



**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**

July 8, 2014

**CERTIFIED MAIL 7007 1490 0003 4302 5195**

Licensee, Cedar Hills Adult Residential Care, Inc.  
Rockenfield South  
1603 Drake Court  
Yakima, WA 98902

Adult Family Home License #444500  
Entity Representative: John Reese

**IMPOSITION OF CIVIL FINE**

Dear Mr. Reese:

On June 24, 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 a civil fine for your adult family home, located at 1701 B Cedar Hills Court, Yakima, 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 as described in the attached Statement of Deficiencies (SOD) report dated June 24, 2014.

**CIVIL FINE**

**WAC 388-76-10400(3)(b) – Care and Services.**

**\$1,000.00**

**The licensee failed to actively support the safety of one resident.**

***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:

- 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.

Cedar Hills Adult Residential Care, Inc.  
Rockenfield South  
License #444500  
July 8, 2014  
Page 2

Return the signed and dated SOD to:

Robert Gutierrez, Field Manager  
3611 River Road, Suite 200  
Yakima, WA 98902

### **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 deficiency and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiency 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 deficiency.

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 civil fine by requesting a formal administrative hearing to challenge the deficiency 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.

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

Cedar Hills Adult Residential Care, Inc.  
Rockenfield South  
License #444500  
July 8, 2014  
Page 3

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.

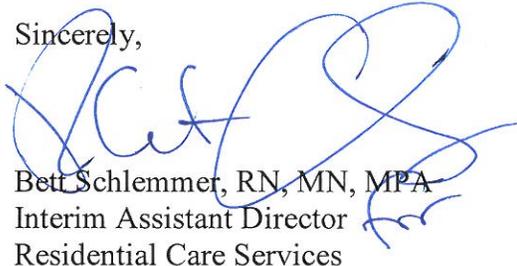
Mail a check for **\$1,000.00** payable to the 'Department of Social and Health Services' at:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

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.

If you have any questions, please contact Robert Gutierrez at (509) 225-2813.

Sincerely,



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

Enclosure

cc: Robert Ogolsky, Compliance Specialist  
Field Manager, District 1, Unit D  
RCS District Administrator, District 1  
HCS District Administrator, District 1  
DDA District Administrator, District 1  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
NDL