



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 21, 2014

**CERTIFIED MAIL 7008 1300 0000 7187 5984**

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 February 11, 2014, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection at your facility. This letter is formal notice of the imposition of a civil fine for your adult family home, located at 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 violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **February 11, 2014**.

**WAC 388-76-10430(1)(2)(c)(d)(3) Medication system**

**WAC 388-76-10475(1)(2)(b)(c)(e)(3)(a) Medication—Log.**

**\$500.00**

**The licensee failed to ensure the home had a system in place to ensure the services provided met the medication needs and all laws and rules relating to medications to ensure two residents received medications as required by physician order, and had an up-to-date medication log. This is a repeat violation of deficiencies cited on September 25, 2013 and December 4, 2013. The licensee failed to ensure a resident received a medication ordered twice a day approximately 12 hours apart.**

***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:

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- 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 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 civil fine by requesting a formal administrative hearing to challenge the deficiency which resulted in the civil fine. **All hearing requests must be in writing and include:**

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- 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