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

DAY VIEW AFH INC

DAY VIEW AFH INC
2111 SHATTUCK PL S
RENTON, WA 98055

RE: DAY VIEW AFH INC License # 750970

Dear Provider:

This letter addresses Compliance Determination(s) 49702 (Completion Date 11/01/2024) and 46433 (Completion Date 09/18/2024).

The Department completed a follow-up inspection of your Adult Family Home on 11/01/2024 and found that you have corrected the violations listed in the Full report dated 09/18/2024. Your home is back in compliance as of 10/30/2024 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 388-76-10230-3, WAC 388-76-10375-1, WAC 388-76-10430-2-d, WAC 388-76-10146-2-e, WAC 388-112A-0610-1-a-iii, WAC 388-76-10198-4

The Department staff who did the on-site verification:
Liza Flowers, AFH Licensor

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit E
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 08/28/2024 and 08/28/2024 of:
DAY VIEW AFH INC
2111 SHATTUCK PL S
RENTON, WA 98055

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:

Liza Flowers, AFH Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit E
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.

Residential Care Services

09/24/2024
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 #: 750970	Compliance Determination # 46433
Plan of Correction	DAY VIEW AFH INC	Completion Date
Page 2 of 8	Licensee: DAY VIEW AFH INC	09/18/2024

Provider (or Representative) 9/26/2024 Date

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 dog living in the home had an up-to-date rabies vaccination. This failure placed all residents at risk of possible disease exposure transmitted by the unvaccinated dog.

Findings included...

During the unannounced visit to the AFH on 08/28/2024 at 10:45 AM, observation showed a small dog in the living room. Resident 4 stated that it was their dog.

Record review of the AFH records showed no records of the dog's rabies vaccination.

In an interview on 09/28/2024 at 5:38 PM, Staff A, Entity Representative, stated that they did not have a rabies vaccination record for the dog and would send a message to Resident 4's Power of Attorney if they had it.

On 09/04/2024 the Department received a copy of the dog's vaccination dated 08/30/2024.

On 09/18/2024, the AFH provided a rabies vaccination record of the dog with the rabies vaccination due date on 07/13/2024.

Attestation Statement

Provider (or Representative) Date

WAC 388-76-10230 Pets. The adult family home must ensure any animal visiting or living on the premises:

(3) Has proof of up-to-date rabies vaccinations.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 1 dog living in the home had an up-to-date rabies vaccination. This failure placed all residents at risk of possible disease exposure transmitted by the unvaccinated dog.

Findings included…

During the unannounced visit to the AFH on 08/28/2024 at 10:45 AM, observation showed a small dog in the living room. Resident 4 stated that it was their dog.

Record review of the AFH records showed no records of the dog's rabies vaccination.

In an interview on 08/28/2024 at 5:38 PM, Staff A, Entity Representative, stated that they did not have a rabies vaccination record for the dog and would send a message to Resident 4's Power of Attorney if they had it.

On 09/04/2024 the Department received a copy of the dog's vaccination dated 08/30/2024.

On 09/18/2024, the AFH provided a rabies vaccination record of the dog with the rabies vaccination due date on 07/13/2024.

Attestation Statement

Statement of Deficiencies	License #: 750970	Compliance Determination # 46433
Plan of Correction	DAY VIEW AFH INC	Completion Date
Page 3 of 8	Licensee: DAY VIEW AFH INC	09/18/2024

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, DAY VIEW AFH INC is or will be in compliance with this law and / or regulation on (Date) 8/30/2024

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

Provider (or Representative) — Date: 9/26/2024

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 observation, interview and record review, the Adult Family Home (AFH) did not ensure the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2) was signed by the resident and/or resident's representative. This failure placed Resident 2 at risk of unmet care needs and receiving services that was not negotiated and agreed.

Findings included...

During an unannounced visit to the AFH on 08/28/2024 from 10:33 AM to 6:00 PM, observation showed Staff A, Entity Representative, Staff B and C, Caregivers, interacted and provided care to Resident 2.

Review of records showed Resident 2's NCP, dated 05/20/2024, was signed by the AFH representative on 05/20/2024. Further record review showed Resident 2's current NCP dated 05/20/2024 contained no resident and/or resident's representative's signature.

In an interview on 08/28/2024 at 5:40 PM, Staff A stated that Resident 2's NCP was not signed by the representative because they forgot to give it when they visited the home.

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, DAY VIEW AFH INC 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 388-76-10375 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 observation, interview and record review, the Adult Family Home (AFH) did not ensure the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 2) was signed by the resident and/or resident's representative. This failure placed Resident 2 at risk of unmet care needs and receiving services that was not negotiated and agreed.

Findings included…

During an unannounced visit to the AFH on 08/28/2024 from 10:33 AM to 6:00 PM, observation showed Staff A, Entity Representative, Staff B and C, Caregivers, interacted and provided care to Resident 2.

