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

VALLEY SENIOR CARE CENTER INC

VALLEY SENIOR CARE CENTER INC
12245 155TH AVE SE
RENTON, WA 98059

RE: VALLEY SENIOR CARE CENTER INC License # 751009

Dear Provider:

This letter addresses Compliance Determination(s) 47258 (Completion Date 09/16/2024) and 44153 (Completion Date 07/22/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/16/2024 and found that you have corrected the violations listed in the Full report dated 07/22/2024. Your home is back in compliance as of 07/30/2024 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 388-76-10750-7, WAC 388-76-10430-2-d, WAC 388-76-10380-4, WAC 388-76-10165-1-b, WAC 388-76-10146-1, WAC 388-112A-0050-2-a-i

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 07/15/2024 and 07/15/2024 of:
VALLEY SENIOR CARE CENTER INC
12245 155TH AVE SE
RENTON, WA 98059

The following sample was selected for review during the unannounced on-site visit: 2 of 5 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 — 07.23.2024 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 #: 751009	Compliance Determination # 44153
Plan of Correction	VALLEY SENIOR CARE CENTER INC	Completion Date
Page 2 of 7	Licensee: VALLEY SENIOR CARE CENTER INC	07/22/2024

Provider (or Representative) 7/30/24 Date

WAC 388-76-10760 Safety and maintenance. The adult family home must:

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure toxic chemicals were kept in a locked storage. This failure placed 4 of 5 residents (Residents 2, 3, 4, and 5) at risk of harm who were cognitively impaired, mobile, and could access the toxic chemicals from an unlocked storage.

Findings included:.

During an unannounced visit to the AFH on 07/15/2024 from 10:26 AM to 5:38 PM, observation showed Resident 3 ambulated independently in the home without using any assistive device. Resident 5 ambulated with standby assist from Staff A, Entity Representative, using a walker. Residents 2 and 4 were observed in a wheelchair and maneuvered independently in the house.

During an environmental tour in the home with Staff A on 07/15/2024 at 12:51 PM, observation showed two bottles of Clorox Bleach (1 bottle was full while the other one was almost empty) with a capacity of 3.59 liters (L) per bottle and a container of laundry liquid detergent with a capacity of 5.73 L and approximately one cup left were inside the unlocked laundry room placed on the floor.

Review of Clorox Bleach label showed; "Warning Label: Keep out of reach. . Danger: Corrosive"

Review of the laundry detergent label showed, "Keep out of reach. . Avoid contact with eyes. Do not ingest".

In an interview on 07/15/2024 at 12:55 PM, Staff A stated that they did not know how they missed that laundry room door handle/knob was missing.

Attestation Statement

Provider (or Representative) _____ Date _____

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

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure toxic chemicals were kept in a locked storage. This failure placed 4 of 5 residents (Residents 2, 3, 4, and 5) at risk of harm who were cognitively impaired, mobile, and could access the toxic chemicals from an unlocked storage.

Findings included...

During an unannounced visit to the AFH on 07/15/2024 from 10:26 AM to 5:38 PM, observation showed Resident 3 ambulated independently in the home without using any assistive device. Resident 5 ambulated with standby assist from Staff A, Entity Representative, using a walker. Residents 2 and 4 were observed in a wheelchair and maneuvered independently in the house.

During an environmental tour in the home with Staff A on 07/15/2024 at 12:51 PM, observation showed two bottles of Clorox Bleach (1 bottle was full while the other one was almost empty) with a capacity of 3.58 liters (L) per bottle and a container of laundry liquid detergent with a capacity of 5.73 L and approximately one cup left were inside the unlocked laundry room placed on the floor.

Review of Clorox Bleach label showed; "Warning Label: Keep out of reach... Danger: Corrosive".

Review of the laundry detergent label showed; "Keep out of reach... Avoid contact with eyes. Do not ingest".

In an interview on 07/15/2024 at 12:55 PM, Staff A stated that they did not know how they missed that laundry room door handle/knob was missing.

Statement of Deficiencies	License #: 751009	Compliance Determination #44153
Plan of Correction	VALLEY SENIOR CARE CENTER INC	Completion Date
Page 3 of 7	Licensee VALLEY SENIOR CARE CENTER INC	07/22/2024

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, VALLEY SENIOR CARE CENTER INC is or will be in compliance with this law and / or regulation on (Date) 7/30/24

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

Provider (or Representative) 7/30/24 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) did not give the correct medication dose as prescribed for 1 of 2 sampled residents (Resident 1). This failure placed Resident #1 at risk of health complications or harm due to medication error.

Findings included...

On 07/15/2024 between 10:26 AM and 5:38 PM, observation showed Staff A, Entity Representative, interacted and provided care to Resident 1.

In an interview on 07/15/2024 at 11:28 AM, Staff A stated that Resident 1 received medication assistance from staff.

