



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

April 2, 2014

**CERTIFIED MAIL 70081300000071878572**

Rosalyn Benton, Licensee  
Quilceda Creek Manor II LLC  
12702 52<sup>nd</sup> Dr. NE  
Marysville, WA 98271

Adult Family Home License # 751519

**IMPOSITION OF CIVIL FINE**

Dear Licensee:

This letter is formal notice of the imposition of civil fines for your adult family home, located at 12702 52<sup>nd</sup> Dr. NE, Marysville, WA 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 as a result of an agreement between your Adult Family Home and the Department **and therefore there are no provisions for requesting Informal Dispute Resolution (IDR), or an administrative hearing.**

The civil fines are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated April 17, 2013.

**WAC 388-76-10020 (1)** **\$500.00**

**The licensee lacked the understanding of her responsibility to promote and protect the health and safety of the residents in the home.**

**WAC 388-76-10175 (1)(2)(3)(4)** **\$500.00**

**The licensee failed to get a background check after re-hiring a staff.**

**WAC 388-76-10225 (1)(a)(i)(ii)(iii)(b)(i)(ii)(iii) Reporting Requirement** **\$500.00**

**The licensee failed to report an allegation of sexual abuse of a resident as required by regulation.**

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

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**The licensee failed to ensure a resident was free from abuse.**

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:

Lynne Dasher, Field Manager  
3906 172<sup>nd</sup> St NE Suite #100  
Arlington, WA 98223

The civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

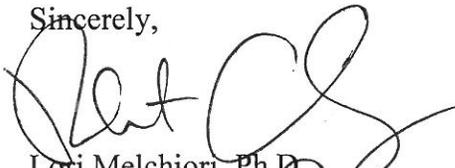
Mail a check for **\$2000.00** payable to the 'Department of Social and Health Services' at:

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 have any questions, please contact Lynne Dasher, Field Manager at (360) 651-6863.

Sincerely,



Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist  
Field Manager, District 2, Unit B  
RCS District Administrator, District 2

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HCS District Administrator, District 2  
DDD District Administrator, District 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Judy Plesha, HCS