



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

December 19, 2014

CERTIFIED MAIL 7008 1300 0000 7160 5628

Licensee, Lidia Muresan
Hands of Love AFH
2211 NE 12th Street
Renton, WA 98056

Adult Family Home License #750723

IMPOSITION OF CONDITION ON A LICENSE

Dear Licensee:

On December 5, 2014, 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 a condition on the license for your adult family home, located at **2211 NE 12th Street, 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 condition is 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 **December 5, 2014**.

WAC 388-76-10400(2)(3)(a)(b) – Care and services.

The licensee failed to ensure one resident's safety when they left the Adult Family Home unsupervised.

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

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

- *The licensee, at their own expense, must provide awake staff for as long as Resident #1 resides in the Adult Family Home.*
- *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 condition on your license is **verbally** imposed **December 19, 2014**. As provided in RCW 70.128.162(b), WAC 388-76-10990 (6), the effective date of the condition 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
District 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).

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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 conditions by requesting a formal administrative hearing to challenge the deficiency which resulted in the condition. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

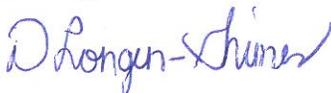
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

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

Sincerely,


for Bett Schlemmer, RN, MN, MPA
Interim Assistant Director
Residential Care Services

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Enclosure

cc: Dina Longen-Grimes, Compliance Specialist
Field Manager, District 2, Unit E
RCS District Administrator, District 2
HCS District Administrator, District 2
DDA District Administrator, District 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
NDL