



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

February 20, 2014

**CERTIFIED MAIL 7008 1300 0000 7187 5946**

Maria E. Romero, Licensee  
Allwood Estates Adult Family Home  
2407 NE 164<sup>th</sup> Avenue  
Vancouver WA 98684

Adult Family Home License #750689

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

Dear Licensee:

On February 12, 2014, the Department of Social and Health Services (DSHS), Residential Care Services conducted an inspection/investigation at your facility. This letter is formal notice of the imposition of civil fines and conditions on the license for your adult family home, located at 9616 SE 12<sup>th</sup> Street, Vancouver, 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 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 **February 12, 2014**.

**WAC 388-76-10390(1)(a)(b) Admission and continuation of services.** **\$2,000.00**

**The licensee admitted a resident whose needs could not be met due to lack of a local physician and due to current staffing levels at the adult family home.**

**WAC 388-76-10430(2)(d) Medication system.** **\$500.00**

**The licensee failed to ensure the physician orders were followed, new medication orders were accurately transcribed onto the medication administration record and medication dosages were documented for a resident.**

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**WAC 388-76-10475(2)(c) Medication—Log.**

**\$500.00**

**The licensee failed to keep an up-to-date medication log for a resident.**

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

- *The licensee cannot admit or retain any residents on anti-coagulant (blood thinning) medication.*
- *The licensee will hire a nurse consultant at own expense by March 1, 2014, to train the licensee and staff who administer medications, on the topic of anti-coagulant medication management, including administration and documentation of medication, and timely resident assistance for lab monitoring and medical appointments.*
- *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 February 20, 2014, and remain in effect until lifted by formal Department of Social and Health Services notice.

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

Karyl Ramsey, Field Manager  
District 3 Unit E  
5411 E. Mill Plain Blvd., Suite 203  
Vancouver WA 98661-9904  
(360) 397-9556/FAX (360) 992-7969

**Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

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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 deficiencies which resulted in the civil fines 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

**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.

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Mail a check for \$3,000.00 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 Karyl Ramsey, Field Manager, at (360) 397-9556.

Sincerely,



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

Enclosure

cc: Bett Schlemmer, Compliance Specialist  
Field Manager, District 3, Unit D  
RCS District Administrator, District 3  
HCS District Administrator, District 3  
DDD District Administrator, District 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Judy Plesha, HCS  
BAM

# NOTICE OF CONDITIONS ON LICENSE

February 20, 2014

Based on the Statement of Deficiencies dated February 12, 2014, the Department of Social and Health Services imposes the following conditions on the license of *Allwood Estates Adult Family Home, License #750689, located at 9616 SE 12<sup>th</sup> Street, Vancouver, Washington.*

- *The licensee cannot admit or retain any residents on anti-coagulant (blood thinning) medication.*
- *The licensee will hire a nurse consultant at own expense by March 1, 2014, to train the licensee and staff who administer medications, on the topic of anti-coagulant medication management, including administration and documentation of medication, and timely resident assistance for lab monitoring and medical appointments.*
- *The licensee must post this Notice of Conditions, with the license, in a visible location in a common use area.*

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