



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

June 5, 2015

**CERTIFIED MAIL 7008 1300 0000 7160 7042**

Licensee, Gabriela Talaba  
Around the World  
2125 Park Avenue  
Snohomish, WA 98290

Adult Family Home License #750006

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Licensee:

On May 20, 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 the license for your adult family home, located at **2125 Park Avenue, Snohomish**, 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 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 **May 20, 2015**.

**WAC 388-76-10673(1)(a)(b)(2)(a)(b) – Abuse and neglect reporting—Mandated reporting to department—Required.**

**The licensee failed to ensure two caregivers immediately reported to the department when there was a reasonable cause to believe abuse may have occurred.**

**WAC 388-76-10675(1)(2)(3) – Adult family home rules and policies related to abuse—Required.**

**The licensee failed to ensure their abuse and neglect policy was implemented in an appropriate and timely manner by two caregivers.**

**WAC 388-76-10680 – Staff behavior related to abuse.**

**The licensee failed to ensure one caregiver was trained properly identifying and reporting signs and symptoms of abuse, and/or neglect for one resident.**

Licensee, Gabriela Talaba  
Around the World  
License #750006  
June 5, 2015  
Page 2

***NOTE: These are the violations which resulted in the conditions on the license; see the attached 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, at the licensee's expense, must hire a consultant to assist the licensee to review, revise (if necessary) and implement a system to ensure resident's safety by identifying, reporting, and responding to allegations of resident abuse, neglect, and exploitation. This will include, but not limited to:***

- 1. Reviewing the facility policy;***
  - 2. Identification of possible abuse, neglect, or exploitation;***
  - 3. Reporting any alleged or suspected neglect, abuse, or exploitation consistent with all applicable laws;***
  - 4. Implementing protections during the investigation.***
- The licensee will provide the consultant with a copy of the May 20, 2015 Statement of Deficiencies (SOD).***
  - The consultant must be available to the department to answer questions;***
  - The consultant must be hired by June 15, 2015.***
  - 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 **June 5, 2015**. As provided in RCW 70.128.162(b), WAC 388-76-10990 (6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

### **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.***

Licensee, Gabriela Talaba  
Around the World  
License #750006  
June 5, 2015  
Page 3

Return the signed and dated SOD to:

Kay Randall, Field Manager  
Region 2, Unit A  
3906 – 172<sup>nd</sup> Street NE, Suite 100  
Arlington, WA 98223  
Phone: (360) 651-6872 / Fax: (360) 651-6940

### **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 conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the 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.**

Licensee, Gabriela Talaba  
Around the World  
License #750006  
June 5, 2015  
Page 4

Send your **written** request to:

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

If you have any questions, please contact Kay Randall, Field Manager at (360) 651-6872.

Sincerely,

*for* *Dhongen-Drummer, RN, MSN*  
for Robert Ogolsky  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist  
Field Manager, Region 2, Unit A  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
HQ Central Files  
NDL