



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050

June 13, 2013

CERTIFIED MAIL 7007 1490 0003 4202 4199

Cecille Indino
Pacific Country Homes 2
3215 Pacific Way
Longview WA 98632

Adult Family Home License #751575

IMPOSITION OF CIVIL FINE

Dear Mr. Indino:

This letter constitutes formal notice of the imposition of a civil fine for your adult family home, located at **3215 Pacific Way, Longview, Washington**, 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 388-76-10940.

The civil fine is based on the following violations of the RCW and/or WAC found by the department in your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on June 3, 2013.

WAC 388-76-10015(1) License—Adult family home—Compliance required. \$1,000.00

The provider was not in compliance with the requirement for nurse delegation training, delegation for medication administration and blood glucose monitoring, obtaining background checks and ensuring that newly hired staff were supervised.

WAC 388-76-10163 (1)(2) Background checks—Process—Background authorization form.

WAC 388-76-10175(1-5) Background checks—Employment—Conditional hire—Pending results of Washington state name and date of birth background check.

\$1,000.00

The provider failed to ensure four caregivers in the home had completed and sent forms to the department for background checks completed including finger prints prior to having unsupervised contact with residents.

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WAC 388-76-10455(2) Medication—Administration.

\$1,000.00
\$500.00 x 2 residents

The provider failed to ensure caregivers were delegated prior to performing nursing tasks for two residents.

WAC 388-112-0195(1)(a-c) Who is required to complete nurse delegation core training, and when?

\$1,500.00
\$500.00 x 3 caregivers

The provider failed to ensure three caregivers completed nurse delegation core training prior to doing the nursing tasks requiring delegation.

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Joan Pierce, Field Manager
District 3 – Unit C
6639 Capitol Blvd SW
Point Plaza West
Tumwater, Washington 98501
Phone: (360) 664-8428 / Fax: (360) 664-8451

You may contest the civil fine by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

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

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If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$4,500.00** payable to the Department of Social and Health Services. The check should be sent to:

**DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501**

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue 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 the department will be recovered.

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax 360-725-3225**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

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If you have any questions, please contact Joan Pierce at (360) 664-8428.

Sincerely,

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

Enclosure

cc: Bett Schlemmer, Compliance Specialist
Field Manager, District 3, Unit C
RCS District Administrator, District 3
HCS Regional Administrator, Region 3
DDD Regional Administrator, Region 3
WA LTC Ombudsman
Area Agency on Aging, AAA- SW
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM