



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

October 26, 2016

CERTIFIED MAIL 7007 1490 0003 4196 5844

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

Adult Family Home License #751599
Entity Representative: Maria Tulare

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On September 22, 2016, the Department of Social and Health Services (DSHS), Residential Care Services completed an investigation at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at **10502 110th 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 conditions are based on the following violation 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 **September 22, 2016**.

WAC 388-76-10915 Department staff access – Willful interference prohibited.

The licensee failed to ensure cooperation with the department in providing documents that financial obligations relating to care and services were met; and failed to communicate with department staff in responding to phone calls and messages in a timely way.

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

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

- *The licensee must contact the department Field Manager to schedule a meeting to discuss the September 22, 2016 Statement of Deficiencies (SOD), financial responsibilities associated with the home, and a plan to comply with the regulations.*
- *The licensee must contact the department Field Manager by November 10, 2016.*
- *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

The conditions on your license are effective by verbal notification on **October 26, 2016**. As provided in RCW 70.128.160(b), WAC 388-76-10990(6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

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:

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).

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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 conditions by requesting a formal administrative hearing to challenge the deficiency which resulted in the conditions. **All hearing requests must be in writing and include:**

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

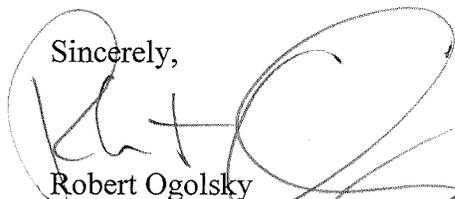
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

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

If you have any questions, please contact Lisa Cramer, Field Manager at (253) 983-3826.

Sincerely,



Robert Ogolsky
Compliance Specialist
Residential Care Services

Enclosure

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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
HQ Central Files
bam