Observation on 07/15/2024 at 3:19 PM, showed Resident 1's medication supplies included a bottle with the following label, "Vitamin D3 (a fat-soluble vitamin that helps the body to absorb Calcium and Phosphorus) 125 micrograms (mcg) 5,000 international units (IU)"

Record review of the Resident 1's July 2024 Medication Administration (MAR) showed the following was written; "Vitamin D3 IU 1,000 soft gels strength 25 mcg ... 1 capsule by mouth every morning". The MAR had staff initials from July 1 to July 15, 2024, to indicate this medication was given.

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, VALLEY SENIOR CARE CENTER 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) did not give the correct medication dose as prescribed for 1 of 2 sampled residents (Resident 1). This failure placed Resident #1 at risk of health complications or harm due to medication error.

Findings included...

On 07/15/2024 between 10:26 AM and 5:38 PM, observation showed Staff A, Entity Representative, interacted and provided care to Resident 1.

In an interview on 07/15/2024 at 11:28 AM, Staff A stated that Resident 1 received medication assistance from staff.

Observation on 07/15/2024 at 3:19 PM, showed Resident 1's medication supplies included a bottle with the following label: "Vitamin D3 (a fat-soluble vitamin that helps the body to absorb Calcium and Phosphorus) 125 micrograms (mcg) 5,000 international units (IU)".

Record review of the Resident 1's July 2024 Medication Administration (MAR) showed the following was written; "Vitamin D3 IU 1,000 soft gels strength 25 mcg ... 1 capsule by mouth every morning". The MAR had staff initials from July 1 to July 15, 2024, to indicate this medication was given.

Statement of Deficiencies	License #: 751009	Compliance Determination # 44153
Plan of Correction	VALLEY SENIOR CARE CENTER INC	Completion Date
Page 4 of 7	Licensee: VALLEY SENIOR CARE CENTER INC	07/22/2024

Record review of Resident 1's doctor's order dated 01/15/2024 showed the above medication was ordered as written in the MAR.

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, VALLEY SENIOR CARE CENTER INC is or will be in compliance with this law and / or regulation on (Date) 7/30/24.

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

Provider (or Representative) 7/30/24 Date

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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) at least every twelve months. This failure placed Resident 1 at risk for unmet care needs.

Findings included...

During an unannounced visit to the AFH on 07/15/2024 between 10:26 AM to 5:38 PM, observation showed Staff A, Entity Representative, interacted and provided care to Resident 1.

Review of Resident 1's records included an NCP dated 11/15/2019 and 01/15/2024. There were no 2020, 2021, 2022, and 2023 NCP found in the resident's file.

In an interview on 07/15/2024 at 3:31 PM, Staff A stated that it was an oversight on their part.

Attestation Statement

Record review of Resident 1's doctor's order dated 01/15/2024 showed the above medication was ordered as written in the MAR.

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, VALLEY SENIOR CARE CENTER 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 388-76-10380 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:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to update the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) at least every twelve months. This failure placed Resident 1 at risk for unmet care needs.

Findings included...

During an unannounced visit to the AFH on 07/15/2024 between 10:26 AM to 5:38 PM, observation showed Staff A, Entity Representative, interacted and provided care to Resident 1.

Review of Resident 1's records included an NCP dated 11/15/2019 and 01/15/2024. There were no 2020, 2021, 2022, and 2023 NCP found in the resident's file.

In an interview on 07/15/2024 at 3:31 PM, Staff A stated that it was an oversight on their part.

Attestation Statement

Statement of Deficiencies	License # 751009	Compliance Determination # 44153
Plan of Correction	VALLEY SENIOR CARE CENTER INC	Completion Date
Page 5 of 7	Licensee VALLEY SENIOR CARE CENTER INC	07/22/2024

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, VALLEY SENIOR CARE CENTER INC is or will be in compliance with this law and / or regulation on (Date) 7/30/24

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

Provider (or Representative) 7/30/24 Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to ensure there was a valid Washington State background check (BGC) for 1 of 2 staff (Staff B, Co-owner/Co-Provider). This failure placed current residents at risk of harm from a staff with unknown current criminal background.

Findings included. .

On 07/15/2024 at 5:19 pm, observation showed Staff B interacted with Residents 1, 2, 3, 4, and 5.

On 07/15/2024 at 4:46 PM, Staff A, Entity Representative, stated that Staff B worked as needed in the AFH and provided care to the residents.

Review of personnel records showed Staff B's BGC expired on 01/05/2024 and was not renewed until 07/15/2024 (192 days due).

In an interview on 07/15/2024 at 4:28 PM, Staff A stated that they forgot to submit Staff B's BGC.

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, VALLEY SENIOR CARE CENTER 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure there was a valid Washington State background check (BGC) for 1 of 2 staff (Staff B, Co-owner/Co-Provider). This failure placed current residents at risk of harm from a staff with unknown current criminal background.

Findings included...

On 07/15/2024 at 5:18 pm, observation showed Staff B interacted with Residents 1,2, 3, 4, and 5.

On 07/15/2024 at 4:46 PM, Staff A, Entity Representative, stated that Staff B worked as needed in the AFH and provided care to the residents.

