STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

LAURELWOOD MANOR AFH LLC

LAURELWOOD MANOR AFH LLC
2207 S 291ST ST
FEDERAL WAY, WA 98003

RE: LAURELWOOD MANOR AFH LLC License # 750872

Dear Provider:

This letter addresses Compliance Determination(s) 77446 (Completion Date 05/14/2026) and 75124 (Completion Date 04/06/2026).

The Department completed a follow-up inspection of your Adult Family Home on 05/14/2026 and found that you have corrected the violations listed in the Full report dated 04/06/2026. Your home is back in compliance as of 05/01/2026 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10420-7-b, WAC 388-76-10470-2, WAC 388-76-10475-1, WAC 388-76-10475-2-e, WAC 388-76-10475-3-a

The Department staff who did the on-site verification:
Linda Dunn, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***



You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 03/30/2026 of:
LAURELWOOD MANOR AFH LLC
2207 S 291ST ST
FEDERAL WAY, WA 98003

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Linda Dunn, Nursing Consultant Institutional

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — 04-09-2026 Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) — 04/19/2026 Date

**WAC 388-76-10420 Meals and snacks. The adult family home must:**

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure food handling procedures were followed by 2 of 2 staff (Staff C, Caregiver, and Staff J, Caregiver) when they prepared lunch for 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6). This failure placed Residents 1, 2, 3, 4, 5, and 6 at risk of food borne illness.

Findings included...

A review of the website for the "Washington State Food Worker Manual" (www.foodworkercard.wa.gov/en-us/manual) on 04/01/2026, showed under the heading, "Handwashing", germs on your hands can get into food when hands are not washed correctly. Under the heading, "How to Wash Your Hands", record review showed handwash sinks must have running water and soap. The manual showed steps for correct handwashing and a to apply plenty of soap under step 2. Further review of the manual showed under the heading, "Gloves", that when using gloves to protect food from germs, hands should be washed before putting gloves on and that gloves should be changed if contaminated.

On 03/30/2026 at 11:40 AM, observation showed Staff J chopped vegetables in the kitchen. Staff J wore gloves on their hands and had a surgical mask covering the lower part of their face. Observation further showed Staff J removed the gloves, turned on the

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As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services | Date

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Provider (or Representative) | Date

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water at the kitchen sink, and ran the water over their hands for approximately 10 seconds. Observation showed there was no soap at the kitchen sink. Observation showed Staff J then put on a second pair of gloves and removed items from the refrigerator.

On 03/30/2026 at 12:06 PM, observation showed Staff C removed 6 plastic plates from a cupboard with gloved hands. Staff C then retrieved a large spoon and a dish that contained salad and scooped the salad onto the plates. Further observation showed Staff C moved directly from plating the salad and placed ready-to-eat corndogs on each plate. Observation showed Staff C touched the edible portion of two of the corndogs with the same gloved hands and rolled the corndogs to a different section of the plate. Observation then showed Staff C removed their gloves, ran water over their hands at the kitchen sink for 5-10 seconds, then put on a new pair of gloves.

On 03/30/2026 at 12:22 PM, Staff A, Representative, stated that they had been told by the Department soap must be locked up because it could be hazardous to residents.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, LAURELWOOD MANOR AFH LLC is or will be in compliance with this law and / or regulation on (Date) 05/01/2026.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 04/19/2026

**WAC 388-76-10470 Medication Timing Special directions.**

(2) The home must ensure all directions given by the practitioner are followed when assisting or giving each resident medication. This includes but is not limited to:

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to follow a practitioner's orders for 3 of 3 residents (Resident 4, Resident 5, and Resident 6) when administering medications with specific monitoring instructions. This failure placed Residents 4, 5, and 6 at risk for potential worsening of medical conditions.

Findings included...

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water at the kitchen sink, and ran the water over their hands for approximately 10 seconds. Observation showed there was no soap at the kitchen sink. Observation showed Staff J then put on a second pair of gloves and removed items from the refrigerator.

