



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

May 6, 2014

CERTIFIED MAIL 7008 1300 0000 7188 1619

Josephine & Louis Abellana, Licensee
Saint Joseph Home Care
5204 213th Pl SW
Mountlake Terrace, WA 98043

Adult Family Home License # 716100
Entity Representative: Josephine Abellana

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

Dear Licensee:

On April 28, 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 5204 213th Pl SW, Mountlake Terrace, 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 **April 28, 2014**.

Civil Fine

WAC 388-76-10040(1)(a)(b)(2)(a)(b) License requirements.

\$250.00 per day x 2 days (April 17, 2014 thru April 18, 2014 = \$500.00)

The Licensee failed to ensure the home had 24 hour staffing coverage by a staff person who was present in the home and could make needed decisions

Conditions on License

WAC 388-76-10430(1)(2)(c)(d)(3) Medication system.

WAC 388-76—10475(1)(2)(b)(c)(d)(e)(3)(a)(c)(i)(ii)(iii)(iv)(4) Medication – Log.

The Licensee failed to ensure there was a system in place to ensure medication services met the laws and rules related to medications.

WAC 388-76-10470(1)(b)(ii) Medication – Timing – Special directions.

The Licensee failed to ensure they gave a medication ordered two times a day, approximately twelve hours apart, for one resident.

WAC 388-76-10480(1)(3)(4)(a)(b)(c)(d)(5) Medication organizers.

The Licensee failed to ensure a nurse pharmacist, resident or family member filled the medication organizer for one resident.

WAC 388-76-10485(1) Medication storage.

The Licensee failed to ensure they kept all medications in locked storage.

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

- *The provider will hire, at his own expense, a registered nurse consultant familiar with Adult Family Home regulations but not affiliated with the home, to assist the provider in the development and implementation of a safe medication management system. The system will ensure:*
 - *Residents receive medications as currently prescribed by the physician*
 - *A copy of current changes in resident medications is maintained*
 - *Medication logs are complete and accurate*
 - *All medication organizers are accurately labeled*
 - *All medications are properly secured*
 - *All staff receives training*
- *Nurse consultant will begin no later than May 12, 2014*
- *The provider will give the consultant a copy of the April 28, 2014 Statement of Deficiencies.*

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- *The consultant will be available to answer questions by the department*
- *The licensee must post this Notice of Conditions, with the license, in a visible location in a common use area.*

These conditions are effective on May 6, 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:

Delores Usea, Field Manager
District 2, Unit C
20425 72nd Ave South, Suite 400
Kent, WA 98032-2388
Phone: (253) 234-6007 / Fax: (253) 395-5071

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 10th working day from receipt of this letter.

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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 **\$500.00** payable to the 'Department of Social and Health Services' at:

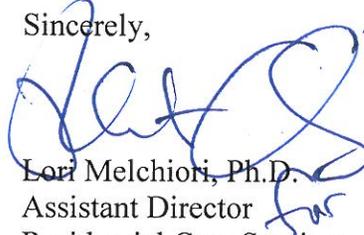
DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

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.

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If you have any questions, please contact Lynne Dasher at (360) 651-6863.

Sincerely,



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

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 2, Unit A
RCS District Administrator, District 2
HCS District Administrator, District 2
DDD District Administrator, District 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Judy Plesha, HCS
DS

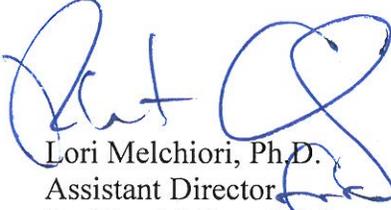
NOTICE OF CONDITIONS ON LICENSE

May 6, 2014

Based on the Statement of Deficiencies dated April 28, 2014, the Department of Social and Health Services imposes the following conditions on the license of Saint Joseph Home Care, *License # 716100, located at 5204 213th Pl SW, Mountlake Terrace, Washington.*

- *The provider will hire, at his own expense, a registered nurse consultant familiar with Adult Family Home regulations but not affiliated with the home, to assist the provider in the development and implementation of a safe medication management system. The system will ensure:*
 - *Residents receive medications as currently prescribed by the physician*
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Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services