 08/02/2024, showed: "Acetaminophen 500 mg Oral tablet. Take 2 tablets by mouth 2 times daily."

In an interview on 03/25/2025 at 3:39 PM, Staff A stated that they did not notice the total dosage written on the medication bubble pack and MAR were incorrect.

MEDICATION NOT AVAILABLE

On 03/06/2025 at 3:40 PM, a medication reconciliation (a process of comparing and reviewing medication orders, medication supplies, and MAR) was conducted with Staff A.

Record review of Resident 1's record showed on 07/17/2024, the Medical Provider ordered: "Acetaminophen 325 mg oral tablet ... Take 1 tablet by mouth every 6 hours as needed for pain ..."

Record review of Resident 1's March 2025 MAR showed the as needed Acetaminophen 325 mg was written as ordered.

Observation on 03/06/2025 at 3:40 PM showed Resident 1's medication supply did not include Acetaminophen 325 mg.

In an interview on 03/06/2025 at 3:47 PM, Staff A stated that Resident 1's as needed Acetaminophen 325 mg was expired on January 30, 2025. Staff A further stated that they contacted the pharmacy before the expiration date, but the pharmacy took a long

time to get a refill order.

<p>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, SWEET CARE HOME is or will be in compliance with this law and / or regulation on (Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
_____	_____
Provider (or Representative)	Date

WAC 388-76-10470 Medication Timing Special directions.

- (1) The adult family home must ensure medications are given:
 - (a) At the specific time(s) ordered by the practitioner; and
 - (b) As follows, when the practitioner does not order a medication to be given at a specific time:
 - (ii) Two times a day, approximately twelve hours apart;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the medication for 1 of 2 sampled current residents (Resident 1) was given at the right time and in accordance with the medical provider's order. This failure placed Resident 1 at risk of health complication and medication error.

Findings included...

During unannounced visit to the AFH on 03/06/2025 between 10:20 AM and 4:33 PM, observation showed staff interacted and provided care to Resident 1.

In an interview on 03/06/2025 at 11:14 AM, Staff A, Provider, stated that Resident 1 required medication assistance from staff.

On 03/06/2025 at 11:54 AM, observation showed Staff A gave two tablets of Acetaminophen (pain medication) that was taken from a pharmacy prepared medication

bubble pack (a method of organizing medications into individual doses, typically sealed in compartments with protective bubbles).

Record review of Resident 1's March 2025 MAR showed: "Acetaminophen 500 milligrams (mg) tablet. Take 2 tablets ... by mouth daily (8 AM/2 PM)."

Record review of Resident 1's Medical Provider's order, dated 08/02/2024, showed: "Acetaminophen 500 mg Oral tablet. Take 2 tablets by mouth 2 times daily."

On 03/06/2025 at 12:00 PM, when asked why the above medication was given less than four hours apart for an ordered medication to be taken twice daily, Staff A stated that they usually gave the medication that early due to Resident 1's frequent headaches.

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, SWEET CARE 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



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03/11/2025

CORNEL PERDE
SWEET CARE HOME
13205 SE 160TH PL
RENTON, WA 98058

RE: SWEET CARE HOME # 730100

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 03/11/2025 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:

SWEET CARE HOME # 730100

03/11/2025

Page 2 of 4

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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

Record review of Resident 1's 06/11/2024 Negotiated Care Plan (NCP) showed no resident and/or resident's representative signature. The Adult Family Home (AFH) Provider was able to let Resident 1's Representative signed the 06/11/2024 NCP before the end of the unannounced visit to the AFH on 03/06/2025.

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>

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 IDRs** 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