



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

November 12, 2014

CERTIFIED MAIL 7008 1300 0000 7160 5062

Licensee, Elizabeth G. Trotter
Trotter Adult Family Homes
5418 Tri Lake Drive SE
Olympia, WA 98513

Adult Family Home License #**371400**

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On November 4, 2014, 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 **5418 Tri Lake Drive SE, Olympia**, 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 **November 4, 2014**.

WAC 388-76-10430(1)(2)(c)(d)(3) – Medication system.

The licensee failed to develop and implement a system for safe medication management and assistance for two residents.

This is a repeat deficiency from April 6, 2012 and June 10, 2013.

WAC 388-76-10455(2) – Medication—Administration.

The licensee failed to ensure medication administration for four residents requiring nurse delegation.

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WAC 388-76-10475(1)(2)(b)(c)(d)(e)(3)(c)(i)(ii)(iii)(iv)(4) – Medication—Log.

The licensee failed to maintain an accurate medication log for two residents.

This is a repeat deficiency from April 6, 2012.

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:

- ***The provider must hire, at her own expense, a Registered Nurse Consultant to assist the provider to develop and implement systems for safe, accurate medication assistance, administration, and documentation.***
- ***Systems shall include, but not limited to: receiving and documenting orders; maintaining current medication lists; checking medications received; giving medications as prescribed and accurately documenting; checking and verifying any changes in orders and medication logs with prescriber and/or pharmacy; and documenting communications with prescriber and/or pharmacy.***
- ***The licensee must provide the Registered Nurse Consultant with a copy of the November 4, 2014 Statement of Deficiencies.***
- ***The Registered Nurse Consultant must be available to answer questions by the department.***
- ***The Registered Nurse Consultant must be hired by November 21, 2014.***
- ***The licensee must post this Notice of Conditions of Operation, with the license, in a visible location accessible to residents and visitors.***

The effective date of the conditions on your license is **November 12, 2014**. 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.

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Return the signed and dated SOD to:

Robin Bucknell, Field Manager
District 3, Unit C
PO Box 45819
Olympia, WA 98504-5819
Phone: (360) 664-8428 / Fax: (360) 664-8451

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 10th 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.

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 Robin Bucknell, Field Manager at (360) 664-8433.

Sincerely,



Bett Schlemmer, RN, MN, MPA
Interim Assistant Director
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 3, Unit C
RCS District Administrator, District 3
HCS District Administrator, District 3
DDA District Administrator, District 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
NDL