



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 26, 2019

Elena Radea  
Best Loving Care II  
3441 Lincoln Dr NE  
Renton, WA 98056

RE: Best Loving Care II License #753231

Dear Provider:

On February 21, 2019 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 January 28, 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:  
Sonia Coleman, Licensor

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

Sincerely,

Bennetta Shoop, Field Manager  
Region 2, Unit E  
Residential Care Services



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 FISHKILL PLAZA

Statement of Deficiencies	License #: 753231	Completion Date
Plan of Correction	Best Loving Care II	January 28, 2019
Page 1 of 2	Licensee: Elena Radea	

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:  
 1/25/2019

Best Loving Care II  
 3441 Lincoln Dr NE  
 Renton, WA 98056

The department staff that inspected the adult family home:  
 Sonia Coleman, RN, MN, 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

02/06/2019

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)

2.12.19

Date

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

**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;

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

Based on observation and interview, the adult family home Provider failed to ensure the raised toilet seat cover was securely screwed to the toilet bowl in the bathroom designated for one of one resident (#2). This failure placed the resident at risk for injury. Findings included:

Observation and interview occurred on 1/25/2019 unless otherwise noted.

In the entrance interview with the Provider at 8:40 a.m., she said Resident #2 used a wheelchair, needed one person assistance with transfer and was incontinent.

At 9:58 a.m., the Provider transferred Resident #2 from the wheelchair to the recliner in the common area. The resident required full assistance from the Provider.

Observation during the environmental tour at 9:30 a.m. found a loosely secured raised toilet seat on the toilet in the bathroom in Resident #2's bathroom. When the department staff shook the raised toilet seat to test how secure it was to the toilet seat, it came off the toilet bowl with no effort.

The resident care manager (RCM) tried to tighten the screw in front to secure it to the toilet bowl but it was still loose. The RCM removed it and said the home would not use it. The RCM said the home would purchase a different raised toilet seat.

In the exit interview at 1:45 p.m., the RCM showed the department staff a raised toilet seat she planned to purchase for Resident #2's toilet.

**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, Best Loving Care II is or will be in compliance with this law and / or regulation on (Date) January 26, 2019. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

2.12.19

Date