



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

October 6, 2015

**CERTIFIED MAIL 7007 1490 0003 4197 0466**

Licensee, Domitela Francia  
Rosehill Adult Home Care II  
6439 South 124<sup>th</sup> Street  
Seattle, WA 98178

Adult Family Home License #751350

**IMPOSITION OF CIVIL FINES,  
CONDITIONS ON A LICENSE AND  
CONTINUED STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Licensee:

On September 25, 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 civil fines, conditions on a license, and continued stop placement order prohibiting admissions on the license of your adult family home, located at **6439 South 124<sup>th</sup> Street, Seattle**, 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, conditions on a license, and stop placement order prohibiting admissions 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 **September 25, 2015**.

**Civil Fine**

**WAC 388-76-10670(1)(2)(3)(4) – Prevention of abuse.** **\$500.00**

The licensee failed to prevent resident to resident abuse.

**WAC 388-76-10673(1)(a)(b)(2)(a)(b) – Abuse and neglect reporting—Mandated reporting to department—Required.** **\$500.00**

The licensee failed to report resident to resident abuse to police and the Department's toll-free hotline as required.

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## **Stop Placement Order Prohibiting Admissions**

### **WAC 388-76-10400(3)(a)(b)(c) – Care and services.**

**The licensee failed to adequately ensure safety measures were in place for one resident who was at risk for falls, and ensure one resident had her medication as needed.**

**This is a repeat deficiency from August 13, 2015.**

### **WAC 388-76-10430(1) – Medication system.**

**The licensee failed to ensure the adult family home had a medication system in place to meet two resident's needs.**

**This is a repeat from August 13, 2015.**

The stop placement order prohibiting admissions to your adult family home imposed on **September 25, 2015** to you by **verbal** notice remains in effect and confirmed by 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 contacting David Simm, Field Manager at (253) 234-6007.

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.

## Conditions on License

### WAC 388-76-10430(1) – Medication system.

The licensee failed to ensure the adult family home had a medication system in place to meet two resident's needs.

This is a repeat from August 13, 2015.

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

*The provider, at her own expense, will hire a Registered Nurse consultant not associated with the home and familiar with Adult Family Home licensing regulations to assist the provider to develop and implement a medication management system ensuring:*

- *Residents receive all medication as prescribed;*
- *Medications are obtained timely;*
- *Medication logs are accurately completed;*
- *Explanations for missed medications; and*
- *All caregivers receive training regarding the medication management system.*

*The Nurse consultant must be hired by October 15, 2015.*

*The consultant will be available to answer questions by the department.*

*The provider will provide the consultant with a copy of the September 25, 2015 Statement of Deficiencies (SOD).*

*The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

These conditions are effective on **October 6, 2015** and remain in effect until lifted by formal Department of Social and Health Services notice.

**NOTE:** *These are the violations which resulted in the fines, conditions on your license, and stop placement order prohibiting admissions; 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.

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Return the signed and dated SOD to:

David Simm, Field Manager  
Region 2, Unit F  
20425 – 72<sup>nd</sup> Avenue South, Suite 400  
Kent, WA 98032-2388  
Phone: (253) 234-6007 / Fax: (253) 395-5071

### **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).
- 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 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 civil fines, conditions, and stop placement by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fines, conditions, and stop placement. **All hearing requests must be in writing and include:**

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- 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.**

You were previously informed of your rights to an administrative hearing for the stop placement in your notice letter dated **September 25, 2015**. The notice specified deadlines in which to request an appeal of the stop placement. **These remain in effect.**

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 are 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 David Simm, Field Manager at (253) 234-6007.

Sincerely,

for / *Robert Ogolsky, RN*  
Robert Ogolsky  
Compliance Specialist  
Residential Care Services

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Enclosure

cc: Field Manager, Region 2, Unit F  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
HQ Central Files  
ndl