STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050

October 31, 2014

CERTIFIED MAIL 7008 1300 0000 7160 2498
(Letter Amending Enforcement Notice dated September 26, 2013 Amendments in bold italic)

Colleen Crawford
Country Care
14330 81st Place SE
Snohomish, WA 98290

Adult Family Home License #**54103**

RESCINDED REVOCATION OF LICENSE AND STOP PLACEMENT OF ADMISSIONS, *AMENDED NOTICE OF* IMPOSITION OF CIVIL FINE AND *AMENDED STATEMENT OF DEFICIENCIES*

Dear Ms. Crawford:

This letter constitutes ***amended*** formal notice of the imposition of a civil fine, **rescinded** revocation of license and **rescinded** stop placement of admissions for your adult family home, located at **14330 81st Place SE, Snohomish,** by the State of Washington, Department of Social and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 ***Amended*** Statement of Deficiencies report **originally** completed by the department on **October 16, 2013.**

WAC 388-76-10030(2)(d)(i)(ii) – License capacity. ***$1,000.00***

The licensee failed to ensure the home did not exceed its capacity.

This is a repeat citation from June 1, 2011.

WAC 76-10400(2)(3)(a)(b)(c)(4) – Care and services. ***$500.00***

The licensee failed to ensure one resident received appropriate care and services.

WAC 388-76-10720(1)(b) – Electronic monitoring equipment—Audio monitoring and video monitoring. ***$250.00***

The licensee failed to have a system to ensure audio and visual monitoring equipment was not used in the home.

Pursuant to the Terms and Conditions of Settlement and Order on Agreement of Parties between your Adult Family Home and the Department signed by ALJ Leslie Wagner on October 14, 2014, the Department has amended this enforcement Notice of Imposition of Civil Fine to $1,750.00. The Department is also rescinding the Revocation of License and Stop Placement of Admissions imposed on October 23, 2013, in a notice letter dated October 23, 2013.

Attestation (Plan of Correction):

Return the enclosed SOD within 5 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:

James Sherman, Field Manager
District 2, Unit A
3906 – 172nd Street NE
Arlington, WA 98223
Phone: (360) 651-6863 / Fax: (360) 651-6940

Payment:

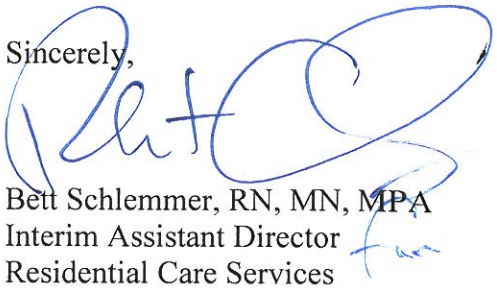
Your payment of the fine is due twenty-eight (28) calendar days after your receipt of this notice. Please remit a check for **$1,750.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

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 make payment within twenty-eight (28) days, the balance due the department will be recovered.

If you have any questions, please contact James Sherman at (360) 651-6863.

Sincerely,



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

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 2, Unit A
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDA District Administrator, Region 2
WA LTC Ombudsman
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
NDL