



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

February 23, 2015

CERTIFIED MAIL 7008 1300 0000 7160 6106

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

Adult Family Home License #752241

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

Dear Licensee:

On February 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 civil fines and conditions on the license for your adult family home, located at **9208 East 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 fines 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 **February 9, 2015**.

Civil Fine

WAC 388-76-10200(5)(a)(b)(c)(d) – Adult family home—Staff—Availability—Contact information. **\$500.00**

The licensee failed to ensure he or the Resident Manager was readily accessible, resulting in a resident being admitted to a local hospital instead of returning to the facility.

WAC 388-76-10340(1)(2)(3)(4)(5) – Preliminary service plan. **\$500.00**

The licensee failed to ensure a preliminary service plan was developed and implemented as required.

This is a repeat violation from August 23, 2012.

Conditions on License

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

The licensee failed to ensure a safe and accurate medication system for one resident.

This is a repeat violation from April 15, 2013 and May 13, 2014.

WAC 388-76-10475(1) – Medication Log.

The licensee failed to ensure a safe and accurate medication charting system for one resident.

This is a repeat violation from March 26, 2013, April 15, 2013, May 26, 2014 and July 22, 2014.

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

- ***The licensee must hire a nurse consultant to assist the provider to develop and implement a medication management system ensuring:***
 - ***Medication logs accurately reflect residents' currently prescribed medications;***
 - ***Residents receive medication as prescribed;***
 - ***Medication logs accurately reflect the time and amount of medications residents take;***
 - ***All staff are qualified and nurse delegation is obtained when needed; and***
 - ***All caregivers, including the Resident Manager and provider, receive training regarding the medication management system.***
- ***The Registered Nurse/Consultant must be hired by March 1, 2015.***
- ***The consultant must be available to the department to answer questions.***
- ***The licensee will provide the consultant with a copy of the February 9, 2015 Statement of Deficiencies.***
- ***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 **February 23, 2015**, and remain in effect until lifted by formal Department of Social and Health Services notice.

Licensee, Zandrix Tello
A-Z Adult Family Home V
License #752241
February 23, 2015
Page 3

NOTE: These are the violations which resulted in the fines and conditions; 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:

Dahl Kim, Field Manager
Region 3, Unit B
PO Box 45819 – 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

Licensee, Zandrix Tello
A-Z Adult Family Home V
License #752241
February 23, 2015
Page 4

Formal Administrative Hearing

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

Mail a check for **\$1,000.00** 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 Dahl Kim, Field Manager at (253) 983-3826.

Sincerely,



Robert Ogolsky
Compliance Specialist
Residential Care Services

Licensee, Zandrix Tello
A-Z Adult Family Home V
License #752241
February 23, 2015
Page 5

Enclosure

cc: Robert Ogolsky, Compliance Specialist
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