STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Golden Community Care II Adult Family Home, LLC
Golden Community Care II Adult Family Home LLC
11311 E 10th Ave
Spokane Valley, WA 99206

RE: Golden Community Care II Adult Family Home LLC License # 753949

Dear Provider:

This letter addresses Compliance Determination(s) 27258 (Completion Date 07/27/2023) and 26132 (Completion Date 07/05/2023).

The Department completed a follow-up inspection of your Adult Family Home on 07/27/2023 and found that you have corrected the violations listed in the Follow up report dated 07/05/2023. Your home is back in compliance as of 07/24/2023 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 388-76-10176, WAC 388-76-10176-1, WAC 388-76-10176-2

The Department staff who did the on-site verification:
Scott Sorensen, AFH Licensor

If you have any questions, please contact me at (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 753949	Compliance Determination # 26132
Plan of Correction	Golden Community Care II Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Golden Community Care II Adult Family Home, LLC	07/05/2023

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 an unannounced on-site follow-up on 06/30/2023 and 06/30/2023 of:
Golden Community Care II Adult Family Home LLC
11311 E 10th Ave
Spokane Valley, WA 99206

This document references the following SOD dated: 07/05/2023

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

The department staff that inspected the Adult Family Home:

Scott Sorensen, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo
Residential Care Services

07/11/2023
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.

Statement of Deficiencies	License #: 753949	Compliance Determination # 26132
Plan of Correction	Golden Community Care II Adult Family Home LLC	Completion Date
Page 2 of 3	Licensee: Golden Community Care II Adult Family Home, LLC	07/05/2023

Shaynie Leonard
Provider (or Representative)

7.20.2023
Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a national fingerprint background check result was completed within 120 days of hire for 1 of 3 sample staff (Staff F). This failure placed residents at risk for receiving care from staff not qualified to have access to vulnerable adults.

Findings included. .

Review of staff records showed Staff F, Caregiver, was hired on 11/11/2022 and did not have a fingerprint background check completed.

During an interview on 07/05/2023 at 2:50 PM, Staff A, Provider, stated that Staff F did not complete a fingerprint background check and was taken off the schedule until the final fingerprint is completed.

This is an uncorrected deficiency previously cited on 05/15/2023.

Attestation Statement

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, Golden Community Care II Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 7.24.2023 .

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

Statement of Deficiencies	License #: 753949	Compliance Determination # 26132
Plan of Correction	Golden Community Care II Adult Family Home LLC	Completion Date
Page 3 of 3	Licensee: Golden Community Care II Adult Family Home, LLC	07/05/2023

Shaynie Lenard
Provider (or Representative)

7-10-2023
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 753949	Compliance Determination # 22886
Plan of Correction	Golden Community Care II Adult Family Home LLC	Completion Date
Page 1 of 6	Licensee: Golden Community Care II Adult Family	05/15/2023

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 04/21/2023 and 04/27/2023 of:
Golden Community Care II Adult Family Home LLC
11311 E 10th Ave
Spokane Valley, WA 99206

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

The department staff that inspected the Adult Family Home:

Scott Sorensen, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

Tamara Tredo
Residential Care Services

05.25.2023
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 04/21/2023 and 04/27/2023 of:

Golden Community Care II Adult Family Home LLC
11311 E 10th Ave
Spokane Valley, WA 99206

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

The department staff that inspected the Adult Family Home:

Scott Sorensen, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

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.

Statement of Deficiencies	License #: 753949	Compliance Determination #:22985
Plan of Correction	Golden Community Care II Adult Family Home LLC	Completion Date
Page 2 of 6	Licensee: Golden Community Care II Adult Family	05/15/2023

Provider (or Representative) 5-21-2023 Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review the admission agreement information every 24 months including the home's expectations, services, and charges for 2 of 2 sample residents (Resident 4 & 5), who lived in the home more than two years. This failure placed residents at risk for not understanding their rights and services provided by the home.

Findings included...

Review of Resident 4's admission agreement, dated [redacted]2019, showed it contained information regarding the home's services, activities, charges, and rules. There was no documentation in the resident's record to show the home provided the resident with

Provider (or Representative) Date

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to review the admission agreement information every 24 months including the home's expectations, services, and charges for 2 of 2 sample residents (Resident 4 & 5), who lived in the home more than two years. This failure placed residents at risk for not understanding their rights and services provided by the home.

