



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

July 23, 2015

**CERTIFIED MAIL 7008 1300 0000 7160 7455**

Licensee, Anca Godri  
Ancas AFH  
204 NW 195<sup>th</sup> Street  
Shoreline, WA 98177

Adult Family Home License #750083

**IMPOSITION OF CONTINUING CONDITIONS AND  
NEW CONDITIONS ON A LICENSE**

Dear Licensee:

On July 9, 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 **204 NW 195<sup>th</sup> Street, Shoreline**, 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 violation 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 **July 9, 2015**.

**WAC 388-76-10400(2) – Care and services.**

**The licensee failed to ensure one resident's primary care provider was informed when the resident failed to respond favorably to prescribed medications.**

**WAC 388-76-10470(2)(a)(b)(c)(d) – Medication—Timing—Special directions.**

**The licensee failed to ensure medication prescribed for one resident was administered as ordered.**

**WAC 388-76-10475(1)(3)(c)(i)(ii)(iii)(iv) – Medication—Log.**

**The licensee failed to ensure the medication log for one resident was up-to-date with a current list of the resident's medications.**

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***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 Registered Nurse consultant by August 6, 2015 to assist the licensee with:***

- ***Develop plans for preventing fungal skin infections and;***
- ***Develop and implement a medication system to ensure appropriate medical professionals are notified when resident conditions are not responding to prescribed treatment, obtaining and documenting medication orders or changes.***

***The Registered Nurse consultant must be available to the Department to answer questions on the licensee's progress.***

***The licensee will provide the Registered Nurse consultant a copy of the July 9, 2015 Statement of Deficiencies (SOD).***

***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 **new** conditions on your license is **July 23, 2015**. **The conditions imposed on your license effective June 19, 2015 will remain in effect.** 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, Unit D  
20425 – 72<sup>nd</sup> Avenue South, Suite 400  
Kent, WA 98032-2388  
Phone: (253) 234-6033 / Fax: (253) 395-5070

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## **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.**

Send your **written** request to:

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

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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

Enclosure

cc: Field Manager, Region 2, Unit D  
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