



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

March 8, 2016

**CERTIFIED MAIL 7007 1490 0003 4196 9934**

Licensee, Highland House Adult Family Home LLC.  
Highland House Adult Family Home LLC.  
17816 60<sup>th</sup> Avenue West  
Lynnwood, WA 98037

Adult Family Home License #751072  
Entity Representative: Debesai Andemariam

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Licensee:

On October 14, 2015, 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 conditions on the license for your adult family home, located at **17816 60<sup>th</sup> Avenue West, Lynnwood**, 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 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 **October 14, 2015**.

**WAC 388-76-10225(1)(a)(ii) – Reporting requirement.**

**The licensee failed to report to the complaint toll-free hotline after a resident had fallen sustaining multiple bruises on several different occasions.**

**WAC 388-76-10670(1)(2)(3)(4) – Prevention of abuse.**

**The licensee failed to recognize and ensure residents were free from abuse.**

***NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.***

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

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- *Education by a qualified person not affiliated with the home in regards to recognizing verbal/mental abuse. The training must include extraneous "yelling and screaming" in the home. The provider must notify the Field Manager when completed.*
- *Education/assessment and updated behavioral care plan by a mental health professional familiar with Resident 6 and the mental health needs of that resident. The education needs to focus on Resident #6, her mental health needs and how her unaddressed behaviors affect her and the other residents in the home. . The provider must notify the Field Manager when completed.*
- *The provider will post the license with the enclosed Notice of Conditions of Operation in the Adult Family Home in a location accessible to residents and visitors.*

The effective date of the conditions on your license is **December 14, 2015** via **verbal** notice to you. As provided in RCW 70.128.162(b), WAC 388-76-10990 (6), the effective date of the conditions 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:

Kay Randall, Field Manager  
Region 2, Unit B  
3906 – 172<sup>nd</sup> Street NE, Suite 100  
Arlington, WA 98223  
Phone: (360) 651-6872 / Fax: (360) 651-6940

### **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:**

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

- A copy of this letter; and
- A copy of the Statement of Deficiencies.
- If you are requesting an **expedited** hearing for a summary suspension, stop placement or conditions on your home within **60 days**, you must provide a statement stating that you wish to have an **expedited** review. **Note:** No other actions qualify for an expedited review hearing.

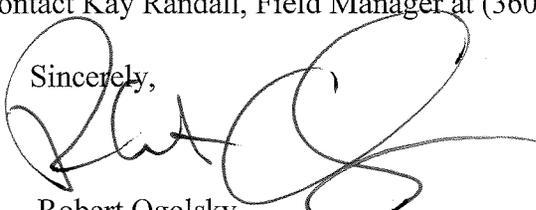
**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

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

If you have any questions, please contact Kay Randall, Field Manager at (360) 651-6872.

Sincerely,



Robert Ogolsky  
Compliance Specialist  
Residential Care Services

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Enclosure

cc: Field Manager, Region 2, Unit B  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
HQ Central Files  
ndl