



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

March 4, 2016

CERTIFIED MAIL 7007 1490 0003 4196 9859

Licensee, Grace Pajimula
Peace and Love AFH 2
c/o 11011 Olympic View Road NW
Silverdale, WA 98383

Adult Family Home License #**750665**

IMPOSITION OF CIVIL FINES

Dear Licensee:

On February 25, 2016, 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 civil fines for your adult family home, located at **7240 Bridle Vale NW Road, Bremerton**, 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 fines are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **February 25, 2016**.

CIVIL FINES

WAC 388-76-10650(1)(3) – Medical devices.

\$100.00

The licensee failed to ensure the use of a medical device was assessed and informed consent was obtained.

This is a repeat and uncorrected violation from August 20, 2015.

WAC 388-76-10380(2) – Negotiated care plan—Timing of reviews and revisions.

\$100.00

The licensee failed to ensure a negotiated care plan was updated.

This is a repeat and uncorrected violation from November 6, 2014 and August 20, 2015.

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WAC 388-76-10585(1)(a)(b) – Resident rights—Examination of inspection results.
\$100.00

The licensee failed to ensure a complaint investigation report was posted.

This is a repeat and uncorrected violation from August 20, 2015.

WAC 388-76-101632(1) – Background checks—National fingerprint background check.
\$100.00

The licensee failed to ensure a recent background check included fingerprints.

This is a repeat and uncorrected violation from August 20, 2015.

NOTE: These are the violations which resulted in the fines; 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:

Lisa Cramer, Field Manager
Region 3, Unit A
PO Box 98907
Lakewood, WA 98496
Phone: (253) 983-3826 / Fax: (253) 589-7240

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 civil fines by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fines. **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

Payment:

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

Mail a check for **\$400.00** payable to the 'Department of Social and Health Services' at:

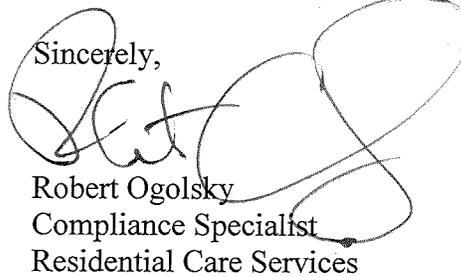
DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

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.

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If you have any questions, please contact Lisa Cramer, Field Manager at (253) 983-3826.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Ogolsky', written over a large, loopy scribble.

Robert Ogolsky
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit A
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
ndl