STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

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 09/10/2025 and 09/11/2025 of:
CEDAR CREEK ADULT FAMILY HOME LLC
1401 CEDAR AVE
MARYSVILLE, WA 98270

The following sample was selected for review during the unannounced on-site visit: 4 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Kimberly Rush, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Staci Oilg IDR PM for Reg 2B
Residential Care Services

12/31/2025
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)

Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure the medication logs (ML) were current, correct and contained all necessary information for 2 of 2 sampled residents (Resident 1 & 4). The AFH failed to ensure Resident 1 had a current list that included all prescribed over-the-counter (OTC) medications, vitamins and supplements. The AFH failed to have all routine and as needed (PRN) medications available to Resident 4. These failures resulted in Resident 4 not receiving a routine medication as required and placed Resident 1 and 4 at risk of medical complications.

Findings included...

<Resident 1 >
Record review showed the AFH admitted Resident 1 on [redacted]/2022 with multiple

medical diagnoses. Resident 1's assessment, dated 06/17/2025, showed Resident 1 required caregiver assistance with medications.

Record review of Resident 1's most recent medication list on file, dated 09/10/2025, showed medications, vitamins and supplements were missing information such as frequency or dosage. The 09/10/2025 medication list did not match Resident 1's September 2025 handwritten ML.

Record review of Resident 1's September 2025 ML showed the following were handwritten on the ML, initialed as given between 09/01/2025 and 09/10/2025 and were not on Resident 1's 09/10/2025 medication list.

- Zinc (a dietary supplement for immune support) 25 milligram (MG)
- K2D3 Softgels (a dietary supplement to support bone health, cardiovascular wellness, and overall immune function)
- Baking soda – a pinch in water twice per week, recommendation Nephrology (a doctor that specializes in treating diseases that affect the kidneys)
- Replenix E.S. Glucasamine 1500 MG Chronroitin 5.250 MG (a dietary supplement designed to support joint health)
- Ibuprofen (a medication used to relieve pain, fever and inflammation) 200 MG
- Blood flow optimizer (a supplement used to support circulation and restore blood flow)
- Cardio Omega EPA (a dietary supplement that promotes cardiovascular health)
- Cran Barrier UTI Support (a supplement used to prevent urinary tract infections)
- Cell Wise (a supplement that helps maintain body tissues and cells)

Record review of Resident 1's medication list, dated 09/10/2025, showed the following were not documented on Resident 1's September 2025 ML:

- Astaxanthin (an anti-inflammatory supplement) 4 MG
- Fish oil (a dietary supplement used to reduce inflammation and improve heart health) 1000 MG

<Probiotic>
Record review of Resident 1's 09/10/2025 medication list showed Acidophilus (a probiotic that promotes growth of good bacteria in the body), take as directed. Resident 1's September 2025 ML showed handwritten orders for PB8 Probiotic (a dietary supplement to support digestive health) take 2 capsules by mouth (p.o.) everyday (Q.D.) Resident 1's September 2025 ML also showed handwritten routine orders for Florify Daily Probiotic (a supplement used to balance and support the digestive tract, improve nutrient absorption and enhance immune health) take one capsule P.O. QD. The ML showed handwritten "hold" next to Resident 1's Florify Daily Probiotic order and a note documenting "use on completion of PB8 Probiotic".

<Vitamin B >
Record review of Resident 1's 09/10/2025 medication list showed cyanocobalamin

(vitamin B-12) (a supplement used to aid the body's cells), 1,000 micrograms (mcg), as directed, take as directed. Resident 1's September 2025 ML showed handwritten orders for Methyl B complex (a different form that contains a combination of Vitamin B) take one tab by mouth p.o. every day QD.

<Apple Cider Vinegar>
Record review of Resident 1's 09/10/2025 medication list showed Apple Cider Vinegar Plus (a dietary supplement in the form of a capsule used for natural health and wellness), 500-100-300-60 mg-mcg-mg-mg, as directed, take as directed. Resident 1's September 2025 ML showed handwritten routine orders for 6 ounces of water and 1 teaspoon Apple Cider Vinegar (a liquid form of Apple Cider Vinegar). 1 teaspoon lemon juice. Review showed the 8 AM dose on 09/10/2025 was initialed, circled and had a handwritten note "hold". Review showed Resident 1's ML did not have documentation as to why Resident 1's water, apple cider vinegar and lemon juice was held.

