



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

August 13, 2015

**CERTIFIED MAIL 7008 1300 0000 7188 3576**

Licensee, Bethany Adult Family Home LLC.  
Bethany Adult Family Home LLC.  
PO Box 66723  
Burien, WA 98166

Adult Family Home License #752553  
Entity Representative: Ofa Puloka

**IMPOSITION OF CONDITIONS ON A LICENSE AND  
STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Licensee:

On July 29, 2015, 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 a license and stop placement order prohibiting admissions on the license of your adult family home, located at **11650 18<sup>th</sup> Avenue SW, Burien**, 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 on a license and stop placement order prohibiting admissions 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 **July 29, 2015**.

**Stop Placement Order Prohibiting Admissions**

**WAC 388-76-10165(1)(a)(b) – Background checks—Washington state name and date of birth background check—Valid for two years—National fingerprint background check.**

**The licensee failed to ensure the Washington state name and date of birth background check was valid for one staff (Caregiver #C).**

**WAC 388-76-10225(1)(a)(i)(ii)(b)(iii) – Reporting requirement.**

**The licensee failed to ensure the complaint toll-free hotline number was called for suspected abuse of one resident and one resident who went missing.**

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**WAC 388-76-10680 – Staff behavior related to abuse.**

**The licensee failed to ensure one staff (Caregiver #A) did not abuse one resident and the Resident Manager failed to recognize instances of abuse when reviewing incident notes.**

The stop placement order prohibiting admissions to your adult family home is effective immediately upon notice to you by **verbal** notification to you on **August 13, 2015** and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Bennetta Shoop, Field Manager at (253) 234-6033.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement order prohibiting admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

**Conditions on License**

**WAC 388-76-10165(1)(a)(b) – Background checks—Washington state name and date of birth background check—Valid for two years—National fingerprint background check.**

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**WAC 388-76-10680 – Staff behavior related to abuse.**

**The licensee failed to ensure one staff (Caregiver #A) did not abuse one resident and the Resident Manager failed to recognize instances of abuse when reviewing incident notes.**

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

*The licensee, at the licensee's expense, must hire a consultant to assist the licensee review, revise (if necessary) and implement a system to ensure residents safety by identifying, reporting, and responding to allegations of abuse, neglect, and exploitation. This will include but not limited to:*

- 1. Reviewing the facility policy;*
- 2. Identification of possible abuse, neglect, or exploitation;*
- 3. Reporting any alleged or suspected neglect, abuse or exploitation consistent with all applicable laws;*
- 4. Implementing protections during the investigation.*
- 5. Training all staff, including a plan to ensure all new employees receive the training.*

*Caregiver A, as identified in the Statement of Deficiencies, will not work in the home until the training occurs.*

*The licensee will provide the consultant with a copy of the July 29, 2015 Statement of Deficiencies (SOD).*

*The consultant must be available to the department to answer questions;*

*The consultant must be hired by August 21, 2015.*

*The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

These conditions are effective on **August 13, 2015** via **verbal** notification and remain in effect until lifted by formal Department of Social and Health Services notice.

***NOTE: These are the violations which resulted in the conditions on your license and stop placement order prohibiting admissions; see the attached Statement of Deficiencies for any additional violations.***

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**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:

Bennetta Shoop, Field Manager  
Region 2, Unit E  
20425 – 72<sup>nd</sup> Avenue South, Suite 400  
Kent, WA 98032-2388  
Phone: (253) 234-6033 / Fax: (253) 395-5070

**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

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Formal Administrative Hearing

You may contest the conditions and stop placement by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions, and stop placement. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.
- If you are requesting an **expedited** hearing for a summary suspension, stop placement or conditions on your home within **60 days**, you must provide a statement stating that you wish to have an **expedited** review. **Note:** No other actions qualify for an expedited review hearing.

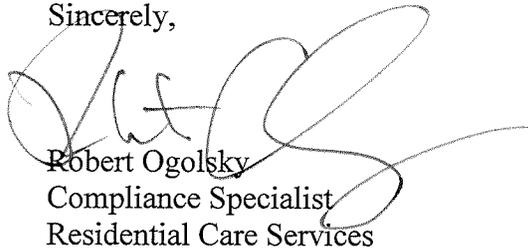
**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

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

If you have any questions, please contact Bennetta Shoop, Field Manager at (253) 234-6033.

Sincerely,



Robert Ogolsky  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit E  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
HQ Central Files  
ndl