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

DOREL SIMULESCU
VALLEY HOME CARE
517 S 37TH STREET
RENTON, WA 98055

RE: VALLEY HOME CARE License # 750752

Dear Provider:

This letter addresses Compliance Determination(s) 34802 (Completion Date 01/04/2024) and 30943 (Completion Date 10/17/2023).

The Department completed a follow-up inspection of your Adult Family Home on 01/04/2024 and found that you have corrected the violations listed in the Follow up report dated 10/17/2023. Your home is back in compliance as of 10/22/2023 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-c

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

Statement of Deficiencies	License #: 750752	Compliance Determination # 30943
Plan of Correction	VALLEY HOME CARE	Completion Date
Page 1 of 3	Licensee: DOREL SIMULESCU	10/17/2023

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 an unannounced on-site follow-up on 10/11/2023 and 10/11/2023 of:
VALLEY HOME CARE
517 S 37TH STREET
RENTON, WA 98055

This document references the following SOD dated: 10/17/2023

The following sample was selected for review during the unannounced on-site visit: 0 of 0 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

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:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

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 residents (Resident 1) when the AFH did not include newly prescribed medications for Resident 1 on their Medication Administration Record (MAR). This failure placed Resident 1 at risk of medication error.

Findings included...

On 08/28/2023 at 11:11 AM, Staff B, Resident Manager, stated that Resident 1 received medication assistance from staff.

During an unannounced follow-up visit, on 10/11/2023 at 12:32 PM, a medication reconciliation (a process of comparing and reviewing medication orders, medication supplies, and MAR) was conducted and showed that Resident 1's supply included the following medications:

- Bisacodyl 10 milligrams (mg) suppository. Insert 1 suppository ... once daily as needed for constipation.
- Lorazepam 0.5 mg give 1 tablet ... by mouth every 6 hours as needed for anxiety.
- Haloperidol 2mg/ml (milliliters) oral concentrate take 0.5 ml ... by mouth or under the tongue every 6 hours as needed for agitation.
- Haloperidol 2mg/ml (milliliters) oral concentrate take 0.25 ml ... by mouth or under the tongue every 4 hours as needed for nausea or vomiting.
- Acetaminophen 650 mg suppository ... every 6 hours as needed for pain and/or fever greater than 100.5 degrees Fahrenheit ... not to exceed 3000 mg.

Record review of Resident 1's record showed that the above medications were ordered by the Medical Provider on 10/04/2023.

Record review of Resident 1's October 2023 MAR showed that the above medications were not included.

In an interview on 10/11/2023 at 12:32 PM, Staff B, Resident Manager, stated that they were aware the above medications needed to be included in the resident's MAR but did not realize that they were not.

This is an uncorrected deficiency previously cited on 09/05/2023.

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, VALLEY 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 _____

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

Statement of Deficiencies	License #: 750752	Compliance Determination # 28823
Plan of Correction	VALLEY HOME CARE	Completion Date
Page 1 of 9	Licensee: DOREL SIMULESCU	08/05/2023

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 08/28/2023 and 08/28/2023 of:
VALLEY HOME CARE
517 S 37TH STREET
RENTON, WA 98055

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

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: 09/07/2023

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.

Statement of Deficiencies	License #: 750752	Compliance Determination # 28823
Plan of Correction	VALLEY HOME CARE	Completion Date
Page 2 of 9	Licensee: DOREL SIMULESCU	09/05/2023

Provider (or Representative) — Date: 9/08/2023

WAC 388-76-10890 Posting the emergency evacuation floor plan Required. The adult family home must display an emergency evacuation floor plan on each floor of the home and the plan must:

(1) Be posted in a visible location commonly used by residents, staff, and visitors alike; and

This requirement was not met as evidenced by:

Based on observation and interview the Adult Family Home (AFH) failed to ensure an evacuation floor plan was posted on 1 of 2 levels (upper level) of the home. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm in the event of a fire or emergency that required evacuation.

Findings included...

On 08/28/2023 at 10:58 AM, Staff B, Resident Manager, stated that the AFH was a two-level home. All the residents (Resident 1, 2, 3 ,4 and 5) lived on the lower/main level and a household member 2 (HM2) lived on the upper level of the home.

During an environmental tour on 08/28/2023 at 11:07 AM with Staff B, observation showed no emergency evacuation floor plan posted on the upper level of the home.

