



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

October 15, 2014

**CERTIFIED MAIL 7008 1300 0000 7187 7131**

Licensee, Lillian A. Harris  
LaoCadie Maison  
7802 Oakridge Drive SW  
Lakewood, WA 98498

Adult Family Home License #751068

**IMPOSITION OF CIVIL FINES**

Dear Licensee:

On October 6, 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 civil fines for your adult family home, located at **7802 Oakridge Drive SW, Lakewood**, 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 **October 6, 2014**.

**CIVIL FINES**

**WAC 388-76-10161(3) – Background checks – Who is required to have.**

**\$500.00**

The licensee failed to ensure a background check was completed for a live-in relative as required.

This is a repeat violation from May 13, 2013 and August 27, 2014.

**WAC 388-76-10750(1) – Safety and maintenance.**

**\$500.00**

The licensee failed to ensure the internal and external environment of the home was kept safe, clean, sanitary, and in good repair.

This is a repeat violation from January 5, 2012, May 13, 2013 and July 31, 2013.

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***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:

Dahl Kim, Field Manager  
District 3, Unit A  
PO Box 45819 – N27-24  
Olympia, WA 98504-5819  
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).

**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

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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 **\$1,000.00** 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 Dahl Kim, Field Manager at (253) 983-3826.

Sincerely,



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

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Enclosure

cc: Robert Ogolsky, Compliance Specialist  
Field Manager, District 3, Unit A  
RCS District Administrator, District 3  
HCS District Administrator, District 3  
DDA District Administrator, District 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
NDL