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 20, 2014

CERTIFIED MAIL 7008 1300 0000 7160 5192

Licensee, Cedar Hills Adult Residential Care Inc.
Oakridge South
1603 Drake Court
Yakima, WA 98902

Adult Family Home License #**707300**
Entity Representative: John Reese

RESCINDED CIVIL FINE AND, IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On July 18, 2014, the decision signed by the Board of Appeals Review Judge modified the imposition of a civil fine in the amount of $2,000 effective July 12, 2013, to imposition of conditions on a license. This letter is formal notice of a rescinded civil fine and the imposition of conditions on the license for your adult family home, located at **1608 A Drake Court**, **Yakima**, by the State of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 conditions are based on the following violation of the RCW and/or WAC determined by the department in your adult family home and described in the attached **original** Statement of Deficiencies (SOD) report dated **July 9, 2013**.

WAC 388-76-10655(1)(3) – Physical restraints.

The licensee failed to ensure one resident was free from physical restraints.

NOTE: This is the violation which resulted in the conditions on the license; see the original Statement of Deficiencies for any additional violations.

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

- ***The licensee must hire a Consultant, not associated with the facility, to train all staff associated with the facility regarding WAC 388-76-10656(1)(3) and the appropriate use of restraints.***
- ***The Consultant will be available to answer questions by the department.***
- ***The licensee will provide the Consultant with a copy of the July 9, 2013 Statement of Deficiencies.***
- ***The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.***

The effective date of the conditions on your license is **November 20, 2014**.

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:

Tonjia Jones, Field Manager
District 1, Unit C
3611 River Road, Suite 200
Yakima, WA 98902
Phone: (509) 225-2823 / Fax: (509) 574-5597 or (509) 454-7890

If you have any questions, please contact Tonjia Jones, Field Manager at (509) 225-2823.

Sincerely,

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

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 1, Unit D
RCS District Administrator, District 1
HCS District Administrator, District 1
DDA District Administrator, District 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
NDL