



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

November 15, 2013

CERTIFIED MAIL 7007 1490 0003 4201 6545

Aleksandr Moskalenko, Licensee
Good Comfort AFH
10205 E. 15th Avenue
Spokane WA 99206

Adult Family Home License #752245
Entity Representative: Aleksandr Moskalenko

IMPOSITION OF CIVIL FINE

Dear Licensee:

On October 28, 2013, the Department of Social and Health Services (DSHS), Residential Care Services conducted an inspection/investigation at your facility. This letter is formal notice of the imposition of civil fines for your adult family home, located at 10205 E. 15th Avenue, 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 fine is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 28, 2013**.

WAC 388-76-10355(7)(c) Negotiated care plan. **\$500.00**

The licensee failed to ensure negotiated care plans for two residents noted how the home would help the residents with special needs including seizure disorder, a plan for safe mobility, and a safety plan for a medical device.

WAC 388-76-10400(3)(a)(b) Care and services. **\$2,000.00**
WAC 388-76-10620(1) Resident rights—Quality of life—General.

The licensee failed to ensure a resident received supervision instead of being left alone in his room or secured to a wheelchair with a belt. The licensee failed to ensure the quality of life for a resident was maintained when the resident was allowed to sit on the floor and isolated in his room for long periods of time.

WAC 388-76-10655(1) Physical restraints.

\$2,000.00

The licensee failed to ensure a resident was free from a restraint that was used to minimize the resident's risk for falls.

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:

Elena Madrid, Field Manager
District 1, Unit A
316 West Boone, Suite 170
Spokane, WA 99201-2351
Phone: (509) 323-7316 / 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.

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:

Aleksandr Moskalenko, Licensee
Good Comfort AFH
November 15, 2013
Page 3

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:**

- 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 **\$4,500.00** payable to the 'Department of Social and Health Services' at:

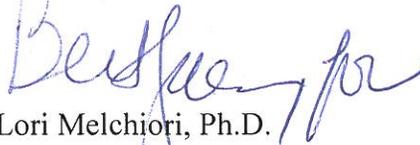
DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

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.

Aleksandr Moskalenko, Licensee
Good Comfort AFH
November 15, 2013
Page 4

If you have any questions, please contact Elena Madrid, Field Manager, at (509) 323-7316.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lori Melchiori".

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

Enclosure

cc: Bett Schlemmer, Compliance Specialist
Field Manager, District 1, Unit A
RCS District Administrator, District 1
HCS District Administrator, District 1
DDD District Administrator, District 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Judy Plesha, HCS
BAM