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

November 2, 2023

ELECTRONIC-FACSIMILE

Licensee, Mariam's Compassionate Care LLC
Mariam's Compassionate Care LLC
2609 115th Ave NE
Lake Stevens, WA 98258

Adult Family Home License #**754338**
Entity Representative: Mariama Ceesay

IMPOSITION OF CIVIL FINE,
CONDITIONS ON A LICENSE AND
STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Licensee:

On October 25, 2023, the Department of Social and Health Services (DSHS), Residential Care Services completed a Complaint Investigation at your facility. This letter is formal notice of the imposition of a civil fine, conditions on a license, and stop placement order prohibiting admissions on the license of your adult family home, located at **2609 115th Ave NE, Lake Stevens,** by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and 70.128.306; and Washington Administrative Code (WAC) 388-76-10940.

The civil fine, 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 **October 25, 2023**.

Civil Fine

WAC 388-76-10225(2(c)(3)(b) Reporting requirement. **$1,000.00**

The licensee failed to report to the Department's centralized toll-free telephone number or online incident report of an outbreak of Covid-19 (an illness that can be transmitted from person to person through respiratory droplets when infected people cough, sneeze, or talk) for two residents, and failed to ensure the health care provider was immediately notified of a significant change in condition for one resident. These failures placed five residents at risk for improper management of an outbreak of Covid-19 and caused one resident's delayed healthcare treatment.

Stop Placement Order Prohibiting Admissions

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

The licensee failed to ensure six residents were free from abuse. The licensee also failed to ensure staff took mandatory actions when they witnessed abuse and when abuse was reported to them. This failure resulted in six residents experiencing mental harm and one resident also experiencing physical harm.

WAC 388-76-10673(1)(a)(b)(2)(a)(b) Abuse and neglect reporting - Mandated reporting to department - Required.

The licensee failed to ensure that allegations of abuse were reported to the Department's centralized toll-free telephone number and appropriate law enforcement agencies for two residents. This failure resulted in delayed investigation of abuse allegations.

The stop placement order prohibiting admissions to your adult family home is effective immediately upon notice to you by **verbal** notice on **November 1, 2023,** and electronic facsimile 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 Nicholette Flynn, Field Manager, at (206) 348-9350.

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 388-76-10680 Staff behavior related to abuse.

The licensee failed to ensure six residents were free from abuse. The licensee also failed to ensure staff took mandatory actions when they witnessed abuse and when abuse was reported to them. This failure resulted in six residents experiencing mental harm and one resident also experiencing physical harm.

WAC 388-76-10673(1)(a)(b)(2)(a)(b) Abuse and neglect reporting - Mandated reporting to department - Required.

The licensee failed to ensure that allegations of abuse were reported to the Department's centralized toll-free telephone number and appropriate law enforcement agencies for two residents. This failure resulted in delayed investigation of abuse allegations.

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

- ***The Adult Family Home (AFH) provider must hire, at their own expense, an AFH Consultant, not currently or previously affiliated with the AFH, and familiar with AFH regulations by November 10, 2023, to assist in the development and implementation of abuse and neglect policies to ensure residents are free from abuse.***

- ***The AFH Consultant shall:***
  - ❖ ***Review and if necessary, assist in developing or revising AFH abuse and neglect policies and mandatory reporting requirements.***
  - ❖ ***Provide training to all AFH staff, to include the Provider, regarding:***
    - ***Implementation of AFH resident rights policies***
    - ***Implementation of AFH abuse and neglect policies, including:***
      - ***How to prevent abuse and neglect***
      - ***How to recognize abuse and neglect***
      - ***What to do when abuse and neglect are suspected or reported in the AFH***
      - ***How to report suspected abuse and neglect as a mandatory reporter***
  - ❖ ***The AFH Provider must provide the AFH Consultant with a copy of the Statement of Deficiencies (SOD) dated October 25, 2023.***
  - ❖ ***The AFH Provider must provide contact information for the AFH Consultant to the Field Manager upon hire.***
  - ❖ ***The AFH Consultant must be available to the department to answer questions.***
  - ❖ ***The AFH Consultant must provide the Field Manager with documentation of staff training no later than Monday, December 11, 2023.***

- ***The AFH provider must post this Notice of Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.***

These conditions are effective upon **verbal** notice on **November 1, 2023,** and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations, which resulted in the fine, conditions on your license, and stop placement order prohibiting admissions; 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:

- 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:

Nicholette Flynn, Field Manager
Region 2, Unit B
3906 172nd St NE Suite 100
Arlington, WA 98223
Phone: (206) 348-9350/ Fax: (360) 651-6940
rcsregion2email@dshs.wa.gov

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 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 action you plan to dispute. You can find this **revised** form and guidelines on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr.

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 IDR** 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:

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

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 order. **All hearing requests must be in writing and include:**

- 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 **$1,000.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501
1-800-562-6114 (extension 45919)
OFRMMISVendor@dshs.wa.gov

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.

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Nicholette Flynn, Field Manager, at (206) 348-9350.

Sincerely,

Rathana Duong
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit B
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
HQ Central Files
DRW
HP

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

_____

DATE REQUEST FAXED: _____ DATE MAILED: _____

TO: _____, Field Manager, Region ___ Unit ___

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

1.

2.

3.

4.

5.

6.

7.

_____ _____

Licensee or Designee Signature Date