



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

October 2, 2014

**CERTIFIED MAIL 7008 1300 0000 7187 7056**

Licensee, Alpha and Omega Adult Foster Care II, LLC.  
Alpha and Omega Adult Foster Care II, LLC.  
PO Box 873940  
Vancouver, WA 98687

Adult Family Home License #**752311**  
Entity Representative: Emmanuel Zapanta

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Licensee:

On September 8, 2014, 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 conditions on the license for your adult family home, located at **12521 NE 22<sup>nd</sup> Street, Vancouver**, 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 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 **September 8, 2014**.

**WAC 388-76-10400(2)(3)(b) – Care and services.**

**The licensee failed to ensure blood sugar monitoring and diabetic supplies for four diabetic residents.**

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

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

- ***The licensee must hire a Registered Nurse Consultant not associated with the home, to assist the licensee to develop and implement a diabetes management system. The system will include;***

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- *Obtaining (in a timely manner ) and upkeep of blood glucose monitoring devices and supplies;*
  - *Monitoring of blood sugar results;*
  - *Ensuring proper infection control;*
  - *Documenting medications and blood sugars;*
  - *Determining when physicians should be consulted;*
  - *Developing a diabetic negotiated care plan;*
  - *Training all staff.*
- 
- *The licensee must provide the Registered Nurse Consultant with a copy of the September 8, 2014 Statement of Deficiencies.*
  - *The Registered Nurse Consultant must be available to answer questions by the department.*
  - *The Registered Nurse Consultant must be hired by October 8, 2014.*
  - *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

The effective date of the conditions on your license is **effective October 2, 2014, via verbal notification and certified mail receipt of this letter**. As provided in RCW 70.128.162(b), WAC 388-76-10990 (6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

### **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:

Karyl Ramsey, Field Manager  
District 3, Unit E  
5411 E. Mill Plain Blvd, Suite 203  
Vancouver, WA 98661  
Phone: (360) 397-9556 / Fax: (360) 992-7969

### **Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

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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 conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the 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.**

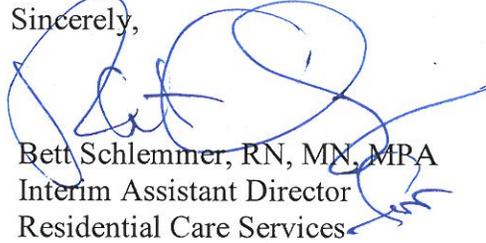
Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

If you have any questions, please contact Karyl Ramsey, Field Manager at (360) 397-9556.

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Sincerely,



Bett Schlemmer, RN, MN, MPA  
Interim Assistant Director  
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist  
Field Manager, District 3, Unit E  
RCS District Administrator, District 3  
HCS District Administrator, District 3  
DDA District Administrator, District 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
NDL