



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

March 15, 2016

CERTIFIED MAIL 7007 1490 0003 4196 1631

Licensee, Misty Rose Marz
Young at Heart A Marz Family Home
6210 72nd Street NE
Marysville, WA 98270

Adult Family Home License #751880

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On February 11, 2016, 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 conditions on the license for your adult family home, located at **6210 72nd Street NE, Marysville**, 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 violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached amended Statement of Deficiencies (SOD) report dated **February 11, 2016**.

WAC 388-76-10225(2)(a)(b) – Reporting requirement.

The licensee failed to immediately notify the family and representative for one resident who experienced significant changes in medical and behavioral conditions.

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

The licensee failed to provide the necessary care and services to ensure one resident reached the highest level of physical and mental well-being, and nurse delegation was in place for two residents.

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

The licensee failed to ensure a safe medication system for four residents, and assess current level of medication assistance and maintain a current medication log for one resident.

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

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

Licensee must hire a consultant knowledgeable of Adult Family Home regulations to provide training regarding residents' refusal of care. The training should include, but not limited to:

- ***How to identify when and why a resident refuses care.***
- ***Who to notify and when.***
- ***How to deal with the resident.***
- ***Documentation.***

Training must include Provider and all caregivers.

The consultant must be hired by March 23, 2016.

Licensee must provide the trainer with a copy of the February 11, 2016 Statement of Deficiencies (SOD).

The consultant will be available to the department to answer questions.

The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.

The effective date of the conditions on your license is **March 15, 2016**. As provided in RCW 70.128.162(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:

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Kay Randall, Field Manager
Region 2, Unit B
3906 – 172nd Street NE, Suite 100
Arlington, WA 98223
Phone: (360) 651-6872 / Fax: (360) 651-6940

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).

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 deficiencies 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.

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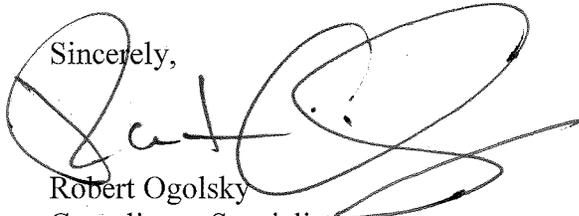
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

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

If you have any questions, please contact Kay Randall, Field Manager at (360) 651-6872.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Ogolsky', written over a circular stamp or mark.

Robert Ogolsky
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit B
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
HQ Central Files
ndl