<Glipizide >
Record review of Resident 1's 09/10/2025 medication list showed Glipizide (a medication used to help control blood sugar levels)2.5 mg, QD, take 1 oral tablet once a day. Resident 1's September 2025 ML showed handwritten orders for Glipizide 2.5 mg, take 1 tab po 2 times daily with breakfast and dinner. Resident 1's ML showed doses were initialed as given at "0900" on 09/01/2025 through 09/10/2025 and at" 1700" on 09/01/2025 through 09/09/2025.

<Niacin >
Record review of Resident 1's 09/10/2025 medication list showed Niacin (a vitamin used to maintain a healthy nervous system, digestive system and skin), 250 mg, as directed, take as directed. Resident 1's September 2025 ML showed handwritten orders for Niacin 500 MG Vit B3 take 1 capsule P.O. Q.D. may decrease to 3x week at residents' request for excess flushing.

<Magnesium and Melatonin >
Observation on 09/10/2025 at 3:16 PM, showed a bottle of Magnesium Glycinate (a supplement that can help boost magnesium levels in the body) in resident 1's medication bin.

Observation on 09/10/2025 at 3:46 PM, showed a "stock" bottle of Melatonin 5 MG (a supplement used to aid sleep).

Record review of Resident 1's 09/10/2025 medication list showed:

- Magnesium 250 MG
- Melatonin 12 MG

Record review of Resident 1's September 2025 ML, showed the following handwritten

orders:

- Chelated Magnesium (a highly absorbable form of magnesium) 250 milligrams (MG)
- Melatonin 5 MG chewable tablets. Take two tabs – total dose 10 MG by mouth (po) at bedtime (H.S.)

<As needed (PRN) medications >
Record review of Resident 1's September 2025 ML showed PRN medications were initialed without documentation of results or effectiveness of medication. The following handwritten PRN medications had initials through 09/01/2025 and 09/10/2025:

- Tylenol (a medication used to treat pain or fever) 500 MG
- Loperamide Hydrochloride (an anti-diarrheal medication) 2 MG

<No dates of order changes>
Record review of Resident 1's September 2025 ML showed handwritten routine Vitamin C (a vitamin used to aid the body's ability to fight infections) 1000 MG. The ML showed a line through the Vitamin C order and a handwritten note stating that the order had been changed to Cellwise. The ML showed no documentation of the date of order change.

Record review of Resident 1's September 2025 ML showed handwritten routine Rest EZ (a dietary supplement used as a sleep aid). The ML showed a line through the Rest EZ order and a handwritten note stating that the medication was not available, and the resident was taking Melatonin (a supplement used to aid sleep) for poor sleep quality. The ML showed no documentation of the date of order change.

<Resident 4>
Record review showed the AFH admitted Resident 4 on [redacted]/2021 with multiple medical diagnoses. Resident 4's assessment, dated 06/10/2025, showed Resident 4 required caregiver assistance with medications.

<As needed (PRN) medications >
Record review of Resident 4's September 2025 ML showed PRN medications were initialed without documentation of results or effectiveness of medication. Several PRN medication dosages had circled initials. The following handwritten PRN medications had initials through 09/01/2025 and 09/10/2025:

- Bisacodyl Suppository (a medication used to promote a bowel movement)10 milligrams (MG) daily
- Hydrocortisone Cream (a topical steroid that treats skin conditions) 1% twice daily
- Miconazorbaf-Miconazole Nitrate (a medication used to treat fungal infections) 2% twice daily

- Albuterol Sulfate Inhalation Solution (a medication used to treat wheezing and shortness of breath) 0.083% every four hours
- Zinc Oxide 20% cream (a topical medication used to treat and prevent skin irritations) as needed
- Lorazepam (a medication used to sedate and relieve anxiety) 0.5 MG every two hours
- Oxycodone (a medication used to treat pain) 5 MG every four hours

Observation of Resident 4's medications on 09/10/2025 at 2:49 PM, showed an empty tube of Zinc Oxide.

Record review of Resident 4's September 2025 ML showed handwritten Bisacodyl Suppository 10 MG rectally daily PRN. Review showed Staff A initialed the ML on 09/02/2025, 09/05/2025 and 09/09/2025 that showed handwritten "0700, 07, R." The ML showed no additional documentation why Bisacodyl was initialed on 09/02/2025, 09/05/2025 and 09/09/2025.

