



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

October 9, 2015

**CERTIFIED MAIL 7007 1490 0003 4197 0503**

Licensee, David & Jana Cross  
High Woodlands AFH  
14230 119<sup>th</sup> Place NE  
Kirkland, WA 98034

Adult Family Home License #**582500**

**IMPOSITION OF CIVIL FINES**

Dear Licensee:

On September 18, 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 for your adult family home, located at **14230 119<sup>th</sup> Place NE, Kirkland**, 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 are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **September 18, 2015**.

**CIVIL FINES**

**WAC 388-76-10345(1) – Assessment—Qualified assessor--Required.** **\$100.00**

**The licensee failed to ensure a qualified assessor performed the assessment for one resident.**

**This is an uncorrected repeat deficiency from July 22, 2015.**

**WAC 388-76-10430(1)(2)(a)(c) – Medication system.** **\$250.00**  
**X Two Residents = \$500.00**

**The licensee failed to ensure two residents received assistance with medications based on physician order and accurately recorded on the medication log.**

**This is a repeat uncorrected deficiency from July 22, 2015.**

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**WAC 388-76-10450(3)(a) – Medication—Self-administration with assistance.**

**\$100.00**

**X Two Residents = \$200.00**

**The licensee failed to provide set-up assistance just before giving two residents medications.**

**This is a repeat uncorrected deficiency from July 22, 2015.**

**WAC 388-76-10480(3) – Medication organizers.**

**\$100.00**

**X Two Residents = \$200.00**

**The licensee failed to ensure two resident medication organizer labels clearly identified what medication(s) was in the organizer.**

**This is a repeat deficiency from June 27, 2011 and a repeat uncorrected deficiency from July 22, 2015.**

***NOTE: These are the violations which resulted in the fines; 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 C  
20425 – 72<sup>nd</sup> 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.

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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 10<sup>th</sup> 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 civil fines by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

**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.

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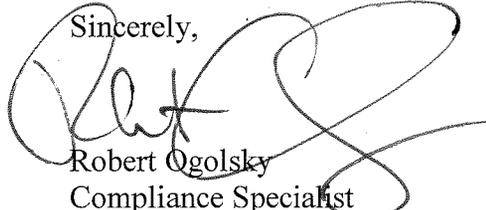
Mail a check for \$1,000.00 payable to the 'Department of Social and Health Services' at:

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.

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

Sincerely,



Robert Ogolsky  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit C  
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