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
April 2, 2014

CERTIFIED MAIL 70081300000071878565

Rosalyn Benton, Licensee
Quilceda Creek Manor LLC
12900 48th Dr NE
Marysville, WA 98271

Adult Family Home License # 750376

IMPOSITION OF CIVIL FINE

Dear Licensee:

This letter is formal notice of the imposition of civil fines for your adult family home, located at **12900 48th Dr NE, Marysville, WA** 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 as a result of an agreement between your Adult Family Home and the Department **and therefore there are no provisions for requesting Informal Dispute Resolution (IDR), or an administrative hearing.**

The civil fines are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated May 1, 2013.

WAC 388-76- 10020 (1) **$500.00**

The licensee lacked the understanding of her responsibility to promote and protect the health and safety of the residents in the home.

WAC 388-76-10175 (1)(2)(3)(4) **$500.00**

The licensee failed to get a background check after re-hiring a staff.

WAC 388-76-10225 (1)(a)(i)(ii)(iii)(b)(i)(ii)(iii) Reporting Requirement **$500.00**

The licensee failed to report an allegation of sexual abuse of a resident as required by regulation.

WAC 388-76-10670 (1)(2)(3)(4) Prevention of abuse **$500.00**

The licensee failed to ensure a resident was free from abuse.

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
3906 172nd St NE Suite #100
Arlington, WA 98223

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 **$2000.00** 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

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 2, Unit B
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
RO