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
December 12, 2013

CERTIFIED MAIL 7007 1490 0003 4201 6897

Sound Garden Care Home, LLC, Licensee
Sound Garden Care Home, LLC
5917-B Soundview Drive
Gig Harbor WA 98335

Adult Family Home License #752390
Entity Representative: Haewon Choe

IMPOSITION OF CIVIL FINE

Dear Licensee:

On December 5, 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 a civil fine for your adult family home, located 5917-B Soundview Drive, Gig Harbor, 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 violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **December 5, 2013.**

WAC 388-76-10430(1)(2)(c)(d)(3) Medication system.
WAC 388-76-10475(1)(2)(b)(e)(3)(a)(c)(i-iv) Medication—Log. **$500.00**

The licensee failed to have systems in place to ensure the services provided met the medication needs of each resident and met all laws and rules relating to medications. The licensee failed to ensure the medication log for a resident was kept up-to-date. These are repeat violations of deficiencies cited on September 25, 2013.

NOTE: These are the violations which resulted in the fine; 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
District 3, Unit A
P.O. Box 45819
MS: 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

Formal Administrative Hearing

You may contest the civil fine by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fine. **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.

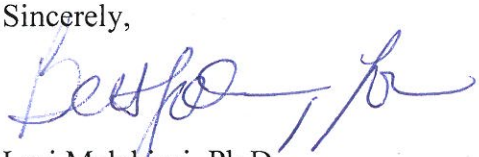
Mail a check for **$500.00** payable to the 'Department of Social and Health Services' at:

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.

If you have any questions, please contact Dahl Kim, Field Manager, at (253) 983-3826.

Sincerely,



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

Enclosure

cc: Bett Schlemmer, Compliance Specialist
Field Manager, District 3, Unit A
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