



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

August 19, 2015

**CERTIFIED MAIL 7008 1300 0000 7188 3637**

Licensee, Maria Tulare  
Absolute Care Adult Family Home 2  
1109 Lafayette Street South  
Tacoma, WA 98444

Adult Family Home License #751599

**IMPOSITION OF CIVIL FINE,  
CONDITIONS ON A LICENSE AND  
STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Licensee:

On August 5, 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, conditions on a license, and stop placement order prohibiting admissions on the license of your adult family home, located at **10502 110<sup>th</sup> Street SW, Lakewood**, 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, conditions on a license, and stop placement order prohibiting admissions 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 **August 5, 2015**.

**Civil Fine**

**WAC 388-76-10960(14)(a) – Remedies—Department may impose remedies.**

**\$100.00**

**X Twenty-One Days = \$2,100.00**

**(May 6, 2015 to May 27, 2015)**

**The licensee failed to follow imposed conditions on the license.**

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## **Stop Placement Order Prohibiting Admissions**

### **WAC 388-76-10130(4) – Qualifications—Provider, entity representative and resident manager.**

The licensee failed to ensure one staff responsibly provided instruction to other staff.

### **WAC 388-76-10146(2)(a)(C) – Qualifications—Training and home care aide certification.**

The licensee failed to ensure one staff completed orientation and safety training.

This is an uncorrected, repeated deficiency from April 13, 2015.

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

The licensee failed to ensure a background inquiry requesting fingerprints for one staff.

This is an uncorrected, repeated deficiency from April 13, 2015.

### **WAC 388-76-10165(1)(a)(b) – Background checks—Washington state name and date of birth background check—Valid for two years—National fingerprint background check—Valid indefinitely.**

The licensee failed to ensure a background check was renewed for a staff's spouse, who frequently stayed in the adult family home.

This is a repeat deficiency from October 3, 2013.

### **WAC 388-76-10198(2)(a)(3) – Adult family home—Personnel records.**

The licensee failed to ensure documents related to two staff were readily accessible to Department staff.

This is a repeat, uncorrected deficiency from April 13, 2015.

### **WAC 388-76-10220(1)(2)(3) – Incident log.**

The licensee failed to ensure accidents were documented on an incident log for one resident.

This is an uncorrected, repeat deficiency from April 13, 2015.

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**WAC 388-76-10225(1)(a)(i)(ii)(iii)(2)(f) – Reporting requirement.**

The licensee failed to ensure accidents were reported to the appropriate individuals/authorities for one resident.

This is an uncorrected, repeat deficiency from April 13, 2015.

**WAC 388-76-10365 – Negotiated care plan—Implementation—Required.**

The licensee failed to ensure the negotiated care plan was implemented for one resident.

**WAC 388-76-10380(2) – Negotiated care plan—Timing of reviews and revisions.**

The licensee failed to ensure negotiated care plans for three residents were revised to reflect the resident's current status.

This is an uncorrected, repeat deficiency from April 13, 2015.

**WAC 388-76-10400(1)(2)(3)(a)(b)(4) – Care and services.**

The licensee failed to ensure the care and services for four residents.

This is a repeat, uncorrected deficiency from March 18, 2014 and April 13, 2015.

**WAC 388-76-10415(1) – Food services.**

The licensee failed to ensure one staff had current food handling training.

**WAC 388-76-10430(1)(2)(c)(d) – Medication system.**

The licensee failed to have medication systems in place for four residents.

This is a repeat, uncorrected deficiency from July 23, 2012 and April 13, 2015.

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

The licensee failed to ensure one new staff was nurse delegated.

This is a repeat, uncorrected deficiency from September 17, 2012 and April 13, 2015.

**WAC 388-76-10470(1)(b)(ii)(iii) – Medication—Timing—Special directions.**

The licensee failed to ensure medications were given at ordered times.

This is an uncorrected, repeated deficiency from April 13, 2015.

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**WAC 388-76-10485(1) – Medication storage.**

The licensee failed to ensure medications were kept in locked storage.

This is an uncorrected, repeat deficiency from April 13, 2015.

