



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

August 27, 2015

**CERTIFIED MAIL 7007 1490 0003 4197 0145**

Licensee, Kind Hearts Adult Family Home LLC.  
Kind Hearts Adult Family Home LLC.  
C/o 9008 138<sup>th</sup> Street East  
Puyallup, WA 98373

Adult Family Home License #751411  
Entity Representative: William Atkins

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Licensee:

On August 17, 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 **9801 120<sup>th</sup> Street East, Puyallup**, 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 **August 17, 2015**.

**WAC 388-76-10230(1)(2)(3) – Pets.**

**The licensee failed to ensure one dog on the premises did not compromise any resident rights or preferences, had a suitable temperament and did not pose safety risks to residents, staff or visitors and had up-to-date rabies vaccinations.**

**WAC 388-76-10510(4)(6) – Resident rights—Basic rights.**

**The licensee failed to ensure each resident could exercise choice and were cared for in a manner that would promote enhancement of their quality of life.**

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

Licensee, Kind Hearts Adult Family Home LLC.  
Kind Hearts Adult Family Home LLC.  
License #751411  
August 27, 2015  
Page 2

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

- *The German shepherd dog identified in the August 17, 2015 Statement of Deficiencies (SOD) must not be on the Adult Family Home premises.*
- *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

The effective date of the conditions on your license is **August 27, 2015**. 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:

Lisa Cramer, Field Manager  
Region 3, Unit B  
PO Box 98907  
Lakewood, WA 98496  
Phone: (253) 983-3826 / Fax: (253) 589-7240

### **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 10<sup>th</sup> working day from receipt of this letter.**

Licensee, Kind Hearts Adult Family Home LLC.  
Kind Hearts Adult Family Home LLC.  
License #751411  
August 27, 2015  
Page 3

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.

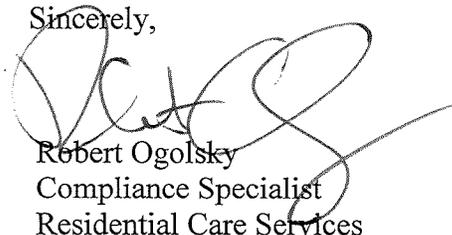
**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

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

If you have any questions, please contact Lisa Cramer, Field Manager at (253) 983-3826.

Sincerely,



Robert Ogolsky  
Compliance Specialist  
Residential Care Services

Licensee, Kind Hearts Adult Family Home LLC.

Kind Hearts Adult Family Home LLC.

License #751411

August 27, 2015

Page 4

Enclosure

cc: Field Manager, Region 3, Unit B  
RCS Regional Administrator, Region 3  
HCS Regional Administrator, Region 3  
DDA Regional Administrator, Region 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
HQ Central Files  
ndl