



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

March 30, 2016

**CERTIFIED MAIL 7007 1490 0003 4195 8945**

Licensee, Sylvia Hernandez  
Wisteria Cottage  
8674 Vince Road  
Moses Lake, WA 98837

Adult Family Home License #479603

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Licensee:

On March 15, 2016, 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 conditions on the license for your adult family home, located at **8674 Vince Road, Moses Lake**, 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 **March 15, 2016**.

**WAC 388-76-10475(1)(2)(b)(3)(a)(c)(i) – Medication—Log.**

**The licensee failed to ensure the medication log for one resident accurately recorded the medication ordered for and administrated to the resident.**

**This is a repeat deficiency from October 28, 2009, February 22, 2011, November 5, 2012, August 21, 2013 and December 3, 2014.**

***NOTE: This is the violation 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, at her own expense, will hire a Registered Nurse consultant familiar with Adult Family Home regulations to assist the provider to develop and implement a safe medication system ensuring (but not limited to):***

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- *Residents receive all medications as prescribed;*
- *Current physician orders are obtained and maintained for each resident;*
- *All caregivers receive training regarding the medication management system;*
- *The Nurse Consultant must be hired by April 8, 2016;*
- *The Nurse Consultant will be available to the department to answer questions;*
- *The provider will give the nurse consultant a copy of the March 15, 2016 Statement of Deficiencies (SOD).*

*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 **March 30, 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:

Chana White, Field Manager  
Region 1, Unit C  
3611 River Road SE, Suite 200  
Yakima, WA 98902  
Phone: (509) 225-2813 / Fax: (509) 574-5597

### **Appeal Rights:**

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

[Informal Dispute Resolution \[RCW 70.128\]](#)

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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.

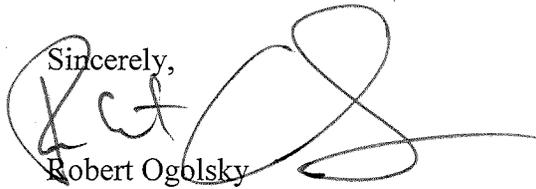
**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

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

If you have any questions, please contact Chana White, Field Manager at (509) 225-2823.

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Sincerely,  
  
Robert Ogolsky  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit C  
RCS Regional Administrator, Region 1  
HCS Regional Administrator, Region 1  
DDA Regional Administrator, Region 1  
WA LTC Ombuds  
HQ Central Files  
sg