Review of personnel records showed Staff B's BGC expired on 01/05/2024 and was not renewed until 07/15/2024 (192 days due).

In an interview on 07/15/2024 at 4:28 PM, Staff A stated that they forgot to submit Staff B's BGC.

Statement of Deficiencies	License # 751009	Compliance Determination # 44153
Plan of Correction	VALLEY SENIOR CARE CENTER INC	Completion Date
Page 6 of 7	Licensee VALLEY SENIOR CARE CENTER INC	07/22/2024

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, VALLEY SENIOR CARE CENTER INC is or will be in compliance with this law and / or regulation on (Date) 7|30|24

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

Provider (or Representative) 7|30|24 Date

WAC 388-76-10145 Qualifications Training and home care aide certification.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(2) The following chart provides a summary of the training and certification requirements for an adult family home applicant prior to licensure and an adult family home entity representative and resident manager prior to assuming the duties of the position Who Status Orientation and safety training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home applicant

(i) An RN, LPN, ARNP, NA-C, HCA, NA-C student and other professionals as listed in WAC 388-112A-0090 . Not required Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required twelve hours per WAC 388-112A-0610 for NA-Cs, HCAs and other professionals listed in WAC 388-112A-0090 such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A 300 010 Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090

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 2 staff (Staff B, Co-owner/Co-Provider) maintained their Certified Nursing Assistant (CNA) certification and/or credential in good standing. This failure placed current residents at risk for unmet care needs

Findings included ..

On 07/16/2024 at 5:18 pm, observation showed Staff B interacted with Residents 1,2 3.

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, VALLEY SENIOR CARE CENTER 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.

(1) The adult family home must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

WAC 388-112A-0050 What are the training and certification requirements for volunteers and long-term care workers in adult family homes, adult family home providers, and adult family home applicants?

(2) The following chart provides a summary of the training and certification requirements for an adult family home applicant prior to licensure and an adult family home entity representative and resident manager prior to assuming the duties of the position: Who Status Orientation and safety training Seventy-hour long-term care worker basic training Specialty training Continuing education (CE) Required credential

(a) Adult family home applicant.

(i) An RN, LPN, ARNP, NA-C, HCA, NA-C student and other professionals as listed in WAC 388-112A-0090 . Not required. Not required. Required per WAC 388-112A-0400 . Not required of ARNPs, RNs, or LPNs in chapter 388-112A WAC. Required twelve hours per WAC 388-112A-0610 for NA-Cs, HCAs and other professionals listed in WAC 388-112A-0090 , such as an individual with special education training with an endorsement granted by the superintendent of public instruction under RCW 28A.300.010 . Must maintain in good standing the certification or credential or other professional role listed in WAC 388-112A-0090 .

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 2 staff (Staff B, Co-owner/Co-Provider) maintained their Certified Nursing Assistant (CNA) certification and/or credential in good standing. This failure placed current residents at risk for unmet care needs.

Findings included...

On 07/15/2024 at 5:18 pm, observation showed Staff B interacted with Residents 1,2, 3,

4, and 5

On 07/15/2024 at 4:46 PM, Staff A, Entity Representative stated that Staff B worked as needed in the AFH and provided care to the residents

Review of personnel records showed Staff B's CNA certification and/or credential was expired on 04/05/2024.

On 07/15/2024 at 5:36 PM, the Department of Health website showed that Staff B's CNA certification was "Expired".

In an interview on 07/15/2024 at 4:44 PM, Staff A stated that they had set for an auto pay for Staff B's CNA certification renewal and did not know why it was expired.

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, VALLEY SENIOR CARE CENTER INC is or will be in compliance with this law and / or regulation on (Date) 7/30/24

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

Provider (or Representative) 7/30/24 Date

4, and 5.

On 07/15/2024 at 4:46 PM, Staff A, Entity Representative, stated that Staff B worked as needed in the AFH and provided care to the residents.

Review of personnel records showed Staff B's CNA certification and/or credential was expired on 04/05/2024.

On 07/15/2024 at 5:36 PM, the Department of Health website showed that Staff B's CNA certification was "Expired".

In an interview on 07/15/2024 at 4:44 PM, Staff A stated that they had set for an auto pay for Staff B's CNA certification renewal and did not know why it was expired.

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, VALLEY SENIOR CARE CENTER 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

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

07/23/2024

VALLEY SENIOR CARE CENTER INC
VALLEY SENIOR CARE CENTER INC
12245 155TH AVE SE
RENTON, WA 98059

RE: VALLEY SENIOR CARE CENTER INC # 751009

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/22/2024 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.

WAC 388-76-10585 Resident rights Examination of inspection results.

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

During an environmental tour of the home on 07/15/2024 at 12:47 PM, the Department staff did not see a posted notice that indicated copies of each inspection report and any complaint investigation reports and related cover letters received during the past three years were available for review if requested by the residents, resident representatives, the department, and anyone interested. The Entity Representative posted the notice before the end of the visit.

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

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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