



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

September 25, 2014

CERTIFIED MAIL 7008 1300 0000 7187 6981

Licensee, Lilya Solovey
Garden of Love and Service AFH
12211 SE 259th Place
Kent, WA 98030

Adult Family Home License #655100

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

Dear Licensee:

On September 18, 2014, 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 a civil fine and conditions on the license for your adult family home, located at **12211 SE 259th Place, Kent**, 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 fine 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 **September 18, 2014**.

Civil Fine

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

\$100.00

X Two Residents = \$200.00

The licensee failed to update Negotiated Care Plans for two residents.

Conditions on License

WAC 388-76-10400(3)(b) – Care and services.

The licensee failed to provide for the safety of one resident.

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

- *The licensee must ensure that Resident #1 is directly supervised by staff when smoking, to prevent burns to her clothing, person and surroundings.*
- *The resident must be provided with a smoking apron to protect her clothing and person when she is smoking.*
- *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 25, 2014**, and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations which resulted in the fine 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
District 2, Unit E
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:**

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- 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.

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 fine and conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fine and conditions. **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 fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$200.00** payable to the 'Department of Social and Health Services' at:

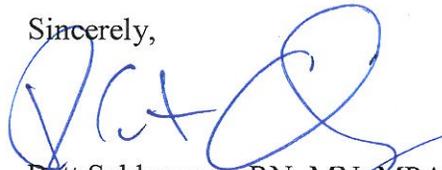
DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

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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,



Bett Schlemmer, RN, MN, MPA
Interim Assistant Director
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 2, Unit E
RCS District Administrator, District 2
HCS District Administrator, District 2
DDA District Administrator, District 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
NDL