



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

July 28, 2015

**CERTIFIED MAIL 7008 1300 0000 7160 7493**

Licensee, Still Waters Living, LLC.  
Still Waters Living  
18610 NE 109<sup>th</sup> Avenue  
Battleground, WA 98604

Adult Family Home License #751438  
Entity Representative: Traci Nelson

**IMPOSITION OF CIVIL FINE**

Dear Licensee:

On July 14, 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 a civil fine for your adult family home, located at **18610 NE 109<sup>th</sup> Avenue, Battleground**, 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 fine is based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **July 14, 2015**.

**CIVIL FINE**

**WAC 388-76-10475(1)(2)(c)(d)(3)(c)(i)(ii)(iii)(iv) – Medication—Log.                      \$500.00**

**The licensee failed to ensure the medication log was current and complete.**

**This is a repeat and uncorrected deficiency from March 31, 2015 and June 1, 2015.**

***NOTE: This is the violation which resulted in the fine; 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.

Licensee, Still Waters Living, LLC.  
Still Waters Living  
License #751438  
July 28, 2015  
Page 2

Return the signed and dated SOD to:

Karyl Ramsey, Field Manager  
Region 3, Unit E  
800 NE 136<sup>th</sup> Avenue, Suite 220  
Vancouver, WA 98684  
Phone: (360) 397-9556 / Fax: (360) 992-7969

### **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.**

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 fine by requesting a formal administrative hearing to challenge the deficiency which resulted in the civil fine. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

Licensee, Still Waters Living, LLC.  
Still Waters Living  
License #751438  
July 28, 2015  
Page 3

**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

**Payment:**

If you do not request a formal administrative hearing, the civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

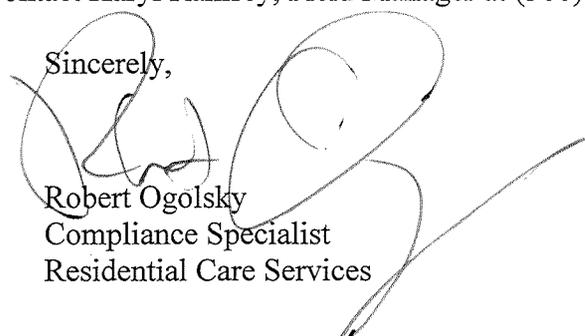
Mail a check for \$500.00 payable to the 'Department of Social and Health Services' at:

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 Karyl Ramsey, Field Manager at (360) 397-9556.

Sincerely,



Robert Ogolsky  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit E  
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