On 03/30/2026 at 12:06 PM, observation showed Staff C removed 6 plastic plates from a cupboard with gloved hands. Staff C then retrieved a large spoon and a dish that contained salad and scooped the salad onto the plates. Further observation showed Staff C moved directly from plating the salad and placed ready-to-eat corndogs on each plate. Observation showed Staff C touched the edible portion of two of the corndogs with the same gloved hands and rolled the corndogs to a different section of the plate. Observation then showed Staff C removed their gloves, ran water over their hands at the kitchen sink for 5-10 seconds, then put on a new pair of gloves.

On 03/30/2026 at 12:22 PM, Staff A, Representative, stated that they had been told by the Department soap must be locked up because it could be hazardous to residents.

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Provider (or Representative) Date

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Based on observation, interview, and record review, the Adult Family Home (AFH) failed to follow a practitioner's orders for 3 of 3 residents (Resident 4, Resident 5, and Resident 6) when administering medications with specific monitoring instructions. This failure placed Residents 4, 5, and 6 at risk for potential worsening of medical conditions.

Findings included…

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On 03/30/2026 at 9:37 AM, observation showed Residents 4, 5, and 6 lived in and received care in the AFH.

In an interview on 04/02/2026 at 9:34 AM, Staff A, Representative, stated that AFH staff were trained to place their initials on the Medication Administration Record (MAR) and draw a circle around their initials whenever a medication was held per a practitioner's order or if a resident refused the medication.

<RESIDENT 4>
Record review of Resident 4's Negotiated Care Plan (NCP) dated 10/27/2025, showed Resident 4 was diagnosed with [redacted], and [redacted]. The NCP further showed Resident 4 required administration of medications, which included insulin injections.

Record review of Resident 4's pharmacy generated MAR dated 03/01/2026 through 03/31/2026, showed Resident 4 was prescribed multiple medications with specific instructions when the medications were to be administered, when not to give the medications, and when additional medication should be given along with daily scheduled medications. Further review of the MAR showed the AFH was instructed to monitor Resident 4's Blood Pressure [(BP) a blood pressure measures the force pressed against the walls of the arteries as the heart pumps blood through the body. The top number, or systolic blood pressure (SBP), measures the pressure in the arteries when the heart beats while the bottom number, or diastolic blood pressure (DBP), measures the pressure in the arteries in between heart beats], Heart Rate (HR), and Blood Glucose (BG) levels frequently throughout the day and document the findings in the MAR.

Resident 4 Medication Carvedilol

Record review of Resident 4's pharmacy generated MAR dated March 1, 2026, through March 31, 2026, showed Resident 4 was prescribed Carvedilol 25 milligram (mg) tablet take one tablet by mouth twice daily with meals, prescribed to treat Essential (primary) Hypertension (high BP). The record showed the AFH was instructed to check Resident 4's BP before each dose and hold the medication if Resident 4's SBP was below 110 or if the DBP was below 60. The MAR showed a section where staff were to write an example of their initials and identify the initials with their full name. The MAR identified Staff D, Caregiver, Staff E, Caregiver, Staff H, Caregiver, and Staff J and their initials. The MAR further showed instructions that staff were to initial the appropriate box when a medication or a treatment was given and to circle their initials whenever a resident refused a medication.

Further review of Resident 4's MAR showed the MAR had 31 vertical columns. Each column had a number 1 through 31 at the top of the column which designated 31 days of the month. The MAR showed Carvedilol was to be given at 8:00 AM and 5:00 PM

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every day. The MAR showed boxes to record Resident 4's BP and HR each time the medication was scheduled to be given. The MAR showed no DBP had been recorded at 8:00 AM for the month of March. The MAR showed the following Carvedilol doses were given outside the practitioner's parameters:

March 4
5:00 PM HR not recorded - given by Staff J
March 5
8:00 AM HR 59 - given by Staff H
5:00 PM HR not recorded - given by Staff J
March 8
8:00 AM HR 58 - given by Staff D
March 9
5:00 PM SBP 101
5:00 PM DBP 57
5:00 PM HR 57 - given by Staff D
March 16
8:00 AM HR 57 - given by Staff D
March 19
8:00 AM HR 57 - given by Staff J
March 20
8:00 AM HR 56 - given by Staff E
March 21
8:00 AM HR 55 - given by Staff E
March 22
8:00 AM HR 56 - given by Staff D
March 23
5:00 PM HR 56 – given by Staff D
March 24
8:00 AM HR 52 - given by Staff J
March 25
8:00 AM HR 59 - given by Staff J
March 27
8:00 AM HR 58 - given by Staff E
March 28
8:00 AM HR 57 - given by Staff E
March 29
8:00 AM HR 57 - given by Staff D

