



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

July 11, 2016

CERTIFIED MAIL 7007 1490 0003 4195 5814

Licensee, Julie Cha
Summer Haven Adult Family Home
15109 3rd Avenue NE
Shoreline, WA 98155

Adult Family Home License #750395

IMPOSITION OF CONDITION ON A LICENSE

Dear Licensee:

On June 28, 2016 the Department of Social and Health Services (DSHS), Residential Care Services completed an investigation at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at **15109 3rd Avenue, 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 **June 28, 2016**.

WAC 388-76-10010 (2)(d) – License – Valid and not transferable

The licensee failed to ensure the annual licensing fee was received by the department in a timely manner.

NOTE: This is the violation which resulted in a/the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

Licensee, Julie Cha
Summer Haven Adult Family Home
License #750395
July 11, 2016
Page 2

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

- *The licensee must pay the outstanding balance of the licensing fee within fifteen calendar days.*
- *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 **July 11, 2016**. As provided in RCW 70.128.160(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 E
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).

Licensee, Julie Cha
Summer Haven Adult Family Home
License #750395
July 11, 2016
Page 3

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 deficiency 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.
- 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

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

Sincerely,



Robert Ogolsky
Compliance Specialist
Residential Care Services

Enclosure

Licensee, Julie Cha
Summer Haven Adult Family Home
License #750395
July 11, 2016
Page 4

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
HQ Central Files
SG