



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

June 16, 2015

CERTIFIED MAIL 7008 1300 0000 7160 7103

Licensee, Nailya & Aleksandr Tarasova
Finn Hill Park AFH
19338 67th Avenue NE
Kenmore, WA 98034

Adult Family Home License #750284

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On June 4, 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 **7339 NE 140th Street, Bothell**, 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 **June 4, 2015**.

WAC 388-76-10135(3)(b)(i)(ii) – Qualifications—Caregiver.

The licensee failed to ensure one caregiver was able to communicate and understand English to respond appropriately in emergency situations.

This is a repeat deficiency from November 5, 2013 and February 9, 2015.

NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

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The department has determined that the following conditions shall be placed on your adult family home license:

- *The adult family home must hire at the adult family home's own expense, a second qualified caregiver who speaks, reads, and understands English in the adult family home at all times when Caregiver #B is present.*
- *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 conditions on your license is **June 16, 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, Unit C
20425 – 72nd Avenue South, Suite 400
Kent, WA 98032-2388
Phone: (253) 234-6033 / Fax: (253) 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:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

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The written request must be received by the 10th 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.

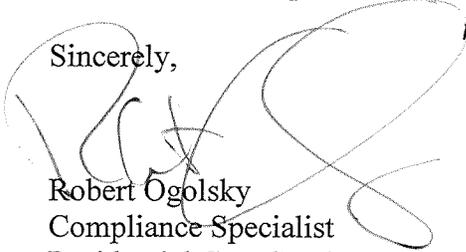
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

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

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

Sincerely,



Robert Ogolsky
Compliance Specialist
Residential Care Services

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Enclosure

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