



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

June 13, 2019

Annaliese Krzyzanek
Careing Hands Adult Family Home
8610 W Bruneau Avenue
Kennewick, WA 99336

IDR SCHEDULING LETTER

License #752706

Dear Provider:

This letter will confirm your request for an Informal Dispute Resolution (IDR) regarding Statement of Deficiencies (SOD), dated May 10, 2019.

Based on your conversation with IDR Program staff, your IDR review meeting is scheduled for:

- **Date** July 24, 2019 at 1:30
- **Type of Review** Phone

The IDR Program Manager will be calling you 509-619-0212.

You indicated you are disputing the following citation(s):

WAC 388-76-10200, WAC 388-76-10220, WAC 388-76-10225

You indicated the following individuals will participate and represent your facility in the IDR process:

Annaliese Krzyzanek

If you would like to provide additional documentation specifically related to the citations you are disputing, please send them at least one week prior to your scheduled IDR date to: RCSIDR@dshs.wa.gov (preferred), fax them to: Attn: Kim Friesz at (360) 725-3225, or mail them to:

IDR Program Manager
Residential Care Services, ALTSA
PO Box 45600
Olympia, Washington 98504-5600

If you have any questions, please contact Kim Friesz at (360) 725-3233 or Mike Tornquist at (360) 725-2383.

Sincerely,

Kim Friesz for
Mike Tornquist
IDR Program Manager
Residential Care Services

Enclosure

cc: Field Manager, Region 1 Unit C
Regional Long Term Care Ombuds
State Long Term Care Ombuds
Field Files
Central Files
IDR File