



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

April 30, 2015

**CERTIFIED MAIL 7008 1300 0000 7160 6694**

Licensee, Mitchell Erickson  
Quest Center House  
2402 Shirley Street SE  
Lacey, WA 98503

Adult Family Home License #719600

**IMPOSITION OF CONDITIONS ON A LICENSE AND  
STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Licensee:

On April 14, 2015, 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 conditions on a license and stop placement order prohibiting admissions on the license of your adult family home, located at **2402 Shirley Street SE, Lacey**, 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 on a license and stop placement order prohibiting admissions 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 14, 2015**.

**Stop Placement Order Prohibiting Admissions**

**WAC 388-76-10620(1) – Resident rights—Quality of life—General.**

The stop placement order prohibiting admissions to your adult family home is effective immediately upon notice to you by **verbal notification on April 30, 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.

Licensee, Mitchell Erickson  
Quest Center House  
License #719600  
April 30, 2015  
Page 2

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-out-patient 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.

## **Conditions on License**

### **WAC 388-76-10620(1) – Resident rights—Quality of life--General**

#### **The licensee failed to promote quality of life for three residents.**

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

- *The licensee will attend training through Developmental Disabilities Administration (DDA) May 5th & 6th, 2015, Functional Assessments and June 2nd & 3rd, 2015, Positive Behavior Support Plans.*
- *The licensee will obtain assistance through Developmental Disabilities Administration to address the issues of Cultural Competency, Developmental Disabilities Administration Resident Guidelines and Resident Rights.*
- *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 **April 30, 2015** via **verbal** notification and remain in effect until lifted by formal Department of Social and Health Services notice.

***NOTE: These are the violations which resulted in the conditions on your license and stop placement order prohibiting admissions; see the attached Statement of Deficiencies for any additional violations.***

Licensee, Mitchell Erickson  
Quest Center House  
License #719600  
April 30, 2015  
Page 3

**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:

Janice Jiles, Field Manager  
Region 3, Unit C  
PO Box 45819  
Olympia, WA 98504-5819  
Phone: (360) 664-8421 / Fax: (360) 664-8451

**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

Licensee, Mitchell Erickson  
Quest Center House  
License #719600  
April 30, 2015  
Page 4

Formal Administrative Hearing

You may contest the conditions and stop placement by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions, and stop placement. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

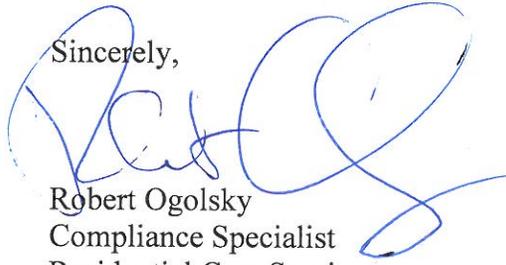
**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

If you have any questions, please contact Janice Jiles, Field Manager at (36) 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  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
HQ Central Files  
NDL