



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 30, 2013

CERTIFIED MAIL 7003 0500 0003 0158 9960

Katherine Brown
Brown Villa "B"
10317 61st Avenue South
Seattle, WA 98178

Adult Family Home License #752006

IMPOSITION OF A CONDITION ON A LICENSE

Dear Ms. Brown:

This letter constitutes formal notice of the imposition of conditions on the license for your adult family home, located at **10033 "B" 61st Avenue South, Seattle, 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 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 April 16, 2013.

WAC 388-76-10220 Incident log.

The adult family home entity representative failed to ensure the home kept a log of allegations of abuse, accidents or incidents affecting the welfare of the residents.

WAC 388-76-10225(1)(a)(i)(ii) Reporting requirement.

The adult family home entity representative failed to report an allegation of verbal abuse of a resident to the department's complaint toll-free hotline number.

WAC 388-76-10620 Resident rights—Quality of life—General.

The adult family home entity representative failed to maintain an environment that promoted dignity and respect for two residents when their right to be treated respectfully was violated.

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

- ***By May10, 2013, the Entity Representative, all current caregivers, staff and volunteers in the adult family home (AFH), must complete the online "Mandatory Reporter Training" located at <http://www.adsa.dshs.wa.gov/APS/training/>.***
- ***The provider must develop and implement a system ensuring that all future caregivers receive training regarding mandatory reporting within first week of employment and before being allowed unsupervised access to residents.***
- ***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 30, 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.

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) 725-3225

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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.

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:

Bennetta Shoop, Field Manager
District 2, Unit E
20425 72nd Ave South, Suite 400
Kent, WA 98032-2388
Phone: (253) 234-6033 / Fax: (253) 395-5070

If you have any questions, please call Bennetta Shoop at (253) 234-6033.

Sincerely,

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

cc: Robert Ogolsky, Compliance Specialist
RCS Field Manager – District 2, Unit E
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- King
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM