



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

October 25, 2013

**CERTIFIED MAIL 707 1490 0003 4201 6125**

Mischelle McCormick, Licensee  
Mischelles Assisted Living  
2350 Martin Luther King Jr. Way  
Tacoma WA 98405

Adult Family Home License #701500  
Entity Representative: Mischelle McCormick

**IMPOSITION OF CIVIL FINE**

Dear Licensee:

On October 24, 2013, the Department of Social and Health Services (DSHS), Residential Care Services conducted an inspection/investigation at your facility. This letter is formal notice of the imposition of civil fines for your adult family home, located at 2350 Martin Luther King Jr. Way, Tacoma, 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 fines are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 24, 2013**.

**WAC 388-76-10015(1-3) License—Adult family home—Compliance required. \$1,000.00**

**The licensee failed to ensure the licensed adult family home was in compliance with all requirements, laws and regulations to promote the health safety and well-being for each resident in the adult family home.**

**WAC-388-76-10036(1)(3) License requirements—Multiple adult family home management. \$500.00**

**The licensee failed to ensure the home had a designated resident manager.**

**WAC 388-76-10225(1)(b)(iii) Reporting requirement. \$100.00**

**The licensee failed to notify the department of the elopement of a resident. This is a repeat violation of deficiencies cited on September 5, 2013.**

**WAC 388-76-10400(1)(3)(b) Care and services.** **\$500.00**

**The licensee failed to ensure the safety of one resident who was at risk for elopement.**

**WAC 388-76-10455(1-3) Medication—Administration.** **\$500.00**

**The licensee failed to ensure nurse delegation was completed for one resident who required nurse delegation services for medication administration. This is a repeat violation of deficiencies cited on August 19, 2013.**

**WAC 388-76-10522(1-6) Resident rights—Notice—Policy on accepting medicaid as a payment source.** **\$100.00**

**The licensee failed to ensure a medicaid payment policy was signed, dated and kept in the records of four residents. This is a repeat violation of deficiencies cited on August 19, 2013.**

**WAC 388-76-10530(1-3) Resident rights—Notice of services.** **\$100.00**

**The licensee failed to ensure the Notice of Services and Rules of the Home's Operations were reviewed every 24 months for two residents. This is a repeat violation of deficiencies cited on March 15, 2012 and August 19, 2013.**

**WAC 388-76-10585(1)(a)(b)(2)(a)(b) Resident rights—Examination of inspection results.** **\$100.00**

**The licensee failed to ensure the home's most recent full inspection and complaint inspection was posted and failed to ensure a notice of the home's previous three years of inspection reports was available on request.**

**WAC 388-76-10740(2) Lighting.** **\$100.00**

**The licensee failed to ensure working flashlights were available for emergency use. This is a repeat violation of deficiencies cited on August 19, 2013.**

***NOTE: These are the violations which resulted in the fines; 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.

Mischelle McCormick, Licensee  
Mischelles Assisted Living  
October 25, 2013  
Page 3

Return the signed and dated SOD to:

Dahl Kim, Field Manager  
District 3, Unit A  
P.O. Box 45819  
MS: N27-24  
Olympia WA 98504-5819  
Phone: (253) 983-3826/ Fax: (253) 589-7240

### **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:**

- 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 10<sup>th</sup> 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 by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fine(s). **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.**

Mischelle McCormick, Licensee  
Mischelles Assisted Living  
October 25, 2013  
Page 4

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.

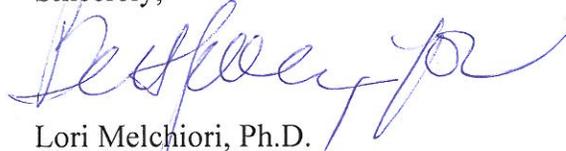
Mail a check for \$3,000.00 payable to the 'Department of Social and Health Services' at:

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

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 Dahl Kim at (253) 983-3826.

Sincerely,



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

Enclosure

cc: Bett Schlemmer, Compliance Specialist  
Field Manager, District 3, Unit A  
RCS District Administrator, District 3  
HCS District Administrator, District 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Judy Plesha, HCS  
BAM