Findings included...

Review of Resident 4's admission agreement, dated [redacted]/2019, showed it contained information regarding the home's services, activities, charges, and rules. There was no documentation in the resident's record to show the home provided the resident with

Statement of Deficiencies	License #: 753949	Compliance Determination #:22885
Plan of Correction	Golden Community Care II Adult Family Home LLC	Completion Date
Page 3 of 6	Licensee: Golden Community Care II Adult Family	05/15/2023

written notice of service information since [redacted]2019.

Review of Resident 5's admission agreement, dated [redacted]/2021, showed it contained information regarding the home's services, activities, charges, and rules. There was no documentation in the resident's record to show the home provided the resident with written notice of service information since [redacted]2021.

During an interview on 04/21/2023 at 12:45 PM, Staff B, Resident Manager, stated that the admission agreement dated [redacted]/2019 for Resident 1, and [redacted]/2021 for Resident 2 were the last time the residents reviewed and signed the agreement. Staff B stated they were not aware of the requirement.

Attestation Statement

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, Golden Community Care II Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 6/2/2023.

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

Provider (or Representative) 5-31-2023 Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a national fingerprint background check result was received within 120 days of hire for 3 of 10 sample staff (Staff F, I & K). This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included...

written notice of service information since [redacted]/2019.

Review of Resident 5's admission agreement, dated [redacted]/2021, showed it contained information regarding the home's services, activities, charges, and rules. There was no documentation in the resident's record to show the home provided the resident with written notice of service information since [redacted]/2021.

During an interview on 04/21/2023 at 12:45 PM, Staff B, Resident Manager, stated that the admission agreement dated [redacted]/2019 for Resident 1, and [redacted]/2021 for Resident 2 were the last time the residents reviewed and signed the agreement. Staff B stated they were not aware of the requirement.

Attestation Statement

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, Golden Community Care II Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10176 Background checks Employment Provisional hire Pending results of national fingerprint background check. The adult family home may provisionally employ individuals hired after January 7, 2012 and listed in WAC 388-76-10161 for one hundred twenty-days and allow those individuals to have unsupervised access to residents when:

(1) The individual is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a national fingerprint background check result was received within 120 days of hire for 3 of 10 sample staff (Staff F, I & K). This failure placed residents at risk for receiving care from individuals not qualified to have access to vulnerable adults.

Findings included...

Statement of Deficiencies	License # 753949	Compliance Determination # 22885
Plan of Correction	Golden Community Care II Adult Family Home LLC	Completion Date
Page 4 of 6	Licensee: Golden Community Care II Adult Family	06/15/2023

Review of staff records showed Staff F, Caregiver, was hired on 11/11/2022 and did not have a fingerprint background check completed.

During an interview on 05/09/2023 at 2:45 PM, Staff A, Provider, stated that Staff F did not complete a fingerprint background check. Staff F had been working in the home for 180 days.

Review of staff records showed Staff I, Caregiver, was hired on 10/18/2022 on and did not have a fingerprint background check completed.

During an interview on 05/09/2023 at 2:45 PM, Staff A stated that Staff I had completed a fingerprint background check on 05/03/2023. Staff A stated that Staff I's results had not been received yet. Staff I had been working in the home for 204 days.

Review of staff records on showed Staff K, Caregiver, was hired on 10/15/2022 and did not have a fingerprint background check completed.

During an interview on 05/09/2023 at 2:45 PM, Staff A stated that Staff K did not complete a fingerprint background check. Staff K had been working in the home for 207 days.

Attestation Statement

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, Golden Community Care II Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 7.1.2023.

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

Provider (or Representative) — Date: 5.31.2023

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

Review of staff records showed Staff F, Caregiver, was hired on 11/11/2022 and did not have a fingerprint background check completed.

During an interview on 05/09/2023 at 2:45 PM, Staff A, Provider, stated that Staff F did not complete a fingerprint background check. Staff F had been working in the home for 180 days.

Review of staff records showed Staff I, Caregiver, was hired on 10/18/2022 on and did not have a fingerprint background check completed.

During an interview on 05/09/2023 at 2:45 PM, Staff A stated that Staff I had completed a fingerprint background check on 05/08/2023. Staff A stated that Staff I's results had not been received yet. Staff I had been working in the home for 204 days.