Review of records showed Resident 2's NCP, dated 05/20/2024, was signed by the AFH representative on 05/20/2024. Further record review showed Resident 2's current NCP dated 05/20/2024 contained no resident and/or resident's representative's signature.

In an interview on 08/28/2024 at 5:40 PM, Staff A stated that Resident 2's NCP was not signed by the representative because they forgot to give it when they visited the home.

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, DAY VIEW AFH INC is or will be in compliance with this law and / or regulation on (Date) 9/3/2024.

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

Provider (or Representative) — Date: 9/26/2024

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the prescribed medications ordered for 1 of 2 sampled residents (Resident 2) was available. This failure placed the resident at risk for health complications, and medication error for not receiving the medication when needed due to unavailability of the medications prescribed.

Findings included...

During an unannounced visit to the AFH on 08/28/2024 from 10:33 AM to 6:00 PM, observation showed Staff A, Entity Representative, Staff B and C, Caregivers, interacted and provided care to Resident 2.

In an interview on 08/28/2024 at 11:20 AM, Staff A stated that Resident 2 received medication assistance from staff.

On 08/28/2024, review of Resident 2's physician orders, medication log, and medications supply showed the following:

PHYSICIAN'S ORDER:

The doctor's order dated 04/26/2024 showed:
- "Licoderm 5% Patch (a medication used to relieve pain) apply 1 patch to painful site ...".
- "Acetaminophen (a medication used to treat fever, aches and pains) 500 milligrams

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, DAY VIEW AFH INC 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 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the prescribed medications ordered for 1 of 2 sampled residents (Resident 2) was available. This failure placed the resident at risk for health complications, and medication error for not receiving the medication when needed due to unavailability of the medications prescribed.

Findings included...

During an unannounced visit to the AFH on 08/28/2024 from 10:33 AM to 6:00 PM, observation showed Staff A, Entity Representative, Staff B and C, Caregivers, interacted and provided care to Resident 2.

In an interview on 08/28/2024 at 11:20 AM, Staff A stated that Resident 2 received medication assistance from staff.

On 08/28/2024, review of Resident 2's physician orders, medication log, and medications supply showed the following:

PHYSICIAN'S ORDER:

The doctor’s order dated 04/26/2024 showed:
- "Licoderm 5% Patch (a medication used to relieve pain) apply 1 patch to painful site …”.
- “Acetaminophen (a medication used to treat fever, aches and pains) 500 milligrams

(MG) take 2 tablets by mouth every eight hours as needed ...".
- "Benzonatate (a medication used to relieve coughs due to colds or flu) 100 MG capsule take 1 capsule by mouth every eight hours as needed for cough".
- "Senna (a medication used to treat constipation) 8.6 MG take 1 tablet by mouth twice daily as needed for constipation."

MEDICATION LOG:

Review of the August 2024 medication log showed the above medications were listed.

MEDICATION SUPPLY:

On 08/28/2024 between 4:19 to 4:30 PM, observation showed the above-prescribed medications were not in Resident 2's medication supply.

In an interview on 08/28/2024 at 4:32 PM, Staff A stated that they did not know why the medications were not in Resident 2's medication supply. Staff A further stated that maybe the resident's representative did not purchase it because they thought that the medications were expensive.

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, DAY VIEW AFH INC is or will be in compliance with this law and / or regulation on (Date) 9/20/2024

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

I Khomlyak — Provider (or Representative)

9/26/2024 — Date

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing

(MG) take 2 tablets by mouth every eight hours as needed …".
- "Benzonatate (a medication used to relieve coughs due to colds or flu) 100 MG capsule take 1 capsule by mouth every eight hours as needed for cough".
- "Senna (a medication used to treat constipation) 8.6 MG take 1 tablet by mouth twice daily as needed for constipation."

MEDICATION LOG:

Review of the August 2024 medication log showed the above medications were listed.

MEDICATION SUPPLY:

On 08/28/2024 between 4:19 to 4:30 PM, observation showed the above-prescribed medications were not in Resident 2's medication supply.

In an interview on 08/28/2024 at 4:32 PM, Staff A stated that they did not know why the medications were not in Resident 2's medication supply. Staff A further stated that maybe the resident's representative did not purchase it because they thought that the medications were expensive.

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, DAY VIEW AFH INC 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 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing

education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iii) A certified nursing assistant, and a person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010 ; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the 12 hours continuing education (CE) requirements was met for 1 of 2 sampled staff (Staff B, Caregiver). This failure placed all 6 residents at risk for needs not being met in accordance with the current caregiving standard.

