



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

January 7, 2016

**CERTIFIED MAIL 7007 1490 0003 4197 1340**  
**AMENDS DECEMBER 31, 2015 NOTICE**

Licensee, Blue Ridge AFH LLC.  
Blue Ridge AFH LLC.  
2106 NW 97<sup>th</sup> Street  
Seattle, WA 98117

Adult Family Home License #750023  
Entity Representative: Amante Tadique

**IMPOSITION OF NEW CONDITIONS ON A LICENSE**

Dear Licensee:

This is formal notice of imposition of new conditions on the license for your adult family home, located **2106 NW 97<sup>th</sup> Street, Seattle**, 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 December 7, 2015.*

**WAC 388-76-10180(1)(b) – Background checks—Employment—Disqualifying information.**

**The Entity Representative/Provider failed to ensure he did not have a disqualifying background history.**

***NOTE: This is the violation 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 Entity Representative (ER) may not have unsupervised access to residents in the Adult Family Home.***

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- *The Entity Representative (ER) must hire a qualified Resident Manager to manage the day to day operations of the Adult Family Home by January 22, 2016 until WAC 388-76-10180(1)(b) and WAC 388-113-0020(1)(x)(i)(ii)(iii) are corrected to the satisfaction of the department.*
- *The Entity Representative (ER) must schedule, within 30 days, an on-site visit at the Residential Care Services Kent office with the Field Manager to discuss the progress and/or resolution of WAC 388-76-10108(1)(b) and WAC 388-113-0020(1)(x)(i)(ii)(iii).*
- *The licensee must post this Notice of Conditions of Operations, with the license, in a visible location in a common use area.*

The conditions on your license are effective immediately upon **verbal** notice to you on **December 31, 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.

Return the signed and dated SOD to:

Bennetta Shoop, Field Manager  
Region 2  
20425 – 72<sup>nd</sup> Avenue South  
Suite 400  
Kent, WA 98023-2388  
Phone: (360) 234-6033 / Fax: (360) 395-5070

**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:**

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- 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.
- If you are requesting an **expedited** hearing for a summary suspension, stop placement or conditions on your home within **60 days**, you must provide a statement stating that you wish to have an **expedited** review. **Note:** No other actions qualify for an expedited review hearing.

**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 Bennetta Shoop, Field Manager at (253) 234-6033.

Sincerely,



Dina Longen-Grimes, RN, MSN  
Compliance Specialist  
Residential Care Services

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Enclosure

cc: Field Manager, Region 2, Unit *E*  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombudsman  
Valentina Karnafel, HCS  
HQ Central Files  
ndl