



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

May 14, 2015

**CERTIFIED MAIL 7008 1300 0000 7160 6823**

Licensee, Happy Heart Adult Family Home Care  
Happy Heart Adult Family Home Care #2  
106 SW 122<sup>nd</sup> Street  
Seattle, WA 98146

Adult Family Home License #751548  
Entity Representative: Joy Forghani

**IMPOSITION OF CIVIL FINE**

Dear Licensee:

On May 11, 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 **106 SW 122<sup>nd</sup> Street, 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 is based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **May 11, 2015**.

**CIVIL FINE**

**WAC 388-76-10200(1) – Adult family home—Staff—Availability—Contact information.**  
**\$1,000.00**

The licensee failed to ensure the Entity Representative (ER) has staff in the adult family home to safely meet the needs of three residents.

*NOTE: This is the violation which resulted in the fine; see the attached Statement of Deficiencies for any additional violations.*

Licensee, Happy Heart Adult Family Home Care  
Happy Heart Adult Family Home Care #2  
License #751548  
May 14, 2015  
Page 2

### **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:

Bennetta Shoop, Field Manager  
Region 2, Unit E  
20425 – 72<sup>nd</sup> Avenue South, Suite 400  
Kent, WA 98032-2388  
Phone: (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 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

Licensee, Happy Heart Adult Family Home Care  
Happy Heart Adult Family Home Care #2  
License #751548  
May 14, 2015  
Page 3

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.

**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.

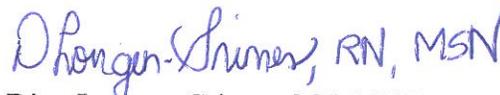
Mail a check for \$1,000.00 payable to the 'Department of Social and Health Services' at:

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,



Dina Longen-Grimes, RN, MSN  
Compliance Specialist  
Residential Care Services

Licensee, Happy Heart Adult Family Home Care  
Happy Heart Adult Family Home Care #2  
License #751548  
May 14, 2015  
Page 4

Enclosure

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