STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Joseph I. Pagdanganan
THE CARING PLACE
22436 15TH AVE SOUTH
DES MOINES, WA 98198

RE: THE CARING PLACE License # 466100

Dear Provider:

This letter addresses Compliance Determination(s) 56082 (Completion Date 03/10/2025) and 52720 (Completion Date 01/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/10/2025 and found that you have corrected the violations listed in the Full report dated 01/29/2025. Your home is back in compliance as of 02/07/2025 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 388-76-10015-1, WAC 388-76-10129-1-a, WAC 388-76-10129-1-d, WAC 388-112A-0600-2-d, WAC 388-76-10380-2, WAC 388-76-10380-4, WAC 388-76-10375-1, WAC 388-76-10485-2, WAC 388-76-10485-1, WAC 388-76-10750-2, WAC 388-76-10840-1-d

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

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

Sincerely,

Dahl Kim, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 01/07/2025 of:

THE CARING PLACE
22436 15TH AVE SOUTH
DES MOINES, WA 98198

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

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Dahl Kim
Residential Care Services

02/06/2025
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)

2/12/25
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure they had a Medical Test Site Waiver (MTSW) to complete medical testing of the residents without being a licensed laboratory. This failure placed the AFH at risk of penalties from potentially using COVID-19 rapid tests to determine if a resident was positive for COVID-19 without the required MTSW and placed residents at risk of unmet care needs in the event of COVID-19 in the AFH.

Findings included...

A review of a Dear Provider letter dated 04/01/2022 from the department showed AFH's were required to follow state and federal regulations related to COVID-19 and other medical tests completed in AFH's. Further review showed an MTSW was required when staff administer a medical test such as a COVID-19 rapid test or testing of a resident's blood glucose, interprets the test results, or acts upon the test results. In addition, AFH's were also required to have an MTSW when the home reported test results to a medical provider who may adjust a resident's diet or medication in response to a test result. The 04/01/2022 Dear Provider letter instructed AFH providers on how to attain the MTSW from the Department of Health. In addition, Dear Provider letters referencing MTSW were dated 04/22/2022, 08/12/2022, and 11/15/2024 showed the MTSW was still required under the same circumstances as indicated in the 04/01/2022 Dear Provider letter.

During a visit on 01/07/2025 at 8:59 AM, observation showed Resident 1 lived in and received care from the AFH.

In an interview on 01/07/2025 at 9:02 AM, Staff A, Provider, stated that Resident 2 was out of the AFH with a family member. Staff A further stated that they had not read or reviewed Dear Provider letters or other updates from the department.

In an interview on 01/07/2025 at 9:38 AM, Staff A stated that if they suspected a resident had Covid-19, they would administer a Covid-19 rapid test. Staff A further stated that they were unsure if they had an MTSW.

A review of the AFH's policies and procedures showed an MTSW for a different AFH.

In an interview on 01/07/2025 at 11:13 AM, Staff A stated that they had gone to the other AFH for a training and had received the MTSW at that time. Staff A asked if MTSW's were transferable from one AFH to another.

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, THE CARING PLACE is or will be in compliance with this law and / or regulation on (Date) 2/5/25 .
The application was sent 2/5/25

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

Provider (or Representative) — Date: 2/12/25

WAC 388-76-10129 Qualifications Adult family home personnel.

(1) The adult family home must ensure that any person employed or used by the adult family home, directly or by contract, is qualified and meets all of the applicable requirements of this chapter and chapter 388-112A WAC. This may include, but is not limited to:

(a) The provider;

(d) Staff; and

WAC 388-112A-0600 What is continuing education and what topics may be covered in continuing education?

(2) The same continuing education course must not be repeated for credit unless it is a new or more advanced training on the same topic. However, a long-term care worker may repeat up to five credit hours per year on the following topics:

(d) Food handling training;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 3 staff (Staff A, Provider, and Staff B, Caregiver) had current food handler's training. This failure placed all residents at risk of foodborne illness.

Findings included...

During a visit on 01/07/2025 at 8:59 AM, observation showed Resident 1 lived in and received care from the AFH.

In an interview on 01/07/2025 at 9:02 AM, Staff A, Provider, stated that Resident 2 was out of the AFH with a family member.

A review of Staff A's personnel file showed the AFH was licensed on 08/27/1999. Further review showed Staff A's food handler's training had expired on 09/23/2022.

A review of Staff B's personnel file showed a hire date of 08/27/1999. Further review showed Staff B's food handler's training had expired on 09/23/2022.

In an interview on 01/07/2025 at 11:38 AM, Staff A stated that they had reached out to the AFH's trainer but had not received a response back.

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, THE CARING PLACE is or will be in compliance with this law and / or regulation on (Date) 2/7/25.
A new food handling training was faxed 2/5/25

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

Provider (or Representative) — Date: 2/12/25

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to revise 1 of 2 resident (Resident 2) Negotiated Care Plan (NCP) when the plan or parts of the plan no longer addressed the resident's needs and at least every 12 months. This failure placed Resident 2 at risk of unmet care needs.

Findings included...

In an interview on 01/07/2025 at 9:02 AM, Staff A, Provider, stated that Resident 2 was out of the AFH with a family member.

A review of Resident 2's records showed they were admitted to the AFH on [redacted]/2008. A review of Resident 2's NCP dated 06/01/2023 showed the resident had problems with speech, hearing, and vision as indicated by the check marked boxes. Further review showed "5/14" next to the "yes" boxes. Further review showed check marked boxes for "no" problems with speech and vision. Resident 2's NCP showed the resident had difficulty speaking at times and shook their head at times. In addition, Resident 2's NCP showed staff were to provide telephone assistance by dialing the phone number and to give the phone to the resident.

A review of Resident 2's annual Assessment dated 04/19/2024 showed the residents vision was highly impaired, they were no longer able to see out of their right eye, and

no longer wore glasses. The Assessment for Resident 2 showed they were able to hear better in one ear and when speaking with the resident, ensure you were close to the resident. In addition, the Assessment showed Resident 2 was no longer able to have conversations and usually made gestures/sounds or would say "yes" if they agreed.

Further review of Resident 2's NCP dated 06/01/2023 showed they were independent, noted in 3 areas, with medication. In addition, Resident 2 was able to take their own medication in a stable and reliable manner and kept their own medication. In addition, one of the "independent" was crossed off and "with assistance now, drops on floor" was noted. Review further showed Resident 2's NCP did not contain a medication plan for when the resident was not in the AFH.

Further review of Resident 2's Assessment dated 04/19/2024 showed the resident required assistance with medication. Further review showed Resident 2 was able to swallow medication from a cup and sometimes, a banana or candy was given, to encourage the resident to take their medication.

Additional review of Resident 2's NCP dated 06/01/2023 showed they had begun the meaningful day program April 2020, but no information was included to show what activities the AFH provided as part of the meaningful day program. In addition, under Psych/Social/Cognitive Status, Resident 2 had sleep disturbance, short term memory impairment, decision making, disorientation, and hallucinations. Further, Resident 2's NCP indicated the resident woke up 4-5 times a night, yelling and screaming at times. In addition, Resident 2's NCP showed Resident 2 still got up at night several times and had "5/16 and 6/17" next to the entry as updated. The interventions listed in Resident 2's NCP showed staff were to help and give advice sometimes and provide attention. In addition, interventions included "just give slight suggestions and decide on the residents own, minor things." Resident 2's NCP showed no psychopharmacological medication listed.

A review of Resident 2's January 2025 pharmacy generated medication administration record showed Resident 2 was prescribed, Citalopram Hydrobromide 20 milligrams (mg), take 1 tablet daily for depression.

Review of Resident 2's Assessment dated 04/19/2024 showed the residents current behaviors were combative during personal care, delusions, easily irritable/agitated requiring intervention, extreme/rapid mood swings, hallucinations, resistive to care with words/gestures, unrealistic fears and suspicions, uses offensive language, and yells/screams.

Further review of Resident 2's NCP dated 06/01/2023 showed for bed mobility/transfer the box for assistance and dependent were both marked and had the date 5/16. The NCP showed Resident 2 required full assist with transfer, wheelchair and bed. Staff instructions indicated "assist [resident]," but it did not say how.

Further review of Resident 2's Assessment dated 04/19/2024 showed for bed mobility and transfers they required 2-person physical assistance, 2 caregivers were needed due to resident experiencing daily contractures and being resistive/combative. Further review showed the resident's bed was to be low to the ground to prevent falls.

Additional review of Resident 2's NCP dated 06/01/2023 showed the resident ate independently and required assistance. Staff instructions were to prepare meals three times daily.

Additional review of Resident 2's Assessment dated 04/19/2024 showed for eating they required 1-person physical assistance and a pureed diet.

Resident 2's NCP dated 06/01/2023 showed they required assistance and were dependent with toileting/continence issues. Resident 2's NCP further showed the resident required full extensive assistance with toileting and staff were to "assist."

Resident 2's Assessment dated 04/19/2024 showed they required 2-person physical assistance for toileting. In addition, 2 caregivers were needed due to resident experiencing daily contractures and being resistive/combative.

Further review of Resident 2's NCP dated 06/01/2023 showed the resident was dependent for dressing in the morning and staff were to "assist." In addition, Resident 2's NCP showed the resident was dependent on personal hygiene and noted "wash face, brush [the resident's] teeth" and staff were to "assist." Resident 2's NCP showed they were dependent for bathing 3 times a week either a bath or shower in the morning and staff were to "assist."

Further review of Resident 2's Assessment dated 04/19/2024 showed the resident required 2-person physical assistance for dressing and bathing. In addition, 2 caregivers were needed due to resident experiencing daily contractures and being resistive/combative. Further review showed Resident 2 required 1-person physical assistance for personal hygiene, unless the resident was resistive/combative then required 2 caregivers.

In an interview on 01/07/2025 at 2:04 PM, Staff A stated that they were to complete an NCP every year. Staff A further stated that they had forgotten.

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, THE CARING PLACE is or will be in compliance with this law and / or regulation on (Date) 2/7/25 .
NCP on Res #2 [redacted] was updated + reviewed + signed

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

Provider (or Representative) — Date: 2/12/25

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) for 1 of 2 residents (Resident 2) was agreed to and signed and dated by Resident 2's Representative. This failure placed Resident 2 at risk of unmet care needs and of receiving services Resident 2's Representative did not negotiate.

Findings included...

In an interview on 01/07/2025 at 9:02 AM, Staff A, Provider, stated that Resident 2 was out of the AFH with a family member.

A review of Resident 2's records showed the resident was admitted to the AFH on [redacted]/2008. A review of Resident 2's NCP dated 06/01/2023 showed the signature page was signed and dated by Resident 2 and the AFH on 07/30/2009. Further review showed the AFH had initialed Resident 2's NCP as revised on 09/16/2010, 07/07/2011, 06/30/2012. 05/11/2013, 05/01/2014, 05/30/2015, 05/01/2016, 05/01/2017, 05/10/2018, and 07/2023. In addition, Resident 2's Representative signed the residents NCP as revised on 05/30/2015 and 05/01/2016.

In an interview on 01/07/2025 at 2:05 PM, Staff A stated that Resident 2 was a family member and related by marriage. Staff A stated that they were not Resident 2's Representative and asked if the Representative should sign Resident 2's NCP.

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, THE CARING PLACE is or will be in compliance with this law and / or regulation on (Date) 2/7/25 .
NCP was updated / signed.

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

Provider (or Representative) — Date: 2/12/25

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(2) In the original container with legible and original labels; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 medication storage in the AFH and medication in 1 of 2 bathroom (Bathroom 1) were kept in locked storage. This failure placed the ambulatory resident (Resident 1) at risk of accessing and taking medication not prescribed for their use.

Findings included...

During a visit on 01/07/2025 at 8:59 AM, observation showed Resident 1 lived in and received care from the AFH. Further observation showed Resident 1 ambulated independently throughout the AFH.

In an interview on 01/07/2025 at 9:02 AM, Staff A, Provider, stated that Resident 2 was out of the AFH with a family member.

Observation on 01/07/2025 at 9:47 AM showed Resident 1 walked from their bedroom past the kitchen into the dining area of the AFH.

Observation on 01/07/2025 at 9:50 AM showed, the medication storage cabinet was located underneath the kitchen counter. Further observation showed the cabinet was unlocked and Resident 1 had walked past the cabinet.

In an interview on 01/07/2025 at 9:51 AM, Staff A stated that they had provided Resident 1 their morning medication. Staff A further stated that they had a pad lock for the cabinet, and it was always kept locked.

Observation on 01/07/2025 at 10:16 AM showed, a bottle of Ketoconazole shampoo, used to treat fungal infections, in the shower of Bathroom 1. Further observation showed no medication label indicating who the medication was for and no medication instructions.

In an interview on 01/07/2025 at 10:17 AM, Staff A stated that they used the Ketoconazole shampoo themselves.

Observation on 01/07/2025 at 10:19 AM showed, in Bathroom 1 a container of Clotrimazole 1 percent (%) cream, used to treat fungal infections, in the bathroom drawer. Further observation showed no medication label indicating who the medication was for and no medication instructions.

In an interview on 01/07/2025 at 10:20 AM, Staff A stated that the medication could belong to Staff A's family member.

Observation on 01/07/2025 at 10:25 AM showed, a container of Vitamin A and D ointment, apply thin layer topically to peri area twice daily as needed after incontinence, in the closet across from Bathroom 1. Observation further showed a name on the medication label that was not the current residents living in the AFH.

In an interview on 01/07/2025 at 10:26 AM, Staff A stated that the Vitamin A & D ointment belonged to a resident at a different AFH. Staff A further stated that a family member worked at that AFH and must have brought it home with them.

Observation on 01/07/2025 at 10:37 AM showed, the medication storage cabinet was unlocked and Staff A walked out of line of sight of the cabinet. Further observation showed Resident 1 walked past the unlocked medication storage cabinet to the back slider door and let the dog outside.

In an interview on 01/07/2025 at 10:38 AM, Staff A stated that they had gotten distracted and forgot to lock the cabinet.

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, THE CARING PLACE is or will be in compliance with this law and / or regulation on (Date) 2/7/25.
Meds storage is locked all the time now.

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

Provider (or Representative) — Date: 2/12/25

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

(2) Ensure that there is existing outdoor space that is safe and usable for residents;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the outside back deck was safe and usable for residents. This failure placed the ambulatory resident (Resident 1) at risk of potential injury if they had a fall and placed Resident 2 at risk of their wheelchair slipping or skidding on the deck potentially causing injury to the resident.

Findings included...

During a visit on 01/07/2025 at 8:59 AM, observation showed Resident 1 lived in and received care from the AFH. Further observation showed Resident 1 ambulated independently throughout the AFH.

In an interview on 01/07/2025 at 9:02 AM, Staff A, Provider, stated that Resident 2 was out of the AFH with a family member. In addition, Staff A stated that Resident 2 used a wheelchair.

Observation on 01/07/2025 at 10:46 AM showed the outside back deck of the AFH had a greenish plantlike tint on the surface of the deck. Further observation showed the deck was slippery.

In an interview on 01/07/2025 at 10:47 AM, Staff A stated that they had conducted a full evacuation drill a week prior and the residents were evacuated to the back deck. Staff A further stated that they had wanted to power wash the deck.

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, THE CARING PLACE is or will be in compliance with this law and / or regulation on (Date) 2/7/25.
The deck was power washed the following day.
Will paint when weather is warm.
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 2/12/25

WAC 388-76-10840 Emergency food supply.

(1) The adult family home must have an on-site emergency food supply that:

(d) Is sufficient, safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure their emergency food supply was safe for 2 of 2 residents (Resident 1 and Resident 2) and 3 of 3 staff (Staff A, Provider, Staff B, Caregiver, and Staff C, Caregiver). This failure placed all residents and staff at risk of food borne illness from consuming unsafe food items in an emergency.

Findings included...

During a visit on 01/07/2025 at 8:59 AM, observation showed Resident 1 lived in and received care from the AFH.

In an interview on 01/07/2025 at 9:02 AM, Staff A, Provider, stated that Resident 2 was out of the AFH with a family member.

Observation on 01/07/2025 at 9:45 AM of the AFH's emergency food supply showed, two cans of evaporated milk each with an expiration date of 11/02/2024, one can of turkey gravy with an expiration date of 09/13/2024, and a package of honey nut toasted oats with an expiration date of 09/30/2024.

In an interview on 01/07/2025 at 9:55 AM, Staff A stated that they went through the

emergency food once a month to ensure nothing was expired. Staff A further stated that they had missed some items.

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, THE CARING PLACE is or will be in compliance with this law and / or regulation on (Date) 2/7/25 .

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

Provider (or Representative) — Date: 2/12/25

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

02/06/2025

Joseph I. Pagdanganan
THE CARING PLACE
22436 15TH AVE SOUTH
DES MOINES, WA 98198

RE: THE CARING PLACE # 466100

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/29/2025 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:

Dahl Kim, 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

• 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 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

(2) Emphasizes frequent hand washing and other means of limiting the spread of infection;

(4) Directs all staff to:

(a) Dispose of razor blades, syringes, and other sharp items in a manner that will not risk the health and safety of residents, staff, other persons residing in the home or the public; and

(b) Use all disposable and single-service supplies and equipment only one time as specified by the manufacturer.

Review of the AFH's policies and procedures showed no infection control policy. Staff A, Provider, stated they would send the policy to the department and a faxed copy of their Infection Control Policy was received by the department.

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.

Sincerely,

Dahl Kim, 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:
Dahl Kim, 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 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 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 request and supporting documents to:

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