In an interview on 08/28/2023 at 11:32 AM, Staff B stated that the emergency evacuation floor plan was not posted on the upper level because it was a private area and no resident lived there.

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, VALLEY HOME CARE is or will be in compliance with this law and / or regulation on (Date) 9/08/2023 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Statement of Deficiencies	License #: 750752	Compliance Determination # 28823
Plan of Correction	VALLEY HOME CARE	Completion Date
Page 3 of 9	Licensee: DOREL SIMULESCU	09/05/2023

Provider (or Representative) — Date: 9/08/2023

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(a) Mounted or securely fastened in a stationary position at a minimum of four inches from the floor and a maximum of sixty inches from the floor;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) did not ensure 1 of 2 portable fire extinguisher was mounted or securely fastened. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of harm and/or injury in the event of fire if the fire extinguishers were moved and could not be located.

Findings included...

On 08/28/2023 at 10:58 AM, Staff B, Resident Manager, stated that the AFH was a two-level home. All the residents lived on the lower/main level and a household member 2 (HM2) lived on the upper level of the home.

During the environmental tour with Staff B on 08/28/2023 at 11:26 AM, observation showed the fire extinguisher on the upper level of the home was placed on the floor in an upright position and was not properly secured or mounted.

In an interview on 08/28/2023 at 11:27 AM, Staff B stated that they previously mounted the fire extinguisher inside the closet but were told to put it outside.

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, VALLEY HOME CARE is or will be in compliance with this law and / or regulation on (Date) 9/08/2023.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Statement of Deficiencies	License #: 750752	Compliance Determination # 28823
Plan of Correction	VALLEY HOME CARE	Completion Date
Page 4 of 9	Licensee: DOREL SIMULESCU	09/05/2023

Provider (or Representative) — Date: 9/08/2023

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;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to keep 1 of 1 the former residents' (FR) records in a confidential manner. This failure placed the residents at risk for violation of privacy.

Findings included...

During an environmental tour of the AFH with Staff B, Resident Manager, on 08/23/2023 at 11:58 AM, observation showed multiple residents lists dated 2020, 2018, 2017, 2014, and 2010 were in a binder together with the statement of the deficiencies (SOD). The binder that contained the SODs with the residents' lists was placed in a common area that was visible and accessible by anyone.

Record review showed that the residents' list included FR's names on it. The residents' list had a notation that says, "... CONFIDENTIAL - DO NOT POST ..."

In an interview on 08/28/2023 at 12:21 PM, Staff B stated that she did not think about the residents' lists being posted with the SOD.

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, VALLEY HOME CARE is or will be in compliance with this law and / or regulation on (Date) 9/08/2023 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Statement of Deficiencies	License #: 750752	Compliance Determination # 28823
Plan of Correction	VALLEY HOME CARE	Completion Date
Page 5 of 9	Licensee: DOREL SIMULESCU	09/05/2023

Provider (or Representative) 9/08/2023 Date

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure door on 1 of 6 residents' bedroom (Bedroom B- occupied by Resident 5) had a screen that prevented entrance of flies and other insects. This failure placed Resident 5 at risk of insect bites and/or insect-borne diseases.

Findings included ...

During a guided tour on 08/28/2023 at 12:29 PM, Bedroom B used by Resident 5 was observed with no window. The room had a glass door but no screen.

In an interview on 08/28/2023 at 12:31 PM, Staff B, Resident Manager, stated that they never had a screen on Bedroom B's door.

In an interview on 08/28/2023 at 5:10 PM, Staff B and Staff C, Caregiver, stated that they usually open Resident 5's bedroom door in the mornings to ventilate while cleaning the room.

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, VALLEY HOME CARE is or will be in compliance with this law and / or regulation on (Date) 9/08/2023 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) Date 9/08/2023

Statement of Deficiencies	License #: 750752	Compliance Determination # 28823
Plan of Correction	VALLEY HOME CARE	Completion Date
Page 6 of 9	Licensee: DOREL SIMULESCU	09/05/2023

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) at least every twelve months. This failure placed Resident 1 at risk for unmet care needs.

Findings included...

During an unannounced visit on 08/28/2023 between 10:03 AM to 5:23 PM, observation showed staff interacted and provided care to Resident 1.

