



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

June 13, 2013

CERTIFIED MAIL 7007 1490 0003 4202 4205

Angel Harris
Angels House Adult Family Home
12721 E. 12th
Spokane WA 99216

Adult Family Home License #604400

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

Dear Ms. Harris:

This letter constitutes formal notice of the imposition of a civil fine and imposition of conditions on the license for your adult family home, located at **12721 E. 12th, Spokane, Washington**, 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 Statement of Deficiencies report completed by the department on **May 29, 2013**.

WAC 388-76-10225(2)(d)(f) Reporting requirement. **\$500.00**

The home failed to notify the case manager and nurse delegator when one resident's condition significantly changed.

WAC 388-76-10255(1) Infection control. **\$500.00**

The home failed to follow infection control practices when caring for one resident.

WAC 388-76-10355(10) Negotiated care plan. **\$500.00**

The home failed to ensure one resident receiving hospice care had a hospice care plan.

WAC 388-76-10400(4) Care and services.

\$3,000.00

The home failed to ensure nursing services were obtained for one resident who had skin breakdown. This is a repeat violation of deficiencies cited on April 17, 2013.

The imposition of conditions on your license is based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **May 29, 2013**.

WAC 388-76-10225(2)(d)(f) Reporting requirement.

The home failed to notify the case manager and nurse delegator when one resident's condition significantly changed.

WAC 388-76-10255(1) Infection control.

The home failed to follow infection control practices when caring for one resident.

WAC 388-76-10355(10) Negotiated care plan.

The home failed to ensure one resident receiving hospice care had a hospice care plan.

WAC 388-76-10400(4) Care and services.

The home failed to ensure nursing services were obtained for one resident who had skin breakdown. This is a repeat violation of deficiencies cited on April 17, 2013.

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

- *The licensee will not admit any residents at risk for, and with any type of skin breakdown.*
- *By June 20, 2013, the licensee, at the home's expense, will hire a registered nurse consultant not currently associated with the home, to come to the home and assist the licensee to develop and implement an infection control system that meets the adult family home laws and regulations. The nurse will train the provider and staff on the developed system and ensure they have the knowledge and skills for ongoing safe infection control practice.*
- *The consultant will assist the licensee to develop and implement systems to recognize changes in resident health status and ensure, if needed, there is timely notification of primary physicians and registered nurse delegators, updating of negotiated care plans, and coordinating care with a home health and/or hospice*

program when a resident is receiving home health and/or hospice care; and appropriate care and prevention of skin breakdown.

- *The consultant will evaluate all resident assessments, negotiated care plans, medication records, and any post-hospital visit or physician visit discharge plans and/or orders to ensure they are in compliance with adult family home laws and regulations related to reporting changes, updating negotiated care plans, coordination of care with any outside home health and/or hospice agency as needed, and care and prevention of skin breakdown, and ensure resident needs are met.*
- *The consultant will visit the home weekly to ensure resident needs are met and observe infection control practice.*
- *The consultant must be familiar with adult family home laws and regulations.*
- *The licensee will give the consultant a copy of the May 29, 2013 Statement of Deficiencies.*
- *The consultant will be available to the Department for any questions.*
- *The conditions will remain in effect until the licensee is back in compliance.*
- *The licensee must post the license with the enclosed Notice of Conditions of Operation in the adult family home in a location accessible to residents and visitors.*

The effective date of the conditions on your license is **June 13, 2013**. As provided in RCW 70.128.160(4), WAC 388-76-10990 (7), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

You may contest the conditions on your license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

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

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Elena Madrid, Field Manager
District 1, Unit A
316 West Boone, Suite 170
Spokane, WA 99201-2351
Phone: (509) 323-7316 / Fax: (509) 329-3993

You may contest the civil fine by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

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

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$4,500.00** 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 submit a hearing request or make payment within twenty-eight (28) days, the balance due the department will be recovered.

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence

Angel Harris
Angels House Adult Family Home
June 13, 2013
Page 5

refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax 360-725-3225**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

If you have any questions, please contact Elena Madrid, Field Manager, at (509) 323-7316.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: Bett Schlemmer, Compliance Specialist
Field Manager, District 1, Unit A
RCS District Administrator, District 1
HCS Regional Administrator, Region 1
DDD Regional Administrator, Region 1
WA LTC Ombudsman
Area Agency on Aging, AAA- Spo
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM