



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 AGING AND DISABILITY SERVICES ADMINISTRATION  
 PO Box 45600 \* Olympia, WA 98504-5600

October 29, 2012

**CERTIFIED MAIL (7008 1300 0000 7156 9234)**

Christine Hasting  
 River Ridge Adult Family Care  
 2106 SE 130<sup>th</sup> Ave  
 Vancouver, Washington 98683

License #514900

**IMPOSITION OF CIVIL FINE**

Dear Ms. Hasting:

This letter constitutes formal notice of the imposition of a civil fine for your adult family home, located at **2106 SE 130<sup>th</sup> Ave, Vancouver, Washington, 98683** 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 388-76-10940.

The civil fine is based on the following violations of the RCW and/or WAC found by the department in your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **October 18, 2012**.

**WAC 388-76-10165(1)(2) Background check \$100.00 per employee x2 employees \$200.00**

**The adult family home failed to ensure a background check was repeated every two years for the provider and one staff member**

**WAC 388-112-0260(3)(b) CPR and first-aid training requirements \$200.00**

**The adult family home failed to ensure one staff had a current first-aid card or certification**

**This is a repeated or uncorrected deficiency cited on August 11, 2011**

Plan  
(Plan of Correction)

You Must:



Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency

Send your plan to:

**DSHS/ADSA, Residential Care Services  
District 3 Unit D  
Janice Jiles, Field Manager  
Point Plaza West  
6639 Capital Blvd SW  
Tumwater, WA. 98501**

You may contest the civil fine by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

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

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for \$400.00 payable to the Department of Social and Health Services. The check should be sent to:

**DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501  
1-800-562-6114**

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue 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 the department will be recovered.

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

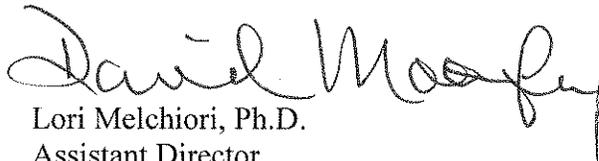
**Informal Dispute Resolution Program Manager  
Aging and Disability Services Administration  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax 360-725-3225**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

If you have any questions, please contact Janice Jiles, Field Manager at (360) 664-8421.

Sincerely,



Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Enclosure

cc: David Moon, Compliance Specialist  
Field Manager, District 3 Unit D  
RCS District Administrator, District 3  
HCS Regional Administrator, Region 3  
DDD Regional Administrator, Region 3  
WA LTC Ombudsman  
Area Agency on Aging, AAA-South  
Office of Financial Recovery, Vendor Program Unit  
Medicaid Fraud Control Unit  
Judi Plesha, HCS  
HQ Central Files