Findings included…

During an unannounced visit to the AFH on 08/28/2024 from 10:33 AM to 6:00 PM, observation showed Staff B, Caregiver, interacted and provided care to Residents 1, 2, 3, 4, and 6. Resident 5 was not in the home at the time of the visit.

Review of personnel records showed the AFH hired Staff B as a caregiver on 09/15/2022. Further record review showed, Staff B was a Certified Nursing Assistant certified (CNA). Their personnel records showed no 12 hours of CE completed between their 2023 to 2024 birthday (Staff B's 2024 birthday had already passed at the time of visit).

In an interview on 08/28/2024 at 5:03 PM, Staff B stated that they did not print their CE.

In an interview on 08/28/2024 at 5:03 PM, Staff A, Entity Representative, stated that they did not know why Staff B had no CE.

On 09/07/2024, the AFH sent Staff B's CE that was completed on 09/05/2024 (8 days after the unannounced visit).

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, DAY VIEW AFH INC is or will be in compliance with this law and / or regulation on (Date) 09/05/2024

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

Provider (or Representative) — Date 9/26/2024

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:

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review the adult family home (AFH) failed to ensure a Fingerprint Background Checks (FBGC) results were readily available for 1 of 4 staff (Staff C, Caregiver). This failure placed the residents at risk of receiving care from Staff with unknown FBGC results.

Findings included ...

During an unannounced visit to the AFH on 08/28/2024 from 10:33 AM to 6:00 PM, observation showed Staff C, Caregiver, interacted and provided care to Residents 1, 2, 3, 4, and 6. Resident 5 was not in the home at the time of the visit.

Personnel record review showed Staff C's Washington state name and date of birth background checks that was completed on 09/29/2022 had a notation that the source of the information reported was from the FBGC (date of FBGC completion was unknown).

In an interview on 08/28/2024 at 4:30 PM, Staff A, Entity Representative, stated that they could not find Staff C's FBGC and would fax it to the Department Staff once found.

In a telephone interview on 09/17/2024 at 5:25 PM, Staff A stated that they were not able to find Staff C's FBGC and Staff C was scheduled to get another one.

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, DAY VIEW AFH INC 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:

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review the adult family home (AFH) failed to ensure a Fingerprint Background Checks (FBGC) results were readily available for 1 of 4 staff (Staff C, Caregiver). This failure placed the residents at risk of receiving care from Staff with unknown FBGC results.

Findings included …

During an unannounced visit to the AFH on 08/28/2024 from 10:33 AM to 6:00 PM, observation showed Staff C, Caregiver, interacted and provided care to Residents 1, 2, 3, 4, and 6. Resident 5 was not in the home at the time of the visit.

Personnel record review showed Staff C's Washington state name and date of birth background checks that was completed on 09/29/2022 had a notation that the source of the information reported was from the FBGC (date of FBGC completion was unknown).

In an interview on 08/28/2024 at 4:30 PM, Staff A, Entity Representative, stated that they could not find Staff C's FBGC and would fax it to the Department Staff once found.

In a telephone interview on 09/17/2024 at 5:25 PM, Staff A stated that they were not able to find Staff C's FBGC and Staff C was scheduled to get another one.

Statement of Deficiencies	License #: 750370	Compliance Determination # 46433
Plan of Correction	DAY VIEW AFH INC	Completion Date
Page 8 of 8	Licensee: DAY VIEW AFH INC	09/18/2024

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, DAY VIEW AFH INC is or will be in compliance with this law and / or regulation on (Date) 10/30/2024

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

Khomlyak 9/26/2024

Provider (or Representative) Date

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

09/23/2024

DAY VIEW AFH INC
DAY VIEW AFH INC
2111 SHATTUCK PL S
RENTON, WA 98055

RE: DAY VIEW AFH INC # 750970

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/18/2024 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
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.

RCW 70.128.250 Required training and continuing education -- Food safety training and testing. The department shall implement, as part of the required training and continuing education, food safety training and testing integrated into the curriculum that meets the standards established by the state board of health pursuant to chapter 69.06 RCW. Individual food handler permits are not required for persons who begin working in an adult family home after June 30, 2005, and successfully complete the basic and modified-basic caregiver training, provided they receive information or training regarding safe food handling practices from the employer prior to providing food handling or service for the clients. Documentation that the information or training has been provided to the individual must be kept on file by the employer. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will be required to maintain continuing education of .5 hours per year in order to maintain food handling and safety training. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will not be required to renew the permit provided the continuing education requirement as stated above is met.

The Adult Family Home did not have any information and/or training records for Staff A, Entity Representative, and Staff B, Caregiver, regarding safe food handling services prior to providing food handling or services to the residents. The AFH immediately corrected the issue by having Staff A and B renew their food handler's certificate.

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)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, 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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
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

---

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**

Sincerely,

Cecile Leano, Field Manager
Region 2, 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:
Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
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

---

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 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