



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

December 29, 2015

CERTIFIED MAIL 7007 1490 0003 4195 7726

Licensee, Lina's Adult Family Home Inc.
Lina's Adult Family Home #2
1833 S 243rd Street
Des Moines, WA 98198

Adult Family Home License #**500200**
Entity Representative: Lina Navarro

IMPOSITION OF CIVIL FINE(S)

Dear Licensee:

On December 14, 2015, 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 civil fines for your adult family home, located at **250369 21st Avenue South, Kent, WA**, 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 are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **December 14, 2015**.

CIVIL FINE(S)

WAC 388-76-10673(1)(a)(2)(a) - Abuse and Neglect reporting – Mandated reporting to the department - Required **\$250.00**

The licensee failed to report allegation of sexual abuse to the Department hotline.

WAC 388-76-10400(1)(2)(3)(a)(b) – Care and Services **\$500.00**

The licensee to provide care and services identified in the negotiated care plan to help the resident(s) reach the highest level of safety and physical well-being.

NOTE: These are the violations which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.

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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:

Benetta Shoop, Field Manager
Region 2, Unit E
20525 – 72nd Avenue South, Suite 400
Kent, WA 98032
Phone: (253) 234-6033 / Fax: (253) 395-5070

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

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Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fines. **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 fine(s) is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$750.00** 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 Bennetta Shoop, Field Manager at (253) 234-6044.

Sincerely,



Dina Longen-Grimes, RN, MSN
Compliance Specialist
Residential Care Services

Enclosure

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cc: Field Manager, Region 2, Unit E
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
SG