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

November 5, 2013

VERBAL NOTIFICATION AND CERTIFIED MAIL
7007 1490 0003 4201 6316

Semira Hussien, Licensee
Imnays AFH
c/o 13107 110th Avenue Court East
Puyallup WA 98374

Adult Family Home License #606601
Entity Representative: Semira Hussien

STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Licensee:

On October 21, 2013, the Department of Social and Health Services (DSHS), Residential Care Services conducted an inspection/investigation at your facility. This letter constitutes formal notice of the imposition of a stop placement order prohibiting admissions for your adult family home, located at 13115 110th Avenue Court East, Puyallup, 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 stop placement order is based on the following violations of the RCW and/or WAC found by the department in your adult family home, described in the attached Statement of Deficiencies (SOD) report dated **October 21, 2013.**

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

The Licensee failed to demonstrate systems were in place to ensure staff met long-term care worker minimum requirements for one staff member and that staff was sufficiently oriented and competent to provide care for residents.

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

The licensee failed to ensure one staff had a valid department background check that did not disclose any history of disqualifying crimes or findings described in WAC 388-76-10180, before staff was allowed unsupervised access to three vulnerable adults.

WAC 388-76-10181(1)(b) Background checks—Employment—Nondisqualifying information.

The licensee failed to ensure one staff with a non-disqualifying background check had documentation for the staff to be competent and suitable to work unsupervised with vulnerable adults.

WAC 388-76-10380(2) Negotiated care plan—Timing of reviews and revisions.

The licensee failed to ensure one resident's negotiated care plan was reviewed and revised to direct staff in providing care and services to the resident after significant changes in the resident's physical condition and behaviors.

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

The licensee failed to ensure one resident received care and services that met resident needs.

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

The licensee failed to ensure staff was assessed by a registered nurse delegator, received caregiver training, and was determined competent to perform selected nursing tasks before nurse delegated care and services were performed for one resident.

WAC 388-76-10615(2)(a-d)(3)(5)(a-f)(6) Resident rights—Transfer and discharge.

The licensee failed to ensure the rights of one resident when the resident did not receive a 30 day notice of transfer/discharge when the adult family home in which he was residing closed for renovation.

WAC 388-76-10673(2)(a) Abuse and neglect reporting—Mandated reporting to department—Required.

The licensee failed to ensure an incident where one resident threatened staff with a knife was reported to the department's Complaint Resolution Unit telephone hotline.

WAC 388-76-10710(1)(2)(a-d)(3) Construction and remodeling—Relocation of residents.

The licensee failed to ensure compliance with regulations governing remodeling/renovation of an adult family home, before moving all residents out of the adult family home.

WAC 388-112-0035(1-7) What documentation is required for facility orientation training?

WAC 388-112-0076(4) Which long-term care workers are exempt from the basic training requirement?

The licensee failed to ensure one staff met minimum qualifications as a long-term care worker.

The stop placement order prohibiting admissions to your adult family home is effective immediately upon verbal notice to you by telephone on **November 1, 2013,** and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Dina Longen-Grimes, Field Manager, at (253) 983-3837.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement order prohibiting admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

Attestation 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.

Send the signed and dated SOD to:

Dina Longen-Grimes, Field Manager
District 3, Unit B
P.O. Box 45819
MS: N27-24

Olympia WA 98504-5819
(253) 983-3837/ Fax: (253) 589-7240

Appeal Rights

You have the following appeal rights:

Informal Dispute Resolution (IDR) [RCW 70.128]

You have an opportunity to question cited deficiencies and/or state actions initiated in response to them, through the state's informal review and dispute resolution process.

All IDR requests must be in writing. The written request should:

- Identify the specific deficiencies that are disputed;
- Explain why you are disputing;
- Indicate the type process you prefer (face-to-face, telephone conference or documentation review); and
- Be postmarked by the 10th working day from receipt of this notice.

During the informal process you have the right to present written and/or oral evidence refuting the deficiencies. An incomplete review and dispute resolution process will not delay the effective date of any enforcement action.

To request an informal dispute resolution review, 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 stop placement order by requesting a formal administrative hearing related to the WAC/RCW's for stop placement orders. **All hearing requests must be in writing.** The Office of Administrative Hearings **must receive your written request for a hearing within twenty-eight (28) calendar days of 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 **written** request to:

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

If no formal administrative hearing is requested, the stop placement order is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this notice.

If you have any questions, please contact Dina Longen-Grimes, Field Manager, at (253) 983-3837.

Sincerely,

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

Enclosure

cc: Bett Schlemmer, Compliance Specialist
Field Manager, District 3, Unit B
RCS District Administrator, District 3
HCS District Administrator, District 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Judy Plesha, HCS
BAM

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: __Imnays AFH_____

ADDRESS: __13115 110th Avenue court East, Puyallup WA 98374_____

DATE REQUEST FAXED: _____ **DATE MAILED:** _____

TO: __Dina Longen-Grimes_____, **Field Manager, Region _3__ Unit __B_**

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

1.

2.

3.

4.

5.

6.

7.

_____ _____

Licensee or Designee Signature **Date**