



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Disability Services  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5050

September 9, 2013

**CERTIFIED MAIL 7008 1300 0000 7187 0101**  
(Amended Letter / Amended in bold italic)

Carla Scull  
Your Home With Us  
7004 Mieras Rd  
Yakima, WA 98901

Adult Family Home License # 724700

**IMPOSITION OF CIVIL FINE**

Dear Ms. Scull:

This letter constitutes formal notice of the imposition of a civil fine for your adult family home, located at 7004 Mieras Rd, Yakima, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in RCW 70.128.160, chapter 43.20A RCW and 388-76-10940.

The civil fine is based on the following violations of the RCW and/or WAC found by the department in your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on August 26, 2013.

WAC 388-76-10225(1)(a)(i)(ii) Reporting requirement. \$500.00

The provider failed to notify the department as required when one resident overdosed on his medications he self-ingested after obtaining the keys from the kitchen where they were stored.

WAC 388-76-10430(1) Medication system.

WAC 388-76-10485(1) Medication storage. \$2,000.00

The provider failed to have a system in place that maintained resident safety in the home occupied by four current residents who required medication assistance.

WAC 388-76-10670(1)(2)(3)(4) Prevention of abuse. \$2,000.00

The provider failed to protect residents in the home from potential abuse/neglect when access to the medication system was not controlled.

You may contest the civil fine by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following 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 request to:

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

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for \$4,500.00 payable to the Department of Social and Health Services. The check should be sent to:

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

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue 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 the department will be recovered.

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager  
Aging and Disability Services Administration  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-2645

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You must:

Return the plan/attestation, on the enclosed report, within 10 calendar days after you receive this letter. Include the following in you plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Jo Whitney, Field Manager  
District 1, Unit C  
3611 River Road, Suite 200  
Yakima, WA 98902  
Phone: (509) 225-2823 / Fax: (509) 574-5597

If you have any questions, please contact Jo Whitney at (509) 225-2823.

Sincerely,

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

Enclosure

cc: Bett Schlemmer, Compliance Specialist  
Field Manager, District 1 Unit C  
RCS District Administrator, District 1  
HCS Regional Administrator, Region 1  
DDD Regional Administrator, Region 1  
WA LTC Ombudsman  
Area Agency on Aging, AAA- SE  
Office of Financial Recovery, Vendor Program Unit  
Medicaid Fraud Control Unit  
Judi Plesha, HCS  
DS