Record review of Resident 4's September 2025 ML showed handwritten Morphine (a medication used to treat pain) 15mg tablets every four hours PRN. The ML showed a line through the Morphine order and handwritten note stating that the medication was not available and changed to Oxycodone tablets. The ML showed no documentation of the date of order change.

Record review of Resident 4's September 2025 ML showed handwritten Oxycodone 5 MG tablets every four hours PRN. The ML showed no documentation of the date of order change.

<Routine medications>
Record review of Resident 4's September 2025 ML showed D-Mannose (a medication for bladder infection prevention) capsule 500 mg twice a day at 9 AM and 9 PM. Review showed on 09/06/2025 through 09/10/2025 D-Mannose doses were initialed and circled as not given. Review showed Resident 4's ML did not have documentation as to why D-Mannose was not given.

Observation of Resident 4's medications on 09/10/2025 at 2:49 PM, showed no D-Mannose medication.

Record review of Resident 4's September 2025 ML showed Oxycodone 5 MG tablets every four hours routine. The ML showed no documentation of the date of order change.

Interview on 09/10/2025 at 1:49 PM, Staff A (Entity Representative) stated that Resident 1's representative had always managed Resident 1's medications, vitamins and supplements. Staff A stated that Resident 1's representative often provided the AFH with different kinds of vitamins, supplements and dosages then were prescribed by Resident 1's doctor. Staff A stated that they thought they could adjust dosages for OTC

medications, vitamins and supplements if Resident 1's representative agreed, and Resident 1 was of a sound mind. Staff A stated that they typically send Resident 1's representative to the doctor with a copy of the handwritten ML for the doctor to review, agree to and sign every time Resident 1 goes to the doctor. At 2:49 PM, Staff A stated that their circled initials on the ML's meant that the medication was held. Staff A stated that the medication might be held because the AFH was out of the medication, the resident was sleeping or for other reasons where Staff A used their judgement. Staff A stated that they ran out of Resident 4's D-Mannose medication and ordered more of the medication on 09/09/2025. Staff A stated that they ran out of Resident 4's Zinc Oxide and Resident 4's representative was aware and bringing more on 09/11/2025. Staff A stated that "R" meant that the medication was refused. At 3:12 PM, Staff A stated that they do not document the results and effectiveness of PRN medication doses on the ML's because they were the only person who looked at the ML.

Interview on 09/11/2025 at 3:23 PM, Staff A stated that they did not know it was a requirement to write the date of order changes on the ML. At 3:27 PM, Staff A stated that they document if medications are effective in the residents' assessment.

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, CEDAR CREEK 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 388-76-10530 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 24 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;

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

(h) If the home does not serve residents who require assistance with evacuation due to a limit on their license, notice that residents living in the home whose status changes to require assistance will be discharged from the facility.

(2) Upon receiving the notice of rights and services at admission and at least every 24 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 record review and interview, the Adult Family Home (AFH) failed to ensure that 3 of 4 residents (Resident 1, 2 & 4) had a notice of rights and services form that was signed and dated at least once every twenty-four months from the date of the residents' admission. This failure placed the Resident 1, 2 & 4 at risk of not being fully informed of their rights and the care and services provided in the AFH.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2022. Resident 1's record showed that their admission agreement listed their rights and services provided in the home. Resident 1's admission agreement was last signed and dated by Resident 1's representative and Staff A (Entity Representative) on [redacted]/2022. Resident 1's AFH admission agreement required updated signatures and review on [redacted]/2024.

Record review showed the AFH admitted Resident 2 on [redacted]/2021.Resident 2's record showed that their admission agreement listed their rights and services provided in the home. Resident 2's admission agreement was last signed and dated by Resident 2's representative and Staff A on [redacted]/2021. Resident 2's AFH admission agreement required updated signatures and review on [redacted]/2023.

Record review showed the AFH admitted Resident 4 on [redacted]/2021. Resident 4's record showed that their admission agreement listed their rights and services provided in the home. Resident 4's admission agreement was last signed and dated by Resident 4's representative and Staff A on [redacted]/2021. Resident 4's AFH admission agreement required updated signatures and review on [redacted]/2023.

Interview on 09/11/2025 at 3:39 PM, Staff A stated that they have meetings with

residents' representatives every year and review the admission agreements then. Staff A stated that they have resident representatives sign and date the residents' assessment to indicate that this meeting and review had taken place. Staff A stated that they do not have resident representatives sign and date the admission agreement forms upon review.

