

December 26, 2012

CERTIFIED MAIL (7007 1490 0003 4202 3185)

Luz Terre
LCT Spring Home LLC
25327 32nd Place South
Kent, WA 98032

License # 636800

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

Dear Mr. Terre:

This letter constitutes formal notice of the imposition of a civil fine and conditions on the license for your adult family home, located at **25327 32nd Place South, Kent**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in RCW 70.128.160, chapter 43.20A RCW and WAC 388-76-10940.

The civil fine is based on the following violation(s) 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 December 12, 2012.

WAC 388-76-10165 (2) – Background check. **\$100.00**

The provider failed to ensure there was a valid background check for a caregiver. This is a repeat deficiency previously cited on May 1, 2012.

WAC 388-76-10225(1)(a)(i)(ii)(iii) – Reporting requirement. **\$1,000.00**

The provider failed to report an allegation of sexual abuse to the Department hotline, and to law enforcement. This is a repeat deficiency previously cited on October 18, 2010.

WAC 388-76-10670(3) – Prevention of abuse. **\$1,000.00**

The provider failed to protect residents from possible sexual abuse.

The conditions on your license was effectively immediately upon notice to you verbally on December 26, 2012. As provided in RCW 70.128.160(4), WAC 388-76-10995, and WAC 388-76-10990, the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

WAC 388-76-10670(3) – Prevention of abuse.

The provider failed to protect residents from possible sexual abuse.

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

- *The husband of the provider cannot be on the premises of the Adult Family Home, pending completion of an APS investigation.*
- *Licensee must post the license with the enclosed Notice of Conditions of Operation in the adult family home in a location visible to residents and visitors.*

You may contest the civil fine and 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.

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) 725-2645**

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.

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.

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$2,100.00** 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.

Plan of Correction/Attestation

You must:

Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in you 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 of Correction to:

Bennetta Shoop, Field Manager
District 2, Unit E
20425 72nd Ave South, Suite 400
Kent, WA 98032-2388
Phone: (253) 234-6033 / Fax: (253) 395-5070

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

Luz Terre
LCT Spring Home LLC
December 26, 2012
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Sincerely,

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

Enclosure

cc: David Moon, Compliance Specialist
Field Manager, District 2 Unit E
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
Washington State Long Term Care Ombudsman
Area Agency on Aging, AAA-King
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
HQ Central Files

DM/dr