



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

March 18, 2014

**CERTIFIED MAIL 7008 1300 0000 7187 6318**

I Care LLC, Licensee  
I Care AFH  
23719 91<sup>st</sup> Place West  
Edmonds WA 98026

Adult Family Home License #750063  
Entity Representative: Ophello Canlas

**IMPOSITION OF CIVIL FINE, RESCIND  
REVOCATION OF LICENSE, AND LIFT  
STOP PLACEMENT OF ADMISSIONS**

Dear Licensee:

This letter is formal notice that the revocation of license and stop placement order prohibiting admissions for your adult family home imposed on your license on September 24, 2013 in a notice letter dated September 24, 2014, are rescinded effective March 18, 2014.

On September 10, 2013, the Department of Social and Health Services (DSHS), Residential Care Services completed an investigation at your facility. This letter is formal notice of the imposition of civil fines for your adult family home, located at 23719 91<sup>st</sup> Place West, Edmonds, 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 is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **September 10, 2013**.

**WAC 388-76-10205 Medicaid or state funded residents.** **\$500.00**

**WAC 388-76-10400(1-3)(a)(c) Care and services.** **\$500.00**

**WAC 388-76-10645(1) Resident rights—Quality of life—Reasonable accommodation.** **\$500.00**

**The licensee failed to ensure a resident received care and services as identified in the care plan and supported the resident's choices in order to maintain her quality of life.**

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License #750063  
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### **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:

Lynne Dasher, Field Manager  
District 2, Unit A  
3906 172nd St NE  
Arlington, WA 98223  
Phone: (360) 651-6863 / 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

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Formal Administrative Hearing

You may contest the civil fine by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fines. **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.

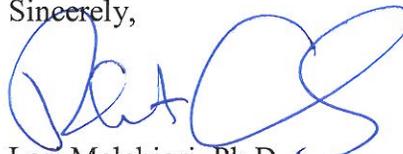
Mail a check for **\$1,500.00** payable to the 'Department of Social and Health Services' at:

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.

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

Sincerely,



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

Enclosure

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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  
BAM