



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

February 26, 2015

CERTIFIED MAIL 7008 1300 0000 7160 6137

Licensee, Francisco Areopagita
Frank & Maria's Place Adult Family Home
726 Dawn Avenue
Shelton, WA 98584

Adult Family Home License #**699400**

STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Licensee:

On February 18, 2015, 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 **726 Dawn Avenue, Shelton**, 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 violation 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 **February 18, 2015**.

WAC 388-76-10960(14)(a) – Remedies—Department may impose remedies.

The licensee failed to comply with conditions on the license imposed on December 3, 2014.

The stop placement order prohibiting admissions to your adult family home is effective immediately upon notice to you via **verbal** notification on **February 26, 2015** 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-outpatient 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 Janice Jiles, Field Manager, at (360) 664-8421.

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:

Janice Jiles, Field Manager
Region 3, Unit C
PO Box 45819
Olympia, WA 98504
Phone: (360) 664-8421 / Fax: (360) 664-8451

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:

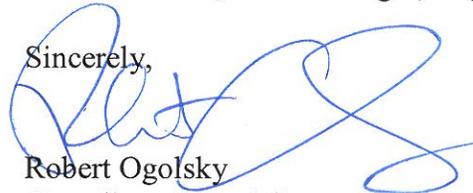
You may contest the stop placement order by requesting a formal administrative hearing related to the WAC/RCW's for stop placement orders. **All hearing requests must be in writing.** The Office of Administrative Hearings **must receive your written request for a hearing within twenty-eight (28) calendar 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 Janice Jiles, Field Manager, at (360) 664-8421.

Sincerely,



Robert Ogolsky
Compliance Specialist
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, Region 3, Unit C
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Valentina Karnafel, HCS
HQ Central Files
NDL