



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
*PO Box 45819, Olympia, WA 98504*

April 19, 2021

**CERTIFIED MAIL**

7017 2400 0000 6042 0113

Infinite Care AFH LLC  
Infinite Care AFH 2  
3030 Bella Ct SE  
Olympia, WA 98513

RE: Infinite Care AFH 2 License #754293

Dear Provider:

The Department completed a full inspection of your Adult Family Home on April 15, 2021 and found that your home does not meet the adult family home licensing requirements listed below.

The Department staff who did the inspection and provided consultation:  
Rathana Duong, AFH Licensor

**Consultation:**

**WAC 388-76-10350 Assessment Updates required. The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:**

(1) When there is a significant change in the resident's physical or mental condition;

Resident 1 (R1) transitioned to hospice services 10/20/2020, but a significant change assessment was not completed. R1's condition has since improved, and she will graduate hospice services 04/17/2021.

**WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:**

(4) How medications will be managed, including how the resident will get their medications when the resident is not in the home;

(7) If needed, a plan to:

(b) Reduce tension, agitation and problem behaviors;

Resident 1's (R1) Negotiated Care Plan (NCP) did not include nurse delegation for medication administration or specific symptoms of depression and anxiety with interventions to address symptoms. The provider updated R1's NCP before the conclusion of the re-licensing visit.

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**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**

- Inspect the home to determine if you have corrected all deficiencies.

**You May:**

- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

**If You Have Any Questions:**

- Please contact me at (360) 664-8421.

Sincerely,

*Michael D Burdick*

Michael Burdick, Field Manager  
Region 3, Unit D  
Residential Care Services

Enclosure

This document was prepared by Residential Care Services for the Locator website.

### Informal Dispute Resolution [70.128]

**You May:**

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after you receive this letter.

You **must** use an **IDR Request Form** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>

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**Provider Process for Choosing a Panel or Traditional IDR:**

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after you receive this letter. For **Panel IDRs** the IDR program will not consider any documents submitted after the 20 working day deadline.

For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting. Send your request and supporting documents to the address below or email to [rcsidr@dshs.wa.gov](mailto:rcsidr@dshs.wa.gov):

Adult Family Home IDR Program  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600