

February 10, 2012

CERTIFIED MAIL
(7007 1490 0003 4207 6129)

Fatma Abdalla
Abab Sweet Home
1930 Magnolia Road
Lynnwood, Washington 98036

License #751763

IMPOSITION OF CIVIL FINE AND
CONDITIONS ON A LICENSE

Dear Ms. Abdalla:

This letter constitutes formal notice of the imposition of a civil fine and conditions on the license for your adult family home, located at **1930 Magnolia Road, Lynnwood, Washington**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in RCW 70.128.160, chapter 43.20A RCW and WAC 388-76-10940.

The civil fine and conditions are based on the following violation(s) of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on January 31, 2012.

WAC 388-76-10400 (3)(b) Care and services.

\$500.00 x 4 elopements = \$2,000.00

The provider failed to have a system in place to ensure care and services actively supported the safety of one resident. This failure to adequately monitor the resident, who had a history of exit seeking, placed her at risk for injury and unmet care needs.

The department, based on the findings of the inspection, has determined that the following condition(s) shall be placed on your adult family home:

- ***Starting February 3, 2012, in order to provide direct supervision of Resident 3, there must be 2 caregivers in the home at all times. During the night time hours, one of the two caregivers will remain awake.***

- *Licensee must post the license with the enclosed Notice of Conditions of Operation in the adult family home in a location accessible to residents and visitors.*

The effective date of the conditions on your license upon verbal notice was February 3, 2012. As provided in RCW 70.128.160(4), WAC 388-76-10995, and WAC 388-76-10990, the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

Plan
(Plan of Correction)

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:

Carolyn Hundley, Field Manager
3906 172nd Street NE, Suite 100
Lynnwood, WA 98036

You may contest the civil fines and conditions on your license by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your 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

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$2,000.00** 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
1-800-562-6114

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If payment has not been received within twenty-eight (28) calendar 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) calendar 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 enforcement action that is disputed;
- Explain why you are 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.

If you have any questions, please contact Carolyn Hundley, Field Manager at 360-651-6864.

Sincerely,

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

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Enclosure

cc: David Moon, Compliance Specialist
Field Manager, District 2 Unit G
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
Washington State Long Term Care Ombudsman
Area Agency on Aging, AAA- Sno
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
John Ficker, HCS
HQ Central Files