Review of Resident 1's records showed the NCP were reviewed and dated 06/21/2022 and 10/18/2021. There was no other NCP found in Resident 1's file and/or record.

In an interview on 08/28/2023 at 2:40 PM, Staff B, Resident Manager, stated that Resident 1's NCP was not updated and reviewed because nothing had changed in the NCP over the last year.

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, VALLEY HOME CARE is or will be in compliance with this law and / or regulation on (Date) 9/08/2023 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 9/08/2023

WAC 388-76-10650 Medical devices.

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

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

Statement of Deficiencies	License #: 750752	Compliance Determination # 28823
Plan of Correction	VALLEY HOME CARE	Completion Date
Page 7 of 9	Licensee: DOREL SIMULESCU	09/05/2023

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 1) medical devices [redacted] and Automatic Pressure Pump [APP] mattress) were included in the Negotiated Care Plan (NCP). This failure placed Resident 1 at risk for injury due to entrapment and inadequate monitoring of the medical devices.

Findings included...

During a guided residents bedroom tour with Staff B, Resident Manager, on 08/28/2023 at 12:33 PM, observation showed Resident 1 had a [redacted] on each side of the bed that were in up position. Resident 1's bed had also an APP that was turned on.

In an interview on 08/28/2023 at 12:33 PM, Staff B stated that Resident 1 had [redacted] up for safety and the APP was used for the prevention of pressure sore.

Record review of Resident 1's NCP, dated 06/21/2022, showed the [redacted] and APP were not addressed and/or included. There were no caregiver directives on what to do, when, and how to monitor these medical devices.

In an interview on 08/28/2023 at 3:06 PM, Staff B stated that Resident 1 had been using the medical devices for a long time but they just did not think of including these in the resident's NCP.

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, VALLEY HOME CARE is or will be in compliance with this law and / or regulation on (Date) 9/08/2023 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 9/08/2023

WAC 388-76-10430 Medication system.

(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 ;

Statement of Deficiencies	License #: 750752	Compliance Determination # 28823
Plan of Correction	VALLEY HOME CARE	Completion Date
Page 8 of 9	Licensee: DOREL SIMULESCU	09/05/2023

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 staff signed their Medication Administration Record (MAR) as medication given although it was discontinued. This failure placed Resident 1 at risk of medication error.

Findings included...

During an unannounced visit on 08/28/2023 between 10:03 AM to 5:23 PM, observation showed staff interacted and provided care to Resident 1.

On 08/28/2023 at 11:11 AM, Staff B, Resident Manager, stated that Resident 1 received medication assistance from staff.

Review of Resident 1's August 2023 MAR included "GLIMEPIRIDE (a medication used to treat high blood sugar levels) 1 MG TABLET ... Take 1 tablet by mouth every morning". The MAR was signed by staff from August 1- August 28, 2023, to indicate that the medication was given on those days at 8:00 AM.

During medication reconciliation (a process of comparing and reviewing medication orders, medication supplies, and MAR), on 08/28/2023 at 3:20 PM, observation showed the resident's medication supply did not include Glimepiride 1 MG tablet.

Record review of Resident 1's record showed that the above medication was ordered by the Medical Provider to be discontinued on 07/25/2023.

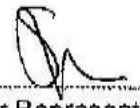
In an interview on 08/28/2023 at 3:20 PM, Staff B stated that the caregivers just kept signing the MAR as the pharmacy kept bringing a MAR with the medication still written on it.

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, VALLEY HOME CARE is or will be in compliance with this law and / or regulation on (Date) 9/05/2023.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Statement of Deficiencies	License #: 750752	Compliance Determination # 26823
Plan of Correction	VALLEY HOME CARE	Completion Date
Page 9 of 9	Licensee: DOREL SIMULESCU	09/05/2023

Provider (or Representative)	Date
	9/08/2023

Valley Home Care AFH

517S 37th ST

Renton WA 98055

Cell #206.915.9400

Home #425.687.7504

Fax #425.572.5558

PLAN OF CORRECTION

Inspection Date 08.28.2023

Date Today 09.08.2023

Staff from Valley Home Care Adult Family Home were aware of all the citations that were found on the annual inspection day and corrected them as soon as possible as well as some of the citations being corrected exactly on the same day of the annual inspection.

From this time on all the staff of the facility will make sure that are following all the new changes in WAC and be up to date with everything including the elements that were missed until this day.