Resident 4 Medication Hydralazine

Record review of Resident 4's MAR dated March 1, 2026, through March 31, 2026, showed Resident 4 was prescribed Hydralazine 100 mg tablet generic for Apresoline, take 1 tablet by mouth three times daily, prescribed to treat Essential (primary) hypertension. The record showed the AFH was instructed to hold the medication for SBP below 110 or DBP below 60. The record showed the medication was scheduled to be given at 8:00 AM, 2:00 PM, and 8:00 PM. The SBP and DBP were not recorded with the medication entry.

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Further record review of Resident 4's MAR showed the AFH was instructed to check Resident 4's BP and HR three times daily before medications. The checks were scheduled for 8:00 AM, 5:00 PM, and 8:00 PM. The MAR showed places to record the information daily. The MAR showed on March 16 at 8:00 AM, Resident 4's SBP was recorded as 106. The MAR showed on March 16 at 8:00 AM, Staff D initialed Hydralazine as given.

Resident 4 Medication Sliding Scale Insulin (Novolog)

Record review of Resident 4's MAR dated March 1, 2026, through March 31, 2026, showed Resident 4 was prescribed Novolog Insulin on a sliding scale (a sliding scale insulin is a method used to manage BG levels by adjusting an insulin dose based on a person's pre-meal BG level), prescribed to treat Diabetes type II. The MAR showed the AFH was instructed to check Resident 4's BG level three times a day before breakfast, lunch, and dinner meals, then give a prescribed amount of Novolog insulin if the BG level measured:

Below 150 = give 0 additional units
Between 150 – 149 = give 2 units
Between 200 – 249 = give 4 units
Between 250 – 299 = give 6 units
Between 300 – 349 = give 8 units
Above 350 = give 10 units and notify the doctor

The MAR showed an entry to record Resident 4's BG prior to each meal and separate entries where the sliding scale insulin would be recorded if given before breakfast, lunch, or dinner. Separate entries provided space for staff to record the BG level, how many units of insulin were given, and the site on the body where the insulin was injected. The MAR showed no sliding scale insulin was given at breakfast time when Resident 4's BG levels were recorded as follows:

March 6 – BS 171
March 7 – BS 151
March 8 – BS 164
March 9 – BS 153
March 27 – BS 210

Resident 4 Physician's Orders

Record review of Resident 4's pharmacy generated Physician's Orders dated March 2026, showed Resident 4 was prescribed multiple medications. The record showed six pages of medication orders were listed individually on the left side of each page. Under the title, "Orders", page one showed the AFH was instructed to check Resident 4's BP and HR three times daily before giving medications and notify the practitioner if SBP was below 100 or above 160. The record showed the AFH was instructed to notify the

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practitioner if Resident 4's DBP was above 100 or below 60 or if their HR was below 55.

Further review of Resident 4's Physician Orders showed the AFH was instructed to check Resident 4's BG three times a day before meals and notify the practitioner if the BG was above 350.

Record review of Resident 4's MAR showed the following recorded entries by AFH staff:

March 2
8:00 AM SBP 177
March 5
Lunch BG 351
5:00 PM SBP 192
March 7
Lunch BG 392
March 9
8:00 AM SBP 161
March 28
8:00 AM DBP 57

In an interview on 04/02/2026 at 9:34 AM, Staff A stated that they were responsible for notifying Resident 4's practitioner when instructed in physician's orders. Staff A stated that they typically spoke with Resident 4's practitioner daily. Staff A stated that caregivers notified Staff A whenever there were medical issues with Resident 4 and Staff A would relay the information to the practitioner either by phone call, text message, or fax. Staff A stated that they kept a "notebook" where they documented contact with Resident 4's practitioner. Staff A confirmed the notebook was not a part of Resident 4's record.

In an interview on 04/02/2026 at 9:34 AM with Staff A, Department Staff (DS) requested documentation that showed Staff A had contacted Resident 4's practitioner per orders during the month of March 2026.

