



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

April 3, 2013

CERTIFIED MAIL 7007 1490 0003 4205 5025

Myrna Ngipol
Abur Adult Family Home
7700 NE 86th Avenue
Vancouver WA 98662

Adult Family Home License #751773

IMPOSITION OF A CONDITION ON A LICENSE
IMPOSITION OF CIVIL FINE

Dear Ms. Ngipol:

This letter constitutes formal notice of the imposition of conditions on the license and imposition of a civil fine for your adult family home, located at **7700 NE 86th Avenue, Vancouver, Washington**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272; RCW 18.20.190.

The imposition of a civil fine is based on the following violations of the Revised Code of Washington (RCW) and/or the Washington Administrative Code (WAC) found by the department in your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on March 28, 2013.

WAC 388-76-10015 License—Adult family home—Compliance required. **\$2,000.00**

The provider failed to promote the health, safety, and well-being of each resident living in the home when she failed to oversee the day-to-day operations of the home.

The imposition of conditions on a license is based on the following violations of the Revised Code of Washington (RCW) and/or the Washington Administrative Code (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 March 28, 2013.

WAC 388-76-10015 License—Adult family home—Compliance required.

The provider failed to promote the health, safety, and well-being of each resident living in the home when she failed to oversee the day-to-day operations of the home.

WAC 388-76-10135 Qualifications--Caregiver.

The provider failed to ensure resident care and services were provided by staff members that had received the required training to meet the specialty needs of six residents in the home.

WAC 388-76- 10225 Reporting requirement.

The home failed to make a report of suspected abuse of a resident to physician, family, guardian, case manager, law enforcement, and the Department.

WAC 388-76-10315 Resident record—Required.

The provider failed ensure three residents' medical records contained the nurse delegation paper work.

WAC 388-76-10380 Negotiated care plan—Timing of reviews and revisions.

The provider failed to ensure two residents had updated care plans at least annually and with a change in condition after a resident-to-resident altercation.

WAC 388-76-10400 Care and services.

The provider failed to ensure three sampled residents had medications administered by qualified staff members.

WAC 388-76-10660 Chemical restraints.

The provider failed to ensure one resident was free of chemical restraints.

WAC 388-76-10670 Prevention of abuse.

The provider failed to ensure abuse did not occur at the adult family home.

WAC 388-76-10675 Adult family home rules and policies related to abuse—Required.

The home failed to have a policy in place regarding abuse.

WAC 388-76-101632 Background checks—National fingerprint background check.

The provider failed to ensure two caregivers had completed the criminal background requirements when a national fingerprint background check was not requested.

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

- ***By April 9, 2013, the licensee, all caregivers, volunteers, and other staff in the home current and future, must complete the online Mandatory Reporter Training located at <http://www.adsa.dshs.wa.gov/APS/training>.***
- ***Must maintain documentation of completion of this training in each caregivers file.***
- ***By April 16, 2013, the licensee at the home's expense will hire a qualified consultant, not currently associated with the home, with knowledge of adult family home abuse requirements, WAC 388-76-10670 – 10680, to provide an additional 6 hours of Abuse, Neglect, Exploitation, and Abandonment Training to the licensee, caregivers, volunteers, and other staff in the home, current and future. The topics covered must include screening, identification, training, prevention, investigation, protection, and reporting/response.***
- ***By April 16, 2013, the licensee at the home's expense will hire a qualified Developmental Disability / behavioral consultant, not currently associated with the home, to provide onsite training to licensee, caregivers, volunteers, and other staff in the home, current and future. The topics covered must include an overview of Developmental Disabilities, understanding behaviors, crisis prevention and intervention. The consultant will reassess all resident assessments and care plans to assure resident needs are met, and assist the licensee with the development and implementation of protocols for residents with a diagnosis of an intellectual disability. The consultant will make visits until the provider and staff demonstrates knowledge of Developmental Disabilities, understanding behaviors, crisis prevention and intervention.***
- ***The licensee will give the consultants a copy of the March 28, 2013 Statement of Deficiencies (SOD).***
- ***The licensee must meet with residents on an ongoing basis as to their quality of life and caregiver treatment.***
- ***The consultants will be available to the Department for questioning.***
- ***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 condition on your license is April 3, 2013. As provided in RCW 18.20.190, the effective date of the condition on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

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You may contest this condition on your license and the civil fine 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

As provided in RCW 18.20, 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) 438-7903

The written request should:

- Identify the citation and/or 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 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

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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.

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:

Janice Jiles, Field Manager
District 3 – Unit D
6639 Capitol Blvd SW
Point Plaza West
Tumwater, Washington 98501
Phone: (360) 664-8421 / Fax: (360) 664-8451

If you have any questions, please call Janice Jiles at (360) 664-8421.

Sincerely,

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

cc: Bett Schlemmer, Compliance Specialist
RCS Field Manager – District 3, Unit D
RCS District Administrator – District 3

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HCS Regional Administrator – Region 3
DDD Regional Administrator – Region 3
Washington State Long Term Care Ombudsman
Area Agency on Aging, AAA- Kitsap
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM