



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

October 24, 2019

CERTIFIED MAIL 7007 1490 0003 4199 1089

Licensee, Anthony Jones
Sunshine Place
652 S Arthur Street
Spokane, WA 99202

Adult Family Home License #**217501**

IMPOSITION OF CIVIL FINES

Dear Licensee:

On October 16, 2019, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection at your facility. This letter is formal notice of the imposition of civil fine on the license for your adult family home, located at **648 S Arthur Street, Spokane**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The civil fine is based on the following violation of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **October 16, 2019**.

Civil Fine

WAC 388-76-10815(1)(a)(2)

\$3000.00

The adult family home (AFH) provider willfully interfered with the department required annual inspection during three different attempts to complete the inspection. Licensors were not allowed to enter the home, view residents and observe care in their normal environment, or interview the main caregiver unencumbered.

NOTE: This is the violation, which resulted in the fine; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

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- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Sue Bergeron, Field Manager
Region 1, Unit B
316 West Boone Avenue, Suite 170
Spokane, WA 99201-2351
Phone: (509) 323-7324 / Fax: (509) 329-3993

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

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 AFH professional page at:
<https://www.dshs.wa.gov/altsa/informal-dispute-resolution-adult-family-home-pilot-project>

All documents supporting your dispute must be included with the corresponding form. **The IDR will not consider any documents submitted after the 10 working day deadline.**

Send your request to:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

You may also scan and/or e-mail materials within 10 working days to rsidr@dshs.wa.gov.

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Formal Administrative Hearing

You may contest the civil fine by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fine. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.
- If you are requesting an **expedited** hearing for a summary suspension, stop placement or conditions on your home within **60 days**, you must provide a statement stating that you wish to have an **expedited** review. **Note:** No other actions qualify for an expedited review hearing.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$3,000.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501
1-800-562-6114

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

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NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Sue Bergeron, Field Manager, at (509) 323-7324.

Sincerely,



Amanda Jackson
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit B
RCS Regional Administrator, Region 1
HCS Regional Administrator, Region 1
DDA Regional Administrator, Region 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
sg