



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

January 26, 2016

**CERTIFIED MAIL 7007 1490 0003 4196 1617**

Licensee, Ioana M. Perde  
Fairwood Care Home II  
13805 SE 161<sup>st</sup> Place  
Renton, WA 98058

Adult Family Home License #345900

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Licensee:

On January 6, 2016, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at **13805 SE 161<sup>st</sup> Place, Renton**, 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 conditions are based on the following violations 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 **January 6, 2016**.

**WAC 388-76-10015(3) – License—Adult family home—Compliance required.**

**The licensee failed to recognize, implement and involve appropriate professionals in timely treatment of skin breakdown for one resident.**

**WAC 388-76-10400(2) – Care and services.**

**The licensee failed to ensure the home health nurse was contacted for one resident with skin issues wound care and dressing changes.**

***NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.***

The department has determined that the following conditions shall be placed on your adult family home license:

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1. *The licensee, at her own expense, will hire or contract with a Registered Nurse consultant not affiliated with the home, to assist the provider develop and implement a system for managing skin and incontinence care needs. This will include but is not limited to:*
  - *Ways on how to promote healthy skin;*
  - *Types of skin problems a caregiver may see;*
  - *What causes pressure ulcers;*
  - *How to identify pressure points;*
  - *Identify which residents are at risk for pressure ulcers;*
  - *What to do if skin problem is identified i.e. proper positioning, reporting;*
  - *Identify which skin care tasks required nurse delegation;*
  - *Updating the care plan; and*
  - *Identify appropriate usage of incontinence products and incontinence care, especially for residents who are at risk for skin breakdown.*
2. *The consultant must be hired by February 3, 2016.*
3. *The consultant will be available to answer questions from the department, and provide summaries of visits if requested.*
4. *The provider will provide the consultant with a copy of the January 6, 2016 Statement of Deficiencies (SOD).*
5. *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

The effective date of the conditions on your license is **January 26, 2016**. As provided in RCW 70.128.162(b), WAC 388-76-10990 (6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

### **Attestation (Plan of Correction):**

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

- 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:

Bennetta Shoop, Field Manager  
Region 2, Unit E  
20425 – 72<sup>nd</sup> Avenue South, Suite 400  
Kent, WA 98032-2388  
Phone: (253) 234-6033 / Fax: (253) 395-5070

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## **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 have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

**The written request must be received by the 10<sup>th</sup> working day from receipt of this letter.**

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-3225

### Formal Administrative Hearing

You may contest the conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions. **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.**

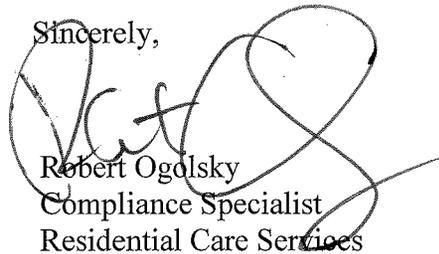
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Send your **written** request to:

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

If you have any questions, please contact Bennetta Shoop, Field Manager at (253) 234-6033.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Ogolsky', is written over the typed name and title. The signature is fluid and cursive, with a large loop at the end.

Robert Ogolsky  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit E  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
ndl