



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

February 1, 2016

CERTIFIED MAIL 7007 1490 0003 4197 3603

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

Adult Family Home License #**481000**

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

Dear Licensee:

On January 11, 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 a civil fine 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 fine 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 **January 11, 2016**.

Civil Fine

WAC 388-76-10165(1)(a) – Background checks—Washington state name and date of birth background check—Valid for two years—National fingerprint background check—Valid indefinitely. **\$500.00**

The licensee failed to ensure background checks were completed as required.

This is a repeat citation from July 29, 2014.

Conditions on License

WAC 388-76-10165(1)(a) – Background checks—Washington state name and date of birth background check—Valid for two years—National fingerprint background check—Valid indefinitely.

The licensee failed to ensure background checks were completed as required.

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This is a repeat citation from July 29, 2014.

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

Licensee must hire a consultant knowledgeable of Adult Family Home regulations to provide training on Resident Rights, treating residents with dignity and ensuring their quality of life. Training will also include how to recognize abuse and neglect.

Training must include Provider and all caregivers.

Licensee must provide the trainer with a copy of the January 11, 2016 Statement of Deficiencies (SOD).

The consultant will be available to the department to answer questions.

The Licensee must notify residents and family members or legal representatives of the training and ensure they have the opportunity to participate at that date or another, at their convenience.

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 **February 1, 2016** and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: *These are the violations which resulted in the fine 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:

Lisa Cramer, Field Manager
Region 3, Unit A
PO Box 98907
Lakewood, WA 98496
Phone: (253) 983-3826 / Fax: (253) 589-7240

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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 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 civil fine and conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fine and 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:

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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.

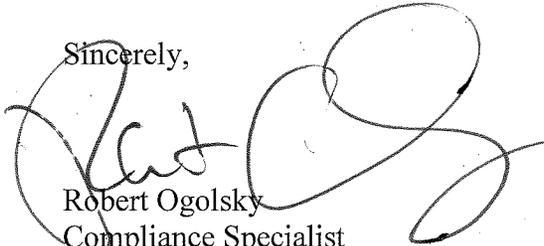
Mail a check for \$500.00 payable to the 'Department of Social and Health Services' at:

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 Lisa Cramer, Field Manager at (253) 983-3826.

Sincerely,



Robert Ogolsky
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit A
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
ndl