



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

March 16, 2016

**PERSONAL SERVICE AND CERTIFIED MAIL**  
**7007 1490 0003 4196 1648**

Licensee, Maria Maier  
Open Heart AFH  
14620 SE 21<sup>st</sup> Street  
Bellevue, WA 98007

Adult Family Home License #750193

**REVOCAION OF LICENSE AND STOP**  
**PLACEMENT OF ADMISSIONS**

Dear Licensee:

On March 8, 2016, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of the revocation of the adult family home license and stop placement of admissions for your adult family home, also known as **Open Heart AFH**, located at **14620 SE 21<sup>st</sup> Street, Bellevue**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted in Revised Code of Washington (RCW) 70.128.160, chapter 43.20A RCW, and Washington Administrative Code (WAC) 388-76-10940.

The department has determined that the licensee has demonstrated an inability to comply with regulations and has shown limited ability to safely operate the home, placing residents at risk. The stop placement of admissions is effective immediately on **March 16, 2016**.

The revocation of the adult family home license and stop placement of admissions for your adult family home is based on the following violation(s) of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **March 8, 2016**.

**WAC 388-76-10130(9) – Qualifications—Provider, entity representative and resident manager.**

**WAC 388-113**

**0020(1)(a)(b)(c)(d)(e)(f)(g)(h)(i)(j)(k)(l)(m)(n)(o)(p)(q)(r)(s)(t)(u)(v)(w)(x)(i)(ii)(iii)(v)(z)(2)(a a)(bb)(cc)(dd)(ee)(ff)(gg)(hh)(ii)(jj)(kk)(ll)(mm)(nn)(oo)(pp)(qq)(rr)(ss)(tt)(uu)(vv)(ww)(xx)(yy)(zz)(3)(aaa)(bbb)(ccc)(ddd)(eee)(fff)(ggg)(hhh)(iii)(jjj)(kkk)(lll)(mmm)(nnn)(ooo)(ppp) – Which criminal convictions and pending charges automatically disqualify an individual from having unsupervised access to adults or minors who are receiving services in a program under chapters 388-71, 388-101, 388-76, 388-78A, 388-97, 388-825, and 388-107 WAC?**

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**The provider choose to continue to operate the adult family home between July 16, 2014 and July 15, 2015 when she knew she had a three year disqualifying conviction, continued to have unsupervised access to residents and knowingly made a false statement to the department on at least three of her “Background Check Authorization” forms.**

**WAC 388-76-10165(1)(a)(b) – Background checks—Washington state name and date of birth background check—Valid for two years—National fingerprint background check—Valid indefinitely.**

**The provider failed to timely complete and submit her name and date of birth background inquiry application and obtain her (BGI) results every two years.**

**This is a repeated uncorrected deficiency from December 10, 2015.**

**WAC 388-76-10960(11) – Remedies—Department may impose remedies.**

**The provider knowingly made a false statement to the department on at least three of her “Background Check Authorization” forms.**

***NOTE: These are the violations which resulted in the revocation of license/stop placement of admissions; see the attached Statement of Deficiencies for any additional violations.***

The revocation and stop placement of admissions to your adult family home is effective immediately upon notice to you via **personal service delivery** notification on **March 16, 2016** and certified mail receipt of this letter report. The stop placement of admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(4). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Bennetta Shoop, Field Manager, at (253) 234-6033.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement order prohibiting admissions.

### **Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

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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 and/or enforcement actions.

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 revocation of license and stop placement order prohibiting admissions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the enforcement actions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.
- 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

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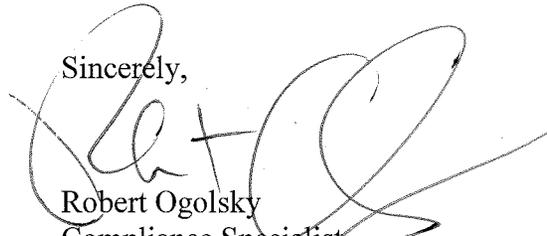
If an appeal request is not received by day 28 at the Office of Administrative Hearings, your license to operate is no longer in effect. All residents must be moved out of your home by day 29.

Prior to, or instead of, requesting a hearing, you have the right under RCW 70.128.060 to voluntarily surrender your license in lieu of revocation. For additional information, please contact your Field Manager.

A provider who receives notification of the department's initiation of revocation may, in lieu of appealing the Department's action, surrender or relinquish the license as authorized by RCW 70.128.060. The Department shall not issue a new license to or contract with the provider, for the purposes of providing care to vulnerable adults or children, for a period of twenty years following the surrendering or relinquishment of the former license.

If you have any questions, please contact Bennetta Shoop, Field Manager at (253) 234-6033.

Sincerely,



Robert Ogolsky  
Compliance Specialist  
Residential Care Services

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 Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
ndl