Review of staff records on showed Staff K, Caregiver, was hired on 10/15/2022 and did not have a fingerprint background check completed.

During an interview on 05/09/2023 at 2:45 PM, Staff A stated that Staff K did not complete a fingerprint background check. Staff K had been working in the home for 207 days.

Attestation Statement

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, Golden Community Care II Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

Statement of Deficiencies	License #: 753949	Compliance Determination #: 22885
Plan of Correction	Golden Community Care II Adult Family Home LLC	Completion Date
Page 5 of 6	Licensee: Golden Community Care II Adult Family	05/15/2023

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure background check results and staff training records were available during an inspection for 9 of 11 staff (Staff A, D, E, F, G, H, I, J & K). This resulted in a delay the determining if staff were qualified to care for the residents in the home.

Findings included...

Review of staff records showed the following records were not available at the time of the inspection:

- A current Washington state name and date of birth background check result for Staff A, Provider, and Staff H, Caregiver.

- Fingerprint background check results for Staff G, Caregiver, and Staff H, Provider.

- Safe food handler cards for Staff A and Staff D, Caregiver.

- Cardiopulmonary resuscitation (CPR) and first-aid training documents for Staff D and Staff E, Caregiver.

- The date of hire for Staff F Caregiver, Staff H, and Staff J, Caregiver.

During an interview on 04/27/2023 at 12:30 PM, Staff B, Resident Manager, stated that they would send the missing documents as soon as possible.

Review of the requested documents sent on 05/03/2023 did not contain Staff A's safe food handler card, Staff H's Washington state name and date of birth background check result, and the date of hire for Staff F, Staff H, and Staff J.

During an interview on 05/05/2023 at 9:15 AM, Staff A stated that they did not know why all the documents were not sent, but they would send the remaining documents as soon as

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure background check results and staff training records were available during an inspection for 9 of 11 staff (Staff A, D, E, F, G, H, I, J & K). This resulted in a delay the determining if staff were qualified to care for the residents in the home.

Findings included...

Review of staff records showed the following records were not available at the time of the inspection:

- A current Washington state name and date of birth background check result for Staff A, Provider, and Staff H, Caregiver.

- Fingerprint background check results for Staff G, Caregiver, and Staff H.

- Safe food handler cards for Staff A and Staff D, Caregiver.

- Cardiopulmonary resuscitation (CPR) and first-aid training documents for Staff D and Staff E, Caregiver.

- The date of hire for Staff F Caregiver, Staff H, and Staff J,Caregiver.

During an interview on 04/27/2023 at 12:30 PM, Staff B, Resident Manager, stated that they would send the missing documents as soon as possible.

Review of the requested documents sent on 05/03/2023 did not contain Staff A’s safe food handler card, Staff H’s Washington state name and date of birth background check result, and the date of hire for Staff F, Staff H, and Staff J.

During an interview on 05/05/2023 at 9:15 AM, Staff A stated that they did not know why all the documents were not sent, but they would send the remaining documents as soon as

possible.

Attestation Statement

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, Golden Community Care II Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 7-1-2023 .

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

Provider (or Representative) — Date: 5-31-2023

possible.

Attestation Statement

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, Golden Community Care II Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Golden Community Care II Adult Family Home, LLC
Golden Community Care II Adult Family Home LLC
11311 E 10th Ave
Spokane Valley, WA 99206

RE: Golden Community Care II Adult Family Home LLC # 753949

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/15/2023 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 Mail the Plan/Attestation Statement and report with original signatures to:

Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

• Complete correction(s) within 45 days, 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 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

The Adult Family Home did not ensure one staff member was up to date on their food safety training. The Resident Manager stated that they forgot to renew the training.

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

The home was not maintained in good repair. The doors and door trim for two resident's bedrooms were damaged and had multiple areas that were scraped exposing the inside of the wood. The Resident Manager stated that they would fix the concerns as soon as possible.

WAC 388-76-10575 Resident rights Privacy.

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

(c) Clinical or resident records;

The home failed to ensure a confidential identifier list from a Statement of Deficiency (SOD) report was not accessible in the home for public viewing. The Resident Manager secured the document immediately after the concern was identified.

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 (509)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
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:
Tamara Tredo, Field Manager
Residential Care Services
Region 1, Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 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 the date you receive this letter. For **Panel IDRs** 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 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