



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

December 15, 2014

CERTIFIED MAIL 7008 1300 0000 7160 5178

Ronniel Valdez
The Ashford Adult Family Home
18210 30th Avenue NE
Lake Forest Park, WA 98155
License #751362

UNLICENSED ADULT FAMILY HOME
IMPOSITION OF CIVIL FINE

Dear Mr. Valdez:

This letter is formal notice that under the authority of RCW 70.128.055 and 70.128.160(b), and WAC 388-76-10975, the Department is issuing **The Ashford Adult Family Home**, a **\$10,000.00 civil fine** for operating an unlicensed adult family home located at **18060 8th Avenue NE, Shoreline, WA**. This fine is based on a **November 10, 2014** complaint investigation that revealed you are providing personal care, room and board to more than one unrelated persons at this location. Our records indicate that you do not currently have an adult family home license for this location.

Please be advised that Washington State law states that an adult family home license is required to provide personal care, room and board to more than one unrelated person in a family residence, as stated in Revised Code of Washington (RCW) 70.128.010(1), RCW 70.128.050, and Washington Administrative Code (WAC) 388-76-10005. If you are doing so you must stop immediately.

Operating an unlicensed adult family home is against the law and the person(s) doing so are subject to serious consequences. The department is authorized to impose daily civil fines as well as initiate legal sanctions for continued operation (RCW 70.128.055, RCW 70.128.057, and RCW 70.128.058). Continued operation may also impact your eligibility to obtain an adult family home license in the future.

You may contest the civil fine 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 receipt of this letter. A copy of this letter must be included with your request.

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Send your request to:

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

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$10,000.00** payable to the Department of Social and Health Services. The check should be sent to:

**DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501**

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment with twenty-eight (28) days, the balance due the Department will be recovered.

If you have any questions, please contact Delores Usea, Field Manager, at (253) 234-6007 for questions regarding the decision.

Sincerely,



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

cc: Dina Longen-Grimes, Compliance Specialist
Field Manager, District 2, Unit C
RCS District Administrator, District 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
NDL