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, CEDAR CREEK 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 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(c) Be kept confidential so that only authorized persons see their contents;

(e) Be protected to prevent loss, alteration or destruction and unauthorized use;

This requirement was not met as evidenced by:

Based on observation and interview, the AFH (Adult Family Home) failed to ensure that 4 of 4 Residents (Residents 1, 2, 3 & 4) documents were kept confidential and secured. This failure placed residents' medical information at risk for access to unauthorized persons.

Finding included...

Observation on 09/10/2025 at 9:34 AM, showed the unsecured kitchen to have binders on top of Staff A's (Entity Representative) desk. Observation showed the binders contained residents' medical records and paperwork.

Interview on 09/10/2025 at 9:34 AM, Staff A stated that no one comes into the kitchen and they were unaware that resident records needed to be secured.

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, CEDAR CREEK 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 388-76-10015 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, record review and interview, the Adult Family Home (AFH) failed to obtain a medical test site waiver (MTSW) license as required prior to doing medical testing for residents. This failure placed 4 of 4 residents (Resident 1, 2, 3 & 4) at risk for infection or illness related to unsafe medical testing.

Findings included...

Record review on 09/11/2025 at 11:00 AM, of Washington State Department of Health (DOH) website, listed when a medical test site license is required. The website showed that this includes when the Adult Family Home administers a medical test (such as a urine test, Covid-19 test or blood sugar test), interprets the test result, or acts upon the test results.

Observation on 09/10/2025 at 9:15 AM, showed Staff B (caregiver) on shift at the AFH. Staff B stated that the AFH had 4 current residents.

Observation of a hallway shelf on 09/10/2025 at 9:40 AM showed a box of urine test strips.

Interview on 09/10/2025 at 9:40 AM, Staff A (Entity Representative) stated that the urine test strips were used as a preliminary at home test for residents and as part of their assessment. Staff A stated that they were unaware of the MTSW license requirement.

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, CEDAR CREEK 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
3906-172nd St NE, Suite #100, Arlington, WA 98223

10/10/2025

CEDAR CREEK ADULT FAMILY HOME LLC
CEDAR CREEK ADULT FAMILY HOME LLC
1401 CEDAR AVE
MARYSVILLE, WA 98270

RE: CEDAR CREEK ADULT FAMILY HOME LLC # 751737

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/09/2025 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:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:

eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

• 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 follcwing deficiency or deficiencies not listed on the enclosed report.

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;

The Adult Family Home (AFH) failed to ensure toxic chemicals and a sharps container with hazardous materials were secured in locked storage. Staff A (Entity Representative) secured all toxic chemicals in the locked laundry room. Staff A stated secured the sharps container in the locked medication cabinet. This deficiency was corrected by the exit conference.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

(2) If an emergency or other exceptional circumstance requires a change of ownership due to the inability of a provider to continue to operate the home, an applicant who meets the qualifications to be a provider may apply for a provisional license that would allow the home to continue to operate. The applicant must also apply for a change of ownership at the same time. The department will have the discretion to determine if the circumstances warrant a provisional license.

The Adult Family Home (AFH) failed to have a written plan if Staff A (Entity Representative) was unable to fulfill their duties at the AFH. Staff A promptly wrote a plan appointing Staff C (live-in caregiver) as their successor. This deficiency was corrected by the exit conference.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(8) The resident's Social Security number;

The Adult Family Home (AFH) failed to ensure 3 of 4 residents (Residents 1, 2 & 3) record included their social security numbers. Staff A (Entity Representative) stated that they did not ask for residents' social security numbers because they thought it was a liability. This deficiency was corrected by the exit conference.

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(a) Mounted or securely fastened in a stationary position at a minimum of four inches from the floor and a maximum of sixty inches from the floor;

The Adult Family Home (AFH) failed to have securely mounted fire extinguishers. Staff A (Entity Representative) had household member 1 (HH1) fasten the fire extinguishers to the wall. This deficiency was corrected by the exit conference.

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 (206)914-5042.

Sincerely,

Renee Bourque, Field Manager
Region 2, Unit B
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit B
Preferred methods:
eFax: (360) 651-6511
Email: rcsregion2email@dshs.wa.gov
Optional method:
3906-172nd St NE, Suite #100
Arlington, WA 98223

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:

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