



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Health and Community Living Administration  
PO Box 45600, Olympia, WA 98504-5600

June 17, 2025

**ELECTRONIC-FACSIMILE**

Licensee, HEARTFELT DIVINE CARE AFH LLC  
Heartfelt Divine Care AFH LLC  
5100 NE 39th Ave  
Vancouver, WA 98661

Adult Family Home License # **757563**  
Entity Representative: Angella Conteh

**IMPOSITION OF CIVIL FINE**

Dear Licensee:

On June 9, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter is formal notice of the imposition of a civil fine on the license for your adult family home, located at **5100 NE 39th Ave, Vancouver**, 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 civil fine is 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 **June 9, 2025**.

**Civil Fine**

**WAC 388-76-10165(1)(b)(2) Background checks – Washington state name and date of birth background check – Valid for two years – National fingerprint background check – Valid indefinitely.** **\$300.00**

The licensee failed to ensure a national fingerprint background check was completed for one caregiver. This failure resulted in all residents being cared for by staff who have an unknown background history.

This is an uncorrected deficiency previously cited on April 24, 2025, and March 21, 2025.

*NOTE: This is the violation, which resulted in the fine; see the attached Statement of Deficiencies for any additional violations.*

Licensee, HEARTFELT DIVINE CARE AFH LLC  
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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:

Clinton Fridley, RN, Field Manager  
Region 3, Unit F  
6639 Capitol Blvd SW Point Plaza West  
Tumwater, WA 98501  
Phone: (360) 746-4675 / Fax: (360) 664-8451  
**[rcsregion3email@dshs.wa.gov](mailto:rcsregion3email@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.

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Please **email** your request(s) and supporting documentation to:

[RCSIDR@dshs.wa.gov](mailto:RCSIDR@dshs.wa.gov)

**OR**

**FAX to: 360-725-3225**

Formal Administrative Hearing

You may contest the civil fine by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fine. **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 **\$300.00** 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, WA 98507-9501  
(360) 664-5919 / FAX: (360) 664-8401  
[OFRMMISVendor@dshs.wa.gov](mailto: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.

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Heartfelt Divine Care AFH LLC

License # 757563

June 17, 2025

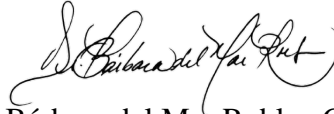
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**NOTICE:** State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the 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 Clinton Fridley, Field Manager, at (360) 746-4675.

Sincerely,



Bárbara del Mar Robles-Conklin  
Compliance and Enforcement Unit Manager  
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit F  
RCS Regional Administrator, Region 3  
HCS Regional Administrator, Region 3  
DDA Regional Administrator, Region 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
DRW  
HP