



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 8, 2014

**CERTIFIED MAIL 7008 1300 0000 7187 4215**

Andrian Chagay, Licensee  
Benson Hill AFH  
10923 SE 183<sup>rd</sup> Ct  
Renton, WA 98055

Adult Family Home License # 750538  
Entity Representative: Andrian Chagay

**IMPOSITION OF CIVIL FINE AND  
CONDITIONS ON A LICENSE**

Dear Licensee:

On February 27, 2014, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection at your facility. This letter is formal notice of the imposition of a civil fine and conditions on the license for your adult family home, located at 10923 SE 183<sup>rd</sup> Ct, Renton, 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 civil fine and 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 **February 27, 2014**.

**Civil Fine**

**WAC 388-76-10400(3)(b)(4) Care and services.**

**\$500.00**

**The Licensee failed to ensure a resident received necessary diabetes management.**

**Conditions on License**

**WAC 388-76-10400(3)(b)(4) Care and services.**

**The Licensee failed to ensure a resident received necessary diabetes management.**

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

- *The Licensee, Resident manager, and all caregiving staff must complete the department's "Nurse Delegation-Diabetes-3 hours" course by April 18, 2014.*
- *The Licensee must hire at his own expense a registered nurse (RN) consultant, not affiliated with the home, familiar with adult family home regulations to assist the home in developing a plan of care for the management of Resident #1's diabetes.*
- *The RN must monitor the management of Resident #1's diabetes at least weekly beginning April 14, 2014 and monthly for at least an additional 3 months.*
- *The Licensee must give the consultant a copy of the February 7, 2014 Statement of Deficiencies.*
- *The consultant will be available to answer questions by the department.*
- *The licensee must post this Notice of Conditions, with the license, in a visible location in a common use area.*

These conditions are effective on April 4, 2014 and remain in effect until lifted by formal Department of Social and Health Services notice.

***NOTE: This is the violation which resulted in the fine and conditions; see the attached Statement of Deficiencies for any additional violations.***

**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  
District 2, Unit E  
20425 72nd Ave South, Suite 400  
Kent, WA 98032-2388  
Phone: (253) 234-6033 / Fax: (253) 395-5070

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## **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 civil fine and conditions by requesting a formal administrative hearing to challenge the deficiency which resulted in the civil fine and 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

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**Payment:**

If you do not request a formal administrative hearing, the civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

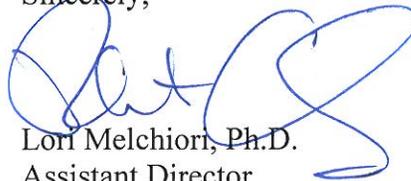
Mail a check for **\$500.00** payable to the 'Department of Social and Health Services' at:

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 Bennetta Shoop at (253) 234-6033.

Sincerely,



Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist  
Field Manager, District 2, Unit E  
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  
DS