



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

July 5, 2019

CERTIFIED MAIL #7007 1490 0003 4199 1188

Licensee, Alpha Healthcare Services LLC
Alpha Family Services
14040 SE 194th St
Renton, WA 98058

Adult Family Home License #754116
Entity Representative: Victoria Mbugua

ISSUANCE OF LIMITS ON A LICENSE

Dear Licensee:

This letter is formal notice of the issuance of limits on the license for your adult family home, located at **14040 SE 194th St, Renton**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in Washington Administrative Code (WAC) 388-76-10970.

The limits on your license are:

- *The Adult Family Home (AFH) provider is limited to independent residents only. This is a permanent limit.*
- *The Notice of Limits on License must be posted, with the adult family home license, in the adult family home in a location accessible to residents and visitors.*

These limits are effective on **July 1, 2019**, and remain in effect until lifted by formal Department of Social and Health Services notice.

The licensee must place the adult family home license, and the enclosed Notice of Limits on License, in the adult family home in a visible location in a common use area where residents, resident representatives, visitors, and anyone else can examine them.

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

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Informal Dispute Resolution [WAC 388-76-10990]

You have an opportunity to challenge the department's actions through the state's IDR process. **All IDR requests must be in writing and include:**

- Explanation of why you are disputing the action;
- 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 refuting this action.

Send your **written** request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600

Formal Administrative Hearing

You may contest the issuance of these limits by requesting a formal administrative hearing. **All hearing requests must be in writing and include:**

- A copy of this letter.

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

A request for an 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.

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If you have any questions concerning the instructions contained in this letter, please contact me at (360) 725-2593.

Sincerely,



Amanda Jackson
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit E
WA LTC Ombuds
AFH Licensing File
cb