



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

July 24, 2015

CERTIFIED MAIL 7008 1300 0000 7160 7462

Licensee, Mele K. Aho
A Whispering Hope Adult Family Home
4514 252nd Street East
Graham, WA 98338

Adult Family Home License #752146

**IMPOSITION OF CIVIL FINE AND
CONDITIONS ON A LICENSE**

Dear Licensee:

On July 9, 2015, 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 a civil fine and conditions on the license for your adult family home, located at **4514 252nd Street East, Graham**, 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 civil fine and 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 Statement of Deficiencies (SOD) report dated **July 9, 2015**.

Civil Fine

WAC 388-76-10285(1)(2) – Tuberculosis—Two step skin testing.

\$100.00

The licensee failed to ensure staff completed Tuberculosis (TB) testing within three days of hire.

This is a repeat, uncorrected deficiency from May 11, 2015.

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Conditions on License

WAC 388-76-10285(1)(2) – Tuberculosis—Two step skin testing.

The licensee failed to ensure staff completed Tuberculosis (TB) testing within three days of hire.

This is a repeat, uncorrected deficiency from May 11, 2015.

WAC 388-76-10310(1)(2) – Tuberculosis—Test records.

The licensee failed to keep tuberculin test results for one staff (C) and have the records available to the department.

WAC 388-76-10380(1)(2) – Negotiated care plan—Timing of reviews and revisions.

The licensee failed to ensure the negotiated care plans (NCP) for two residents were revised.

This is a repeat, uncorrected deficiency from April 17, 2012, August 1, 2012, October 6, 2014 and May 11, 2015.

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

The licensee failed to ensure one resident received medication as ordered and had as-needed medications in supply.

This is a repeat and/or uncorrected deficiency from April 30, 2012, March 4, 2015 and May 11, 2015.

WAC 388-76-10470(1)(b)(iii) – Medication—Timing—Special directions.

The licensee failed to ensure medications ordered three times daily were given approximately six hours apart for three residents.

This is a repeat and uncorrected deficiency from October 10, 2013 and May 11, 2015.

WAC 388-76-10522(1)(2)(3)(4)(5)(6) – Resident rights—Notice—Policy on accepting Medicaid as a payment source.

The licensee failed to ensure the adult family home's policy on accepting Medicaid payments was fully disclosed to one resident.

This is a repeat deficiency from April 17, 2012.

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WAC 388-76-10530(1)(2)(3) – Resident rights—Notice of services.

The licensee failed to ensure the adult family home's Notice of Services and Rules of the adult family home's operations was given to one resident before admission.

WAC 388-112-0255 – What is CPR/first-aid training?

The licensee failed to ensure one staff (C) completed CPR/first-aid training.

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

The provider, at her own expense, will hire a Registered Nurse consultant not associated with the home and familiar with adult family home licensing regulations to assist the provider to develop and implement a medication management system ensuring, but not limited to, the following:

- *Residents receive all medication as prescribed;*
- *Medications are prepared timely;*
- *Medication logs are accurately completed;*
- *Nurse delegation is obtained as required; and*
- *All caregivers receive training regarding the medication management system.*

The Nurse consultant must be hired by August 3, 2015.

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

The provider will provide the consultant with a copy of the July 9, 2015 Statement of Deficiencies (SOD).

The provider must contact the department Field Manager by July 31, 2015 to schedule a meeting to discuss the history of noncompliance with adult family home regulations, and the importance of maintaining compliance.

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

These conditions are effective on **July 24, 2015** and remain in effect until lifted by formal Department of Social and Health Services notice.

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

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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:

Lisa Cramer, Field Manager
Region 3, Unit B
PO Box 45819 – MS: N27-24
Olympia, WA 98504-5819
Phone: (253) 983-3826 / Fax: (253) 589-7240

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

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Formal Administrative Hearing

You may contest the civil fine and conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fine and 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

Payment:

If you do not request a formal administrative hearing, the civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

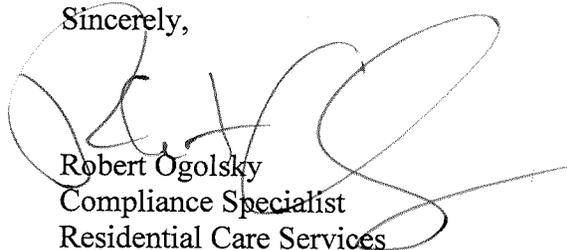
Mail a check for **\$100.00** payable to the 'Department of Social and Health Services' at:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately 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 will be recovered.

If you have any questions, please contact Lisa Cramer, Field Manager at (253) 983-3826.

Sincerely,



Robert Ogolsky
Compliance Specialist
Residential Care Services

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Enclosure

cc: Field Manager, Region 3, Unit B
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
HQ Central Files
ndl