In a second interview with Staff A on 04/03/2026 at 3:04 PM, DS again requested documentation that the AFH had notified the practitioner of Resident 4's BP and BG per physician's orders.

Record review of an untitled document dated April 3, 2026, showed a signed memo from Resident 4's practitioner. The memo showed 03/05/2026 BG 351 at lunchtime and 03/07/2026 BG 392 at lunch time. The memo further showed the practitioner ordered the AFH to continue to monitor Resident 4's BG and to make an appointment with the endocrinologist (a physician specially trained to treat diabetes) if the BG was consistently elevated. The memo did not show the practitioner was notified of Resident 4's SBP or DBP readings for the month of March 2026 when the AFH physician's orders indicated.

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<RESIDENT 5>
Record review of Resident 5's Negotiated Care Plan (NCP) dated 06/06/2026, showed Resident 5 was diagnosed with [redacted] and [redacted].

Record review of Resident 5's pharmacy generated Physician's Orders dated April 2026, showed Resident 5 was prescribed multiple medications to treat their conditions including an order to check Resident 5's BP twice daily.

Resident 5 Medication Metoprolol

Record review of Resident 5's MAR dated March 1, 2026, through March 31, 2026, showed Resident 5 was prescribed Metoprolol Succinate Extended Release (ER) 25 mg tablet generic for Toprol-XL 25 mg, take ½ tablet (12.5 mg) by mouth every morning, hold for SBP below 110 or HR below 60. The MAR showed the medication was prescribed to treat Essential (primary) hypertension and was scheduled to be given at 8:00 AM. The MAR showed spaces to record Resident 5's BP and HR daily. The MAR showed the following Metoprolol doses were given outside the practitioner's parameters:

March 2
8:00 AM SBP 109 - given by Staff D
March 3
8:00 AM SBP 108 – given by Staff J
March 10
8:00 AM SBP 100 – given by Staff J

<RESIDENT 6>
Record review of Resident 6's Negotiated Care Plan (NCP) dated 06/13/2025, showed Resident 6 was diagnosed with [redacted], and [redacted].

Record review of Resident 6's pharmacy generated Physician's Orders dated April 2026, showed Resident 6 was prescribed multiple medications to treat their conditions including an order to check Resident 6's BP twice daily.

Resident 6 Medication Metoprolol

Record review of Resident 6's MAR dated March 1, 2026, through March 31, 2026, showed Resident 6 was prescribed Metoprolol Succinate ER 25 mg tablet generic for Toprol-XL 25 mg take ½ tablet (12.5 mg) by mouth every morning, hold for SBP below 100 or HR below 55. The MAR showed the medication was prescribed to treat Essential

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(primary) hypertension and was scheduled to be given at 8:00 AM. The MAR showed spaces to record Resident 6's BP and HR daily. The MAR showed the following Metoprolol doses were given outside the practitioner's parameters:

March 4
8:00 AM HR 50 – given by Staff J
March 7
8:00 AM HR 53 – given by Staff E

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, LAURELWOOD MANOR AFH LLC is or will be in compliance with this law and / or regulation on (Date) 05/01/2026.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date 04/19/2026

**WAC 388-76-10475 Medication Log. The adult family home must:**

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(e) Approximate time the resident must take each medication.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to maintain an accurate and up-to-date medication log for 1 of 1 residents (Resident 4). This failure placed Resident 4 at risk of medication errors.

Findings included...

In an interview on 04/01/2026 at 11:35 AM, Collateral Contact 1 (CC1), Pharmacist, stated that the medication Calcitriol was prescribed for Resident 4 on 03/05/2026 by Resident 4's practitioner to treat low Vitamin D levels. CC1 stated that the medication

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_____ _____
Provider (or Representative) Date

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Findings included…

In an interview on 04/01/2026 at 11:35 AM, Collateral Contact 1 (CC1), Pharmacist, stated that the medication Calcitriol was prescribed for Resident 4 on 03/05/2026 by Resident 4's practitioner to treat low Vitamin D levels. CC1 stated that the medication

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was ordered to be given on Monday, Wednesday, and Friday. CC1 stated that the pharmacy first filled the medication order on Friday, 03/06/2026.

