



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

September 22, 2015

CERTIFIED MAIL 7007 1490 0003 4197 0275

Licensee, Sarausad Homes Inc.
Sarausad Homes Inc.
931 12th Avenue North
Edmonds, WA 98020

Adult Family Home License #**581602**
Entity Representative: Bernardita Sarausad

**IMPOSITION OF CIVIL FINES AND
CONDITIONS ON A LICENSE**

Dear Licensee:

On August 26, 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 civil fines and conditions on the license for your adult family home, located at **20203-B 20th Avenue NW, 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 civil fines and 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 **August 26, 2015**.

Civil Fines

WAC 388-76-10163(1)(2) – Background checks—Process—Background authorization form. **\$1,000.00**

WAC 388-76-10175(1)(2)(3)(4)(5) – Background checks—Employment—Conditional hire—Pending results of Washington state name and date of birth background check.

The licensee failed to ensure an employed contracted staff had a background authorization form submitted before allowing the staff unsupervised access to residents.

This is a repeat uncorrected deficiency from May 27, 2015 and a repeat deficiency from June 8, 2011, February 10, 2014 and April 11, 2014.

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WAC 388-76-10355(1)(2)(3)(7)(a) – Negotiated care plan.

\$250.00

X Two Residents = \$500.00

The licensee failed to include lists and provide plans for delivering care and services for two residents, including a crisis plan for one resident's assessed needs.

This is a repeat uncorrected deficiency from May 27, 2015 and a repeat deficiency from August 1, 2012.

WAC 388-76-10750(5)(c) Safety and maintenance.

\$100.00

The licensee failed to have a system to ensure hot water temperatures did not exceed 120 degrees Fahrenheit.

This is a repeat uncorrected deficiency from May 27, 2015.

Conditions on License

WAC 388-76-10036(1)(2)(3) – License requirements—Multiple adult family home management.

WAC 388-76-10130(3)(8)(a)(b)(c)(d)(e) - Qualifications—Provider, entity representative and resident manager.

The Entity Representative/Provider (ERP) failed to ensure there was a qualified person designated as Resident Manager to direct daily operations of the adult family home.

This is a repeat deficiency from February 2, 2010 and December 12, 2013.

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

- *The Entity Representative (ER) must be present in the adult family home daily.*
- *The Entity Representative (ER) must interact with residents and caregivers in her daily oversight of the day to day operations of the adult family home until a qualified Resident Manager is hired.*
- *The Entity Representative (ER) must ensure the qualified resident manager is oriented to the adult family home.*
- *The Entity Representative (ER) must visit the adult family home at least weekly, for two months after the Entity Representative (ER) has determined that the Resident Manager is competent to manage the overall delivery of care to all resident's needs.*

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- ***The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.***

These conditions are effective on **September 22, 2015** and remain in effect until lifted by formal Department of Social and Health Services notice.

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

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:

Bennetta Shoop, Field Manager
Region 2, Unit D
20425 – 72nd Avenue South, Suite 400
Kent, WA 98032-2388
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.

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

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 fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$1,600.00** 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.

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

Sincerely,

for  RN, MSN /
Robert Ogolsky
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit D
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