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

PAULA MURESAN
BEST QUALITY HOME CARE
1924 ABERDEEN AVE NE
RENTON, WA 98056

RE: BEST QUALITY HOME CARE License # 750522

Dear Provider:

This letter addresses Compliance Determination(s) 67730 (Completion Date 10/23/2025) and 65292 (Completion Date 09/23/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/23/2025 and found that you have corrected the violations listed in the Full report dated 09/23/2025. Your home is back in compliance as of 09/29/2025 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 388-76-10430-2-d, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10165-1-b

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

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

Sincerely,

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

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

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***20425 72nd Avenue S, Suite 400, Kent, WA 98032***



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 09/08/2025 of:
BEST QUALITY HOME CARE
1924 ABERDEEN AVE NE
RENTON, WA 98056

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Liza Flowers, AFH 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

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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 | 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.**

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(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 the prescribed medication ordered for 1 of 2 sampled residents (Resident 1) was available. This failure placed Resident 1 at risk for not receiving the medication when needed due to unavailability of the medication prescribed.

Findings included...

In an interview on 09/08/2025 at 11:00 AM, Staff A, Provider, stated that Resident 1 required medication administration from staff.

On 09/08/2025 at 1:20 PM, review of Resident 1's physician order dated 08/14/2023, medication log dated September 1-30, 2025, and medications supply showed the following:

A review of the doctor's order dated 08/14/2023 showed; "Miralax powder (a medication used to treat constipation) mix 1 capful (17 Grams) in 8 ounces water and drink by mouth twice daily as needed for constipation."

A review of the September 2025 medication log showed the Miralax powder was listed as ordered.

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On 09/08/2025 at 1:22 PM, observation showed the prescribed Miralax powder was not in Resident 1's medication supply.

In an interview on 09/08/2025 at 1:22 PM, Staff A stated that Resident 1's family supplied the medication, and they ran out of it.

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 QUALITY HOME CARE 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

**WAC 388-76-10650 Medical devices.**

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

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

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure an [redacted] (a medical device) for 2 of 2 sampled residents (Residents 1 and 2) had an assessment for its safe use, was included in the Negotiated Care Plan (NCP) and had staff directives for care. In addition, the AFH failed to provide information on risks and benefits to Residents 1 and 2 and/or their representative prior to its use. These failures placed Residents 1 and 2 at risk for injury related to inadequate monitoring of the device and unrecognized/unmet care needs.

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Findings included…

Resident 1

During an environmental tour with Staff A, Provider, on 09/08/2025 at 12:15 PM, observation showed Resident 1's bed had an [redacted]. The [redacted] was "on" in setting "180".

In an interview on 09/08/2025 at 12:15 PM, Staff A stated that Resident 1 used the [redacted] to prevent pressure sore.

Record review of Resident 1's NCP, dated 08/27/2025, showed the [redacted] was not included and there were no care directives for staff about it.

In an interview on 09/08/2025 at 4:32 PM, Staff A stated that Resident 1's [redacted] had no assessment, not in the NCP, and the risks and benefits not discussed with Resident 1 and/or their representative because they forgot.

Resident 2

During an environmental tour with Staff A, on 09/08/2025 at 12:07 PM, observation showed Resident 2 in bed using an [redacted]. The [redacted] was "on" in setting "190".

In an interview on 09/08/2025 at 12:07 PM, Staff A stated that Resident 2 used the [redacted] to prevent pressure sore.

Record review of Resident 2's NCP, dated 10/18/2024, showed the [redacted] was not included and there were no care directives for staff about it.

In an interview on 09/08/2025 at 3:50 PM, Staff A stated that Resident 2's [redacted] had no assessment, not in the NCP, and the risks and benefits not discussed with Resident 2 and/or their representative because the hospice nurse said it was not needed.

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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 QUALITY HOME CARE 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

**WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

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

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington State Name and Date of Birth (WNDOB) background check for 1 of 2 staff (Staff C, Caregiver). This failure placed all residents at risk of receiving care from staff with unknown and unverified background check results.

Findings included…

During an unannounced visit to the home on 09/08/2025 at 10:10 AM, Staff C was not observed in the home.

In an interview on 09/08/2025 at 11:15 AM, Staff A, Provider, stated that Staff C worked in the AFH as needed.

Record review of Staff C's WNDOB background check showed it was completed on 08/17/2023 and expired on 08/17/2025 (22 days overdue).

In a telephone interview on 09/16/2025 at 2:09 PM, Staff A stated that Staff C's WNDOB was not renewed because there was an "error" to their computer when they tried to

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renew it.

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 QUALITY HOME CARE 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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09/24/2025

PAULA MURESAN
BEST QUALITY HOME CARE
1924 ABERDEEN AVE NE
RENTON, WA 98056

RE: BEST QUALITY HOME CARE # 750522

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/23/2025 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:

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

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 388-76-10810 Fire extinguishers.**

(2) The home must ensure fire extinguishers are:

(b) Inspected and serviced annually;

During an unannounced visit to the AFH on 09/08/2025 at 11:30 AM, the fire extinguishers in the main, lower, and upper level of the adult family home had no tag to show when they were checked and/or serviced or when they were purchased. On 09/09/2025, Staff A, Provider, faxed a copy of the fire extinguishers' receipt dated 09/12/2024 to the Department.

**WAC 388-76-10575 Resident rights Privacy.**

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(c) Clinical or resident records;

During the tour of the home with Staff A, Provider, on 09/08/2025 at 11:37 AM, the residents' list dated 10/22/2022 was observed together with the statement of deficiencies (SOD's) that was posted on the wall. Staff A immediately removed the residents' list when notified about the residents' violation of privacy.

**WAC 388-76-10850 Emergency medical supplies. The adult family home must:**

(3) Have a first aid manual.

On 09/08/2025 at 11:58 AM, Staff A, Provider, showed a first aid kit without a first aid manual. Staff A sent a copy of the first aid kit manual on 09/16/2025 to the Department. On 09/16/2025 at 2:09 PM, Staff A stated that they put the first aid manual in the first aid kit when they found it.

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**WAC 388-76-10805 Automatic smoke alarms.**

(2) At a minimum, smoke alarms must be located in the following areas:

(c) On every level of a multilevel home.

During an environmental tour of the home on 09/08/2025 at 11:56 AM with Staff A, Provider, observation showed the basement of the house had no smoke detector. Staff A immediately installed an automatic smoke detector in the basement prior to the end of the visit.

**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.

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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

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**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 IDR**s 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

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