Record review of Resident 4's pharmacy generated Medication Administration Record (MAR) dated 03/01/2026 through 03/31/2026, showed the practitioner's order had been handwritten on the MAR with instructions to give the medication on Monday, Wednesday, and Friday. The MAR did not specify a time of day the medication would be given, the date the order had been received, or the purpose of the medication. Further review showed the MAR had 31 vertical columns and each column had a number 1 through 31 at the top of the column which designated 31 days of the month. Pink highlighter marks had been added vertically in the columns to the right of the handwritten order which marked specific columns. The MAR showed in vertical columns 9 through 27, AFH staff had placed their initials in every box to the right of the handwritten order. On the back of the MAR in a signature and title section, the MAR showed the initials and signatures identifying Staff D, Caregiver, Staff E, Caregiver, Staff H, Caregiver, and Staff J Caregiver. The MAR further showed instructions that staff were to initial the appropriate box when a medication or a treatment was given and to circle their initials whenever a resident refused a medication.

On 03/30/2026 at 2:02 PM, observation showed the pharmacy had filled a medication bingo card (a bingo card is a tamper-proof method of packaging medications used by pharmacies to organize medications by the time of day or day a medication is to be given) of Calcitriol for Resident 4. The card showed the prescription for the medication with markings it was to be given Monday/Wednesday/Friday.

Record review of Resident 4's MAR dated 03/01/2026 through 03/31/2026, showed Staff J had placed initials on the MAR for dates Tuesday March 10, Sunday March 19th, and Tuesday March 24th.

In an interview on 03/30/2026 at 2:08 PM, Staff J shook their head "no" when asked if they had given Resident 4 the medication on March 10th, 19th, and 24th as indicated by their initials on the MAR.

In an interview on 03/30/2026 at 2:06 PM, Staff A, Representative, stated that Staff D, E, H, and J had not given Calcitriol each day March 9 through March 27. Staff A stated that they had trained AFH staff to administer the medication only on Monday, Wednesday, and Friday. Staff A stated that they had marked the MAR with a pink highlighter to indicate which date the medication should be given. Staff A stated that the AFH staff had placed their initials on the MAR on Tuesdays, Thursdays, Saturdays, and Sundays in error.

In an interview on 04/02/2026 at 9:34 AM, Staff A stated that AFH staff were trained to place their initials on the MAR and draw a circle around their initials whenever a medication was held per a practitioner's order or if a resident refused the medication.

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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, LAURELWOOD MANOR AFH LLC is or will be in compliance with this law and / or regulation on (Date) 05/01/2026

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative)

04/19/2026
Date

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Provider (or Representative) Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

04/09/2026

LAURELWOOD MANOR AFH LLC
LAURELWOOD MANOR AFH LLC
2207 S 291ST ST
FEDERAL WAY, WA 98003

RE: LAURELWOOD MANOR AFH LLC # 750872

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/06/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

**The Department:**
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect the home to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

**You Must:**
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Return the Plan/Attestation Statement and report with signatures to:

Lydia Owusu-Acheampong, Community Field Manager
Residential Care Services
Region 2, Unit G
Preferred methods:

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eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/06/2026), no later than 05/21/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

**Consultation(s):**

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-76-10575 Resident rights Privacy.**

(1) The adult family home must ensure the right of each resident to personal privacy that includes:

(a) The home;

(d) Personal care; and

The Adult
Family Home (AFH) failed to ensure the door locking mechanism was functional for 1 of 2 communal bathrooms (Bathroom 1). This placed Residents 1, 2, 3, 4, 5, and 6 at risk of privacy intrusion due to being unable to secure the door when using the toilet. This deficiency was corrected before exit.

**You Are Not:**

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

**You May:**

• Ask for a 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.

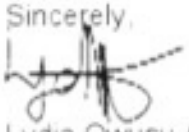
• Contact me for clarification of the deficiency or deficiencies found.

**If You Have Any Questions:**

• Please contact me at (253)234-6007.

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Sincerely,



Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

Enclosure

**Plan**
**(Plan of Correction)**

**You Must:**
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Lydia Owusu-Acheampong, Community Field Manager
Residential Care Services
Region 2, Unit G
Preferred methods:
eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

**INFORMAL DISPUTE RESOLUTION [RCW 70.128]**

**You May:**
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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

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

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

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

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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 the date you receive this letter. For **Panel IDR**s the 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 supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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