



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

**Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050**

July 31, 2013

CERTIFIED MAIL 7007 1490 0003 4201 9850

George Muresan
All Star AFH
16715 NE 6th Pl
Bellevue, WA 98008

Adult Family Home License #752371

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Mr. Muresan:

This letter constitutes formal notice of the imposition of conditions on the license for your adult family home, located at **16715 NE 6th Pl, Bellevue, Washington**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in RCW 70.128.160, chapter 43.20A RCW and 388-76-10940.

The conditions are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on July 10, 2013.

WAC 388-76-10355(1)(2)(3) Negotiated care plan.

The licensee failed to develop and implement a Negotiated Care Plan (NCP) which accurately reflected the care requirements for one vulnerable resident.

WAC 388-76-10400(2)(4) Care and services.

The licensee failed to implement the assessment as written for one vulnerable resident.

WAC 388-76-10650(1)(2) Medical devices.

The licensee failed to ensure one vulnerable resident received an assessment by a qualified professional with regard to use of a side rail on the resident's bed.

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

- *The licensee, at his own expense, will hire a nurse consultant to assist the licensee develop and implement a system to ensure skin care needs are met. This will include but is not limited to:*
 - *Causes and prevention of pressure ulcers;*
 - *Identify which residents are at risk for pressure ulcers;*
 - *How to promote healthy skin;*
 - *Types of skin problems a caregiver may see;*
 - *How to identify pressure points;*
 - *What to do if skin problem is identified i.e. proper positioning, reporting;*
 - *Identify which skin care tasks required nurse delegation;*
 - *When to update care plans;*
 - *Ensure all staff are re trained.*
- *The consultant will assist the provider to evaluate each resident's care needs.*
- *The consultant must be hired by August 8, 2013.*
- *The consultant will be available to answer questions from the Department.*
- *The licensee will provide the consultant a copy of the July 10, 2013 Statement of Deficiencies.*
- *The conditions will remain in effect until the home is in compliance with all regulations identified in the July 10, 2013 Statement of Deficiencies.*
- *The licensee must post this Notice of Conditions with the license in a visible location in a common use area.*

The effective date of the conditions on your license is **July 31, 2013**. As provided in RCW 70.128.160(5), 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.

You may contest the conditions on your license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

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

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

The written request should:

- Identify the enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Lois Rasmussen, Field Manager
District 2, Unit D
20425 72nd Ave South, Suite 400
Kent, WA 98032-2388
Phone: (253) 234-6020 / Fax: (253) 395-5071

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All Staff AFH
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If you have any questions, please contact Lois Rasmussen at (253) 234-6020.

Sincerely,

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

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 2, Unit D
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
WA LTC Ombudsman
Area Agency on Aging, AAA-King
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
DS