



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

December 29, 2014

CERTIFIED MAIL 7008 1300 0000 7160 5659

Licensee, Erlinda Dimalanta
Sheridan AFH
1003 Sheridan Road
Bremerton, WA 98310

Adult Family Home License #**481000**

**IMPOSITION OF CIVIL FINES AND
CONDITIONS ON A LICENSE**

Dear Licensee:

On December 19, 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 civil fines and conditions on the license for your adult family home, located at **1003 Sheridan Road, Bremerton**, 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 fines and 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 **December 19, 2014**.

Civil Fines

WAC 388-112-0165(1) – Who is required to complete specialty training, and when?

\$250.00

X Two Staff = \$500.00

The licensee failed to ensure two staff completed dementia specialty training.

This is a repeat deficiency cited on April 26, 2012 and July 30, 2014.

Licensee, Erlinda Dimalanta
Sheridan AFH
License #481000
December 29, 2014
Page 2

WAC 388-7-10265(1)(d)(e) – Tuberculosis—Testing—Required.

\$100.00

The licensee failed to ensure one staff completed Tuberculosis testing as required.

This is a repeat deficiency from April 26, 2012 and February 4, 2013.

Conditions on License

WAC 388-76-10475(1)(2)(b)(c)(d)(e) – Medication—Log.

The licensee failed to ensure medication logs for one resident included all resident medications.

This is a repeat deficiency from April 26, 2012, February 4, 2013, April 4, 2013 and June 25, 2014.

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

- *The licensee will hire, at her own expense, by January 20, 2015, a Registered Nurse Consultant not previously associated with the Adult Family Home, who is familiar with Adult Family Home regulations, to educate and assist the Licensee to develop and implement a safe medication system that meets the needs of all residents. The Registered Nurse Consultant will:*
 1. *Assess all resident medication orders, medication records and pharmacy records, and make changes to ensure they are in compliance with Adult Family Home laws and rules related to medication systems.*
 2. *Train the Licensee and staff on the developed system to ensure they have the knowledge and skill to assist/administer resident medications safely and in accordance to all Adult Family Home laws and rules.*
 3. *Monitor the Adult Family Home on a weekly basis to ensure the medication system is operating in accordance with all applicable rules and that all staff is adhering to the developed medication system.*
 4. *The Registered Nurse Consultant will be available to Department staff for questioning.*
 5. *The conditions will remain in effect until the Adult Family Home is back in compliance with all applicable laws.*
- *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

These conditions are effective on **December 29, 2014**, and remain in effect until lifted by formal Department of Social and Health Services notice.

Licensee, Erlinda Dimalanta
Sheridan AFH
License #481000
December 29, 2014
Page 3

NOTE: These are the violations which resulted in the fines and conditions; 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.

Return the signed and dated SOD to:

David Simm, Field Manager
District 3, Unit B
PO Box 45819/N27-24
Olympia, WA 98504-5819
Phone: (253) 983-3837 / Fax: (253) 589-7240

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

Licensee, Erlinda Dimalanta
Sheridan AFH
License #481000
December 29, 2014
Page 4

Formal Administrative Hearing

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

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 fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$600.00** 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 David Simm, Field Manager at (253) 983-3837.

Sincerely,


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

Licensee, Erlinda Dimalanta
Sheridan AFH
License #481000
December 29, 2014
Page 5

Enclosure

cc: Dina Longen-Grimes, Compliance Specialist
Field Manager, District 3, Unit A
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