



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

January 26, 2015

**CERTIFIED MAIL 7008 1300 0000 7160 5901**  
*Amended Notice/Amended with Asterisks*

Licensee, The Good Shepherd of Lynnwood AFH LLC.  
The Good Shepherd of Lynnwood AFH LLC.  
17928 44<sup>th</sup> Avenue West  
Lynnwood, WA 98037

Adult Family Home License #750245  
Entity Representative: Edwin Bondoc

**AMENDED IMPOSITION OF CONDITIONS ON A LICENSE AND  
AMENDED STATEMENT OF DEFICIENCIES**

Dear Licensee:

On November 4, 2014, 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 **17928 44<sup>th</sup> Avenue West, Lynnwood**, 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 **Amended** Statement of Deficiencies (SOD) report **originally** completed by the department on **November 4, 2014**.

**WAC 388-76-10530(1)(2)(3) – Resident rights—Notice of services.**

**The licensee failed to ensure three residents received a notice of services (admission agreement).**

**WAC 388-76-10585(1)(a)(b)(2)(a)(b) – Resident rights—Examination of inspection results.**

**The licensee failed to have a system in place to ensure the inspection results and complaint investigation documents were visible in the common area.**

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**WAC 388-76-10620(1)(2)(a)(b)(c)(d)(e)(i)(ii)(iii)(iv) – Resident rights--Quality of life—  
General.**

The licensee failed to ensure resident grievances were addressed and resolved, or to provide an atmosphere of dignity and respect.

*NOTE: These are the violations which resulted in the conditions on the license; see the attached Amended 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 must locate and obtain a resource for training on Resident Rights, treating residents with dignity and ensuring their quality of life.*
- *Training must include Provider and all caregivers.*
- *The licensee must provide the Ombudsman with a copy of the Amended November 4, 2014 Statement of Deficiencies (SOD).*
- *The licensee must notify residents and family members or legal representatives of the training, and ensure they have the opportunity to participate at that date or another, at their convenience.*
- ❖ *The trainer must be obtained by February 6, 2015.*
- ❖ *The trainer must be available to the department to answer questions.*
- *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 **amended** conditions on your license is **January 26, 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.

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Return the signed and dated SOD to:

Kathy Gold, Field Manager  
Region 2, Unit G  
3906 – 172<sup>nd</sup> Street NE, Suite 100  
Arlington, WA 98223  
Phone: (360) 651-6864 / 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.

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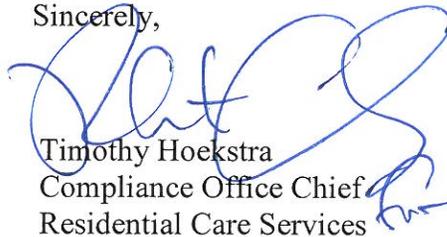
**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

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

If you have any questions, please contact Kathy Gold, Field Manager at (360) 651-6864.

Sincerely,



Timothy Hoekstra  
Compliance Office Chief  
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist  
Field Manager, Region 2, Unit G  
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  
NDL