



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 6, 2014

**CERTIFIED MAIL 7008 1300 00007187 6165**

Zandrix Tello, Licensee  
A-Z Adult Family Home V  
9914 64<sup>th</sup> Avenue South  
Seattle WA 98118

Adult Family Home License #752241

**IMPOSITION OF CIVIL FINE**

Dear Licensee:

On February 28, 2014, the Department of Social and Health Services (DSHS), Residential Care Services completed an investigation at your facility. This letter is formal notice of the imposition of civil fines for your adult family home, located at 9208 E. B Street, Tacoma, 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 is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **February 28, 2014**.

**WAC 388-76-10135(6) Qualifications—Caregiver.** **\$100.00**

**The provider failed to ensure all staff had valid CPR/first aid training. This is a repeat violation of deficiencies cited on April 15, 2013.**

**WAC 388-76-10475(1)(3)(a) Medication—Log.** **\$100.00**

**The provider failed to ensure medication logs were signed when residents received medications. This is a repeat violation of deficiencies cited on April 15, 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;

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- 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:

Dina Longen-Grimes, Field Manager  
District 3, Unit B  
P.O. Box 45819  
MS: N27-24  
Olympia WA 98504-5819  
(253) 983-3837/ 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 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

#### Formal Administrative Hearing

You may contest the civil fine 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:**

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- 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.

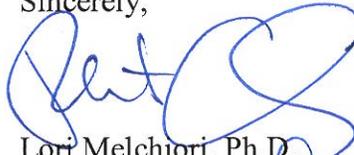
Mail a check for **\$200.00** payable to the 'Department of Social and Health Services' at:

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 Dina Longen-Grimes, Field Manager, at (253)983-3837.

Sincerely,



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

Enclosure

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cc: Robert Ogolsky, Compliance Specialist  
Field Manager, District 3, Unit B  
RCS District Administrator, District 3  
HCS District Administrator, District 3  
DDD District Administrator, District 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Judy Plesha, HCS  
BAM