



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

March 9, 2015

CERTIFIED MAIL 7008 1300 0000 7160 6236

Licensee, Desiree Clifton
Heritage Haven Adult Family Home
3116 South Lamonte
Spokane, WA 99203

Adult Family Home License #752226

IMPOSITION OF CIVIL FINES

Dear Licensee:

On February 23, 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 civil fines for your adult family home, located at **3116 South Lamonte, Spokane**, 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 fines are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **February 23, 2015**.

CIVIL FINES

WAC 388-76-10165(1)(b) – Background checks—Washington state name and date of birth background check—Valid for two years—National fingerprint background check.
\$100.00

The licensee failed to ensure a date of birth background check was conducted every two years for one household member.

This is a repeat citation from April 28, 2014.

WAC 388-76-10430(1)(2)(c) – Medication system.
\$100.00

The licensee failed to ensure the medication system for four residents.

This is a repeat citation from September 27, 2013.

Licensee, Desiree Clifton
Heritage Haven Adult Family Home
License #752226
March 9, 2015
Page 2

WAC 388-76-10650(1)(2)(3) – Medical devices. **\$100.00**

The licensee failed to ensure medical devices were assessed for two residents.

WAC 388-76-10750(1)(2)(3) – Safety and maintenance. **\$100.00**

This is a repeat citation from September 27, 2013.

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

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:

Lori Heiner, Field Manager
Region 1, Unit B
316 West Boone Avenue, Suite 170
Spokane, WA 99201-2351
Phone: (509) 323-7324 / Fax: (509) 329-3993

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.

Licensee, Desiree Clifton
Heritage Haven Adult Family Home
License #752226
March 9, 2015
Page 3

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 civil fines by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fines. **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 fines is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$400.00** payable to the 'Department of Social and Health Services' at:

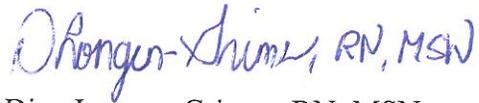
DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

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.

Licensee, Desiree Clifton
Heritage Haven Adult Family Home
License #752226
March 9, 2015
Page 4

If you have any questions, please contact Lori Heiner, Field Manager at (509) 323-7324.

Sincerely,



Dina Longen-Grimes, RN, MSN
Compliance Specialist
Residential Care Services

Enclosure

cc: Dina Longen-Grimes, Compliance Specialist
Field Manager, Region 1, Unit B
RCS Regional Administrator, Region 1
HCS Regional Administrator, Region 1
DDA Regional Administrator, Region 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
HQ Central Files
NDL