



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

May 10, 2016

DANIELA M MICU  
COLUMBIA CARE HOME  
7505 ALABAMA DR  
VANCOUVER, WA 98664

RE: COLUMBIA CARE HOME License #750148

Dear Provider:

On May 10, 2016 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 April 20, 2016.

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:  
Amy Beckel, Licensor

If you have any questions please, contact me at (360) 397-9549.

Sincerely,

*C. Burrowsky for:*

Karyl Ramsey, Field Manager  
Region 3, Unit E  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

---

**Provider/Facility:** COLUMBIA CARE HOME (687761)      **Intake ID(s):** 3203803  
**License/Cert. #:** AF750148  
**Investigator:** Beckel, Amy      **Region/Unit:** RCS Region 3/Unit E      **Investigation Date(s):** 04/20/2016 through 04/20/2016  
**Complainant Contact Date(s):**

---

**Allegations:**

The adult family home did not pay the annual license fee.

---

**Investigation Methods:**

<input checked="" type="checkbox"/> <b>Sample:</b>	2 residents	<input checked="" type="checkbox"/> <b>Observations:</b>	general environment and resident rooms; supplies of food, water, medications, and other resident and household supplies; resident appearance
<input checked="" type="checkbox"/> <b>Interviews:</b>	residents, provider, caregiver	<input checked="" type="checkbox"/> <b>Record Reviews:</b>	department financial records

---

**Allegation Summary:**

The adult family home's annual fee was due in October 2015 and had not yet been paid. The provider stated she did not recall receiving a statement from the department and attempted to find documentation of paying the annual fee. The provider found she had not paid the annual fee.

---

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

---

**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**       **Failed Provider Practice Not Identified / No Citation Written**

---

See Statement of Deficiencies dated 04/20/2016.

04/21/16  
Ombud



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
800 NE 136th Avenue, Suite#220, Vancouver, WA 98684

RECEIVED

MAY 6 - 2016

DSHS/ADSA/RCS

Statement of Deficiencies	License #: 750148	Completion Date
Plan of Correction	COLUMBIA CARE HOME	April 20, 2016
Page 1 of 2	Licensee: DANIELA MICU	

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: 4/20/2016

COLUMBIA CARE HOME  
7505 ALABAMA DR  
VANCOUVER, WA 98664

This document references the following complaint number: 3203803

The department staff that inspected and investigated the adult family home:

Amy Beckel, RN, BSN, Licensor

From:

DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 3, Unit E  
800 NE 136th Avenue, Suite#220  
Vancouver, WA 98684  
(360)397-9549

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.

C. Burensky for Karyl Ramsey  
Residential Care Services

04/21/2016  
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.

[Signature]  
Provider (or Representative)

4/28/2016  
Date

AB  
5/10/16

06/03/16

**WAC 388-76-10025 License annual fee.**

- (1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .
- (2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
- (3) The home must ensure that the department receives the annual license fee when it is due.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

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

Based on interview and record review, the adult family home failed to pay the annual licensing fee by the required date. This failure placed the six current residents (Resident #1 - #6) at risk of having to leave the home due to non-payment of the licensing fee.

**Findings include:**

On 03/30/2016 the Residential Care Services Consumer Services Office reported the annual licensing fee, which was due in October 2015, had not yet been paid.

A tour of the home on 04/20/2016 revealed a clean and home-like environment. The home had working electricity, hot water, telephone, and sewer service. Food, water, medications, cleaning products, and emergency supplies were available. Staff A, a caregiver, stated the home had plenty of supplies for residents.

The provider stated she did not remember receiving a statement from the department and did not recall paying the annual fee. The provider said she would look at financial records to try to locate documentation of paying the fee, and said she would provide the information by 4:00 p.m. on 04/21/2016 or sooner.

At 2:40 p.m. on 04/20/2016, the provider stated she had now mailed the license fee.

**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, COLUMBIA CARE HOME is or will be in compliance with this law and / or regulation on (Date) 4/20/16 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency. *Bank autopay reminder for Sept 2016. @*

  
\_\_\_\_\_  
Provider (or Representative)

4/28/16  
\_\_\_\_\_  
Date

*AD  
5/10/16*