



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

May 5, 2016

CERTIFIED MAIL 7007 1490 0003 4196 2232
AMENDS NOTICE DATED MAY 2, 2016

Licensee, American Association Adult Family Home Care LLC.
American Association Adult Home Care
14514 Stone Avenue North
Shoreline, WA 98133

Adult Family Home License #549400
Entity Representative: Ana Mot

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On April 21, 2016, 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 conditions on the license for your adult family home, located at **14514 Stone Avenue North, Shoreline**, 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 **April 21, 2016**.

WAC 388-76-10400(2)(3)(a)(b)(c) - Care and services.

The licensee failed to supervise one resident's medication administration and failed to ensure one other resident received medications as ordered.

WAC 388-76-10430(2)(c)(d) - Medication system.

The licensee failed to have a reliable medication system in place to ensure four residents received medications as ordered/or required and did not accurately maintain resident's medication logs.

This is a repeat deficiency from February 16, 2014 and March 27, 2008.

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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 provider, at her own expense, will hire a Registered Nurse consultant, not associated with the home and familiar with adult family home licensing regulations to assist the provider to develop and implement a medication management system ensuring;

- ***Residents receive all medications as prescribed;***
- ***Medications are obtained timely;***
- ***All caregivers receive training regarding the medication management system.***
- ***The nurse consultant must be hired by May 16, 2016.***
- ***The consultant will be available to answer any questions by the department.***
- ***The provider, will provide the consultant a copy of the April 21, 2016 Statement of Deficiencies (SOD).***
- ***The nurse consultant shall monitor the adult family home at least weekly for two weeks and monthly for two months after the adult family home's medication system is established.***
- ***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 **May 2, 2016**. As provided in RCW 70.128.160(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:

*Bennetta Shoop, Field Manager
Region 2, Unit E
20425 – 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

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.

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- 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.

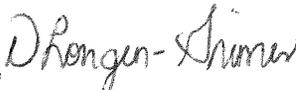
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

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

If you have any questions, please contact Bennetta Shoop, Field Manager at (253) 234-6033.

Sincerely,

for/ 
Robert Ogolsky
Compliance Specialist
Residential Care Services

Enclosure

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
HQ Central Files
SG