



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

August 13, 2015

CERTIFIED MAIL 7008 1300 0000 7188 3583

Licensee, Sequoia Hill Inc.
Sagewood
6283 Noon Road
Everson, WA 98247

Adult Family Home License #544600
Entity Representative: Teresa Pfister

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On July 17, 2015, 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 conditions on the license for your adult family home, located at **913 Pine Street, Lynden**, 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 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 **July 17, 2015**.

WAC 388-76-10015(1)(2)(3) – Licensee-Adult family home—Compliance required.

The licensee failed to ensure an understanding of the responsibility for the day to day operation of the adult family home.

WAC 388-76-10510(6) – Resident rights—Basic rights.

The licensee failed to ensure residents were cared for in a manner and environment that promoted quality of life.

WAC 388-76-10673(1)(a) – Abuse and neglect reporting—Mandated reporting to department—Required.

The licensee failed to ensure staff followed Anti-abuse Policy to immediately report any allegation of abuse to the department hotline.

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WAC 388-76-10750(1)(4)(e) – Safety and maintenance.

The licensee failed to ensure the internal environment was safe, comfortable, sanitary, home-like and free from hazards.

This is a repeat deficiency from July 28, 2011, September 20, 2011, September 28, 2012, January 29, 2014 and February 18, 2014.

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

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

- ***The licensee must hire a qualified Resident Manager.***
- ***The licensee must be in the adult family home at least three hours (3) per day during the hours of 8:00 am and 6:00 pm to oversee the management and operation of the adult family home until the qualified Resident Manager is hired and working. The licensee will supply a schedule to the Department Field Manager.***
- ***The licensee must schedule a meeting with the department Field Manager when the Resident Manager is hired. The meeting will include the licensee and the qualified Resident Manager to discuss the failed practices identified in the July 17, 2015 Statement of Deficiencies (SOD), Adult Family Home regulations, and the licensee's plan to maintain compliance of the regulations.***
- ***The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.***

The effective date of the conditions on your license is **August 13, 2015** via **verbal** notification. As provided in RCW 70.128.162(b), WAC 388-76-10990 (6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

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.

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Return the signed and dated SOD to:

Kay Randall, Field Manager
Region 2, Unit B
3906 – 172nd Street NE, Suite 100
Arlington, WA 98223
Phone: (360) 651-6872 / Fax: (360) 651-6940

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 conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the 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.

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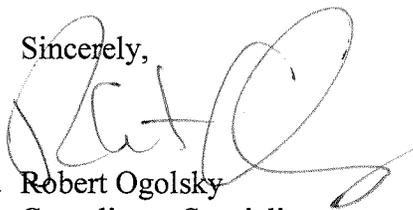
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

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

If you have any questions, please contact Kay Randall, Field Manager at (360) 651-6872.

Sincerely,



Robert Ogolsky
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit B
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
Valentina Karnafel, HCS
HQ Central Files
ndl