



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

**Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050**

August 2, 2013

CERTIFIED MAIL 7007 1490 0003 4202 1105

Ioana Nistor
7th Heaven Elder Care
22916 88th Avenue West
Edmonds WA 98026

Adult Family Home License #751288

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Ms. Nistor:

This letter constitutes formal notice of the imposition of conditions on the license for your adult family home, located at **22916 88th Avenue West, Edmonds**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in RCW 70.128.160, chapter 43.20A RCW and 388-76-10940.

The conditions are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on July 25, 2013.

WAC 388-76-10670(1-4) Prevention of abuse.

The licensee failed to ensure two residents were free from abuse.

WAC 388-76-10673(1)(a)(b)(2)(a)(b) Abuse and neglect reporting—Mandated reporting to department—Required.

The licensee failed to immediately report to the department, or to the appropriate law enforcement agencies, when abuse had occurred to two residents.

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

- *The licensee must hire, at her own expense, a consultant familiar with the minimum licensing requirements for Adult Family Homes to assist the licensee to develop and implement a system to protect residents from abuse.*

- *The consultant will train the licensee and all staff on recognition, prevention, and protection of residents from abuse/neglect/exploitation.*
- *The consultant must be hired by August 9, 2013.*
- *The consultant will be available to the department to answer questions.*
- *Licensee must provide the consultant with a copy of the July 25, 2013 Statement of Deficiencies.*
- *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 **August 2, 2013**. As provided in RCW 70.128.160, 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.

You may contest the conditions on your license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your 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 request to:

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

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

The written request should:

- Identify the enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and

- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Carol Hundley, Field Manager
District 2, Unit G
3906 172nd St NE
Arlington, WA 98223
Phone: (360) 651-6864 / Fax: (360) 651-6940

If you have any questions, please contact Carol Hundley at (360) 651-6864.

Sincerely,

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

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 2, Unit G
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
WA LTC Ombudsman
Area Agency on Aging, AAA-Sno
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM