



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

August 8, 2014

CERTIFIED MAIL 7007 1490 0003 4302 5546

Licensee, Anderson Loving Care AFH, LLC.
Anderson Loving Care AFH, LLC.
12621 84th Avenue South
Seattle, WA 98178

Adult Family Home License #751440
Entity Representative: Rebecca Anderson

**IMPOSITION OF CIVIL FINE AND
CONDITIONS ON A LICENSE**

Dear Licensee:

On **July 30, 2014**, 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 and conditions on the license for your adult family home, located at **12621 84th Avenue South, 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 fine and 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 **July 30, 2014**.

Civil Fine

WAC 388-76-10205 – Medicaid or state funded residents.

\$100.00

The Licensee failed to ensure conditions of a Department contract were followed.

Conditions on License

WAC 388-76-10400(2)(3)(b)(4) – Care and services.

The Licensee failed to ensure one resident received medications as ordered; did not verify doses of medication and did not update medication log.

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

- *The licensee, at her own expense, will hire a Registered Nurse Consultant to assist the licensee to develop a medication management system ensuring;*
- *Medications are filled timely.*
- *Medication logs accurately reflect resident's currently prescribed medications.*
- *Residents receive medication as prescribed.*
- *Medication logs accurately reflect the time and amount of medications residents take.*
- *Explanations for missed medications.*
- *All caregivers receive training regarding the medication management system.*
- *The Registered Nurse Consultant must be hired by August 18, 2014.*
- *The Registered Nurse Consultant will be available to answer questions by the Department.*
- *The licensee will provide the consultant with a copy of the July 30, 2014 Statement of Deficiencies (SOD).*
- *The licensee must post this Notice of Conditions, with the license, in a visible location accessible to residents and visitors.*

These conditions are effective on August 8, 2014, and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations which resulted in the fine and conditions; 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.

Return the signed and dated SOD to:

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Bennetta Shoop, Field Manager
20425 – 72nd Avenue South, Suite 400
Kent, WA 98032-2388
Telephone: (253) 234-6033
Fax: (253) 395-5070

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 10th 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 and conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fine and conditions. **All hearing requests must be in writing and include:**

- 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.

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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.

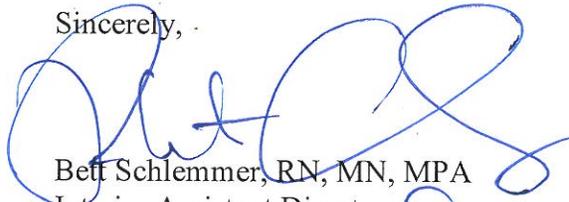
Mail a check for **\$100.00** payable to the 'Department of Social and Health Services' at:

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 Bennetta Shoop, Field Manager at (253) 234-6033.

Sincerely,



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

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 2, Unit E
RCS District Administrator, District 2
HCS District Administrator, District 2
DDA District Administrator, District 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
NDL