



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

April 22, 2014

CERTIFIED MAIL 7008 1300 0000 7187 1580

Gabriela Marginean, Licensee
All Comfort Care
4219 NE 66th Ave
Vancouver, WA 98661

Adult Family Home License # 751218
Entity Representative: Gabriela Marginean

**IMPOSITION OF STOP PLACEMENT ORDER PROHIBITING ADMISSIONS
AND IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Licensee:

On April 14, 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 conditions on the license for your adult family home, located at 4219 NE 66th Ave, 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 stop placement order prohibiting admissions and conditions on a license are based on the following violations of the RCW and/or WAC found by the department in your adult family home, described in the attached Statement of Deficiencies (SOD) report dated **April 8, 2014**.

WAC 388-76-10360 Negotiated care plan.

The Licensee failed to develop a negotiated care plan within thirty days of admission for one resident.

WAC 388-76-10390(1)(a) Admission and continuation of services.

The adult family home admitted one resident whose needs could not be met.

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WAC 388-76-10400(2) Care and services.

The Licensee failed to provide the necessary medical/diabetic services for one resident.

WAC 388-76-10475(1) Medication - Log.

The Licensee failed to develop medication records for two residents.

WAC 388-76-10685(11) Bedrooms.

The Licensee failed to have a call system in place for residents to use in event of an emergency and/or during night time.

The stop placement order prohibiting admissions to your adult family home is effective on **April 22, 2014** and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by Janice Jiles, Field Manager at (360) 664-8421.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement order prohibiting admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

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

- ***Only residents who are ambulatory and/or use walkers can reside in Bedroom 1.***
- ***Licensee must have awake night shift staff until the new call bell system is operating effectively.***

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- *Licensee must hire at own expense by April 30, 2014 a registered nurse delegator, who is not employed/contracted presently with home, to train the provider and nurse delegated staff on insulin management and nurse delegation.*
- *The licensee must post this Notice of Conditions with the license in a visible location in a common use area.*

The effective date of the conditions on your license is **April 22, 2014**. 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:

Janice Jiles, Field Manager
District 3 – Unit D
PO Box 45819
Olympia, WA 98504-5819
Phone: (360) 664-8421 / Fax: (360) 664-8451

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 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.

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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 stop placement order prohibiting admissions and the conditions on a license by requesting a formal administrative hearing related to the WAC/RCW's for stop placement orders.

All hearing requests must be in writing. The Office of Administrative Hearings **must receive your written request for a hearing within twenty-eight (28) calendar days of receipt of this letter.** A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your **written** request to:

Send your **written** request to:

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

If you have any questions, please contact Janice Jiles at (360) 664-8421.

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
DS

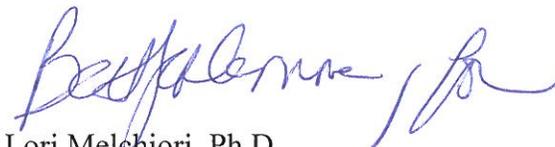
NOTICE OF CONDITIONS ON LICENSE

April 22, 2014

Based on the Statement of Deficiencies dated April 14, 2014 the Department of Social and Health Services imposes the following conditions on the license of *All Comfort Care, License #751218, located at 4219 NE 66th Ave, Vancouver, Washington.*

- *Only residents who are ambulatory and/or use walkers can reside in Bedroom 1.*
- *Licensee must have awake night shift staff until the new call bell system is operating effectively.*
- *Licensee must hire at own expense by April 30, 2014 a registered nurse delegator, who is not employed/contracted presently with home, to train the provider and nurse delegated staff on insulin management and nurse delegation.*
- *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 April 22, 2014 and remain in effect until lifted by formal Department of Social and Health Services notice.



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