**WAC 388-76-10675(1) – Adult family home rules and policies related to abuse—  
Required.**

The licensee failed to ensure the mandated reporter policy was implemented for one resident.

This is a repeat or uncorrected deficiency from April 13, 2015.

**WAC 388-76-10805(3) – Automatic smoke detectors.**

The licensee failed to ensure there was a working smoke detector in the hall adjacent to three resident bedrooms.

This is an uncorrected, repeat deficiency from April 13, 2015.

**WAC 388-76-10960(14)(a) – Remedies—Department may impose remedies.**

The licensee failed to follow imposed conditions on the license.

**WAC 388-112-0015(1) – What is orientation training, who should complete it, and when should it be completed?**

The licensee failed to ensure two staff completed orientation and/or orientation documentation was completed.

This is a repeat, uncorrected deficiency from April 13, 2015.

**WAC 388-112-0035(2)(3)(4)(5)(7) – What documentation is required for facility orientation training?**

The licensee failed to ensure two staff completed orientation and/or orientation documentation was completed.

This is a repeat, uncorrected deficiency from April 13, 2015.

**WAC 388-112-0165(1)(2)(3)(C) – Who is required to complete specialty training, and when?**

The licensee failed to ensure one staff had dementia specialty training.

This is a repeat, uncorrected deficiency from April 13, 2015.

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The stop placement order prohibiting admissions to your adult family home is effective immediately upon notice to you via **verbal** notification to you on **August 18, 2015** and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Lisa Cramer, Field Manager at (253) 983-3826.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement order prohibiting admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

### **Conditions on License**

#### **WAC 388-76-10365 – Negotiated care plan—Implementation—Required.**

**The licensee failed to ensure the negotiated care plan was implemented for one resident.**

#### **WAC 388-76-10380(2) – Negotiated care plan—Timing of reviews and revisions.**

**The licensee failed to ensure negotiated care plans for three residents were revised to reflect the resident's current status.**

**This is an uncorrected, repeat deficiency from April 13, 2015.**

#### **WAC 388-76-10400(1)(2)(3)(a)(b)(4) – Care and services.**

**The licensee failed to ensure the care and services for four residents.**

**This is a repeat, uncorrected deficiency from March 18, 2014 and April 13, 2015.**

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**WAC 388-76-10430(1)(2)(c)(d) – Medication system.**

**The licensee failed to have medication systems in place for four residents.**

**This is a repeat, uncorrected deficiency from July 23, 2012 and April 13, 2015.**

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

- *The provider, at her own expense, will hire a nutritional consultant to assist the provider develop and implement a system ensuring the nutritional needs of residents with diabetic and/or renal disease.*
- *The consultant will ensure all staff is trained.*
- *The nutritional consultant must be hired by August 25, 2015.*
- *The consultant will monitor the adult family home daily for one week, and at least once monthly for the following three months.*
- *The consultant will be available to answer questions by the department.*
- *The provider will provide the consultant with a copy of the August 5, 2015 Statement of Deficiencies (SOD).*
- *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

These conditions are effective on **August 18, 2015** via **verbal** notification to you 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, conditions on your license, and stop placement order prohibiting admissions; 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.

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Return the signed and dated SOD to:

Lisa Cramer, Field Manager  
Region 3, Unit A  
PO Box 98907  
Lakewood, WA 98496  
Phone: (253) 983-3826 / Fax: (253) 589-7240

### **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).
- If you are requesting an **expedited** hearing for a summary suspension, stop placement or conditions on your home within **60 days**, you must provide a statement stating that you wish to have an **expedited** review. **Note:** No other actions qualify for an expedited review hearing.

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

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

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**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.

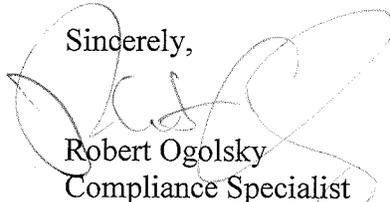
Mail a check for **\$2,100.00** payable to the 'Department of Social and Health Services' at:

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 Lisa Cramer, Field Manager at (253) 983-3826.

Sincerely,



Robert Ogolsky  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit A  
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  
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