



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

January 27, 2015

**CERTIFIED MAIL 7008 1300 0000 7160 5895**

Licensee, Westgate Siesta Home Care Inc.  
Westgate Siesta Home Care Inc.  
20819 58<sup>th</sup> Place West  
Lynnwood, WA 98036

Adult Family Home License #752032  
Entity Representative: Anna Budai

**IMPOSITION OF CONDITIONS ON A LICENSE AND,  
AMENDED STATEMENT OF DEFICIENCIES**

Dear Licensee:

On November 7, 2014, 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 **20819 58<sup>th</sup> Place West**, Lynnwood, 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 **November 7, 2014**.

**WAC 388-76-10205 – Medicaid or state funded residents.**

**The licensee failed to follow the terms of the Department’s “Client Service Contract”.**

**WAC 388-76-10400(2)(3)(a) – Care and services.**

**The licensee failed to ensure residents had systems in place to support their quality of life.**

Licensee, Westgate Siesta Home Care Inc.  
Westgate Siesta Home Care Inc.  
License #752032  
January 27, 2015  
Page 2

**WAC 388-76-10415(1)(2)(a)(b)(i)(ii)(iii)(iv)(v) – Food services.**

**WAC 388-76-10420(1)(a)(b)(c)(2)(a)(b)(3)(4)(5)(6)(7)(a)(b) – Meals and snacks.**

The licensee failed to ensure nutritional needs were met for residents.

**WAC 388-76-10510(2)(4)(5)(6)(7) – Resident rights—Basic rights.**

The licensee failed to ensure resident's personal rights.

**WAC 388-76-10620(1)(2)(a)(b)(c)(d)(e)(i)(ii)(iii)(iv) – Resident rights—Quality of life—General.**

The licensee failed to have a system in place which maintained each resident's quality of life.

**WAC 388-76-10630 – Resident rights—Quality of life—Adult family home response to issues.**

The licensee failed to have a system in place to ensure communication with health care providers for residents.

*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:

- *The licensee must obtain a consultant, not associated with the Adult Family Home, to provide training to the licensee and all caregivers in the following areas:*
  1. *Resident Rights*
  2. *Abuse prevention and recognition*
- *The licensee will provide the consultant with a copy of the November 7, 2014 Amended Statement of Deficiencies.*
- *The consultant will be available to answer questions by the department.*
- *The consultant must be obtained by February 6, 2015.*
- *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 **January 27, 2015**. 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.

Licensee, Westgate Siesta Home Care Inc.  
Westgate Siesta Home Care Inc.  
License #752032  
January 27, 2015  
Page 3

### **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:

Kathy Gold, Field Manager  
Region 2, Unit G  
3906 – 172<sup>nd</sup> Street NE, Suite 100  
Arlington, WA 98223  
Phone: (360) 651-6864 / 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 10<sup>th</sup> 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

Licensee, Westgate Siesta Home Care Inc.  
Westgate Siesta Home Care Inc.  
License #752032  
January 27, 2015  
Page 4

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.

**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 Kathy Gold, Field Manager at (360) 651-6864.

Sincerely,



Timothy Hoekstra  
Compliance Office Chief  
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist  
Field Manager, Region 2, Unit G  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
NDL