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

AFFABLE CARING ADULT FAMILY HOME LLC

AFFABLE CARING ADULT FAMILY HOME LLC
20049 104TH PL SE
KENT, WA 98031

RE: AFFABLE CARING ADULT FAMILY HOME LLC License # 752276

Dear Provider:

This letter addresses Compliance Determination(s) 53786 (Completion Date 02/05/2025) and 48855 (Completion Date 10/29/2024).

The Department completed a follow-up inspection of your Adult Family Home on 02/05/2025 and found that you have corrected the violations listed in the Full report dated 10/29/2024. Your home is back in compliance as of 10/16/2024 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 388-76-10315-1-g, WAC 388-76-10198, WAC 388-76-10198-1, WAC 388-76-10198-2, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-2-c, WAC 388-76-10198-2-d, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10585-1-b, WAC 388-76-10480-4-a, WAC 388-76-10325-2, WAC 388-76-10191-3, WAC 388-76-10255-3

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 10/16/2024 and 10/16/2024 of:

AFFABLE CARING ADULT FAMILY HOME LLC
20049 104TH PL SE
KENT, WA 98031

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:

Lyra Ouano, 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

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 388-76-10315 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:

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a complete records for 2 of 2 residents (Resident 4 and Resident 6) available to the department staff for review in the home. This failure caused the delay of department staff's ability to gather information about the residents that lived in the home.

Findings included…

On 10/16/2024 at 11:12 AM, observation showed Staff B, Caregiver/Designee, opened the main entrance of the home. At 11:13 AM, observation showed Resident 4 was eating lunch in the dining room. At 11:25 AM, Resident 6 was walking independently towards the main door holding a cigarette.

On 10/16/2024 at 11:30 AM interview, Staff B said that they were the only caregiver in the home. When asked about the residents' admission dates to the home, Staff B said that they could not remember the admission dates of Resident 4 and Resident 6. When asked if there was any resident injury of falls in the last 30 days, Staff B said, Resident 4 was found on the floor due to a broken wheelchair. When asked how they accessed residents' records, Staff B said that they used the AFH iPad (an electronic device, measured eight by ten inches size) or the AFH phone.

Resident 4
On 10/16/2024 at 1:14 PM, Staff B was observed accessing Resident 4's 06/09/2022 assessment and 12/19/2023 assessment on the AFH phone. At 1:27 PM, Staff B was observed getting another AFH phone and accessed Resident 4's 09/14/2023 Negotiated Care Plan (NCP). There were no other records found for Resident 4, such as Medicaid (A government program that provides health insurance for adults and children with limited income and resources) policy, 2021 and 2023 admission agreements, 2024 NCP, department's disclosure of charges form (DOC), personal belongings inventory (PBI), incident log, and nurse delegation.

On 10/16/2024 at 1:33 PM interview, Staff B said that they could not access Resident 4's 2024 NCP. When asked about Resident 4's admission agreement, completed DOC form, Medicaid policy, PBI, nurse delegation, incident log, and other records, Staff B said that all residents' records were "Electronic", and they could not access them on the AFH phone. Staff B said that those records were only accessible by Staff A, Entity Representative, and Staff E, Office Records Staff.

Resident 6
On 10/16/2024 at 1:59 PM, Staff B was observed accessing Resident 6's 08/19/2024 assessment and 08/20/2024 NCP on the AFH phone. At 2:09 PM, Staff B said that they could not access Resident 6's 2023 NCP and 2023 assessment.

On 10/16/2024, review of Resident 6's records showed missing records such as legal guardianship record, 2023 assessment, 2023 NCP, Medicaid policy, DOC form, hospice care plan, and PBI.

On 10/16/2024 at 2:13 PM interview, Staff B said that they could not access Resident 6's 2023 assessment and other records on the AFH phone but showed the department staff two admission agreement dated on 10/05/2020 and 10/04/2024. When asked about Resident 6's Medicaid policy, completed DOC form, and PBI, Staff B said that they could not access those records on the AFH phone.

On 10/16/2024 at 2:17 PM interview, Staff B said that all the records were electronic, and they did not have access to them except for the current assessment and care plan. When asked how they access their assessments and care plans other than the AFH phone, Staff B said that they used an iPad. Staff B retrieved the AFH iPad from their bedroom, clicked the power button, but it did not power on. Staff B said that the iPad was not charged. Staff B said that it was the night shift staff who frequently used the AFH iPad, it was very slow to navigate, and that they used their personal phone to open residents' assessment and NCP. Staff B was not able to log in, in the AFH iPad during the inspection. Staff B also said that there was an office in the backyard shed but they have not been there for months. Staff B said, "I don't know what's inside it now".

On 10/16/2024 at 5:18 PM during a phone interview with Staff A, Department Staff notified them that Staff B could not log in and access the iPad. Staff A said that there was hard copy of all records in the back shed office. Staff A said that Staff B had access to the shed office. Staff A said that resident records will be sent to the department when requested. Staff A said that they would start sending records the following day (10/17/2024) and on Friday (10/18/2024) when Staff E, Office Records Staff, return to work.

As of 10/24/2024 at 5:00 PM, the AFH had not sent any resident records to the department.

On 10/25/2025, at 4:54 PM, the AFH sent via email, Resident 4's NCP dated 09/10/2024

and admission agreement dated 08/10/2024. The AFH also sent Resident 6's NCP dated 08/20/2024 and admission agreement dated 10/04/2024. There were no other records received for Resident 4 and Resident 6.

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, AFFABLE CARING ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Provider (or Representative) Date

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

(1) Staff information such as address and contact information.

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

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

(b) Cardiopulmonary resuscitation;

(c) First aid; and

(d) HIV/AIDS training.

(3) Tuberculosis testing results.

(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 4 of 4 staff (Staff A, Entity Representative, Staff B, Caregiver/Designee, Staff C, Caregiver, and Staff D, Caregiver) had the staff records readily available for Department Staff to review. This failure resulted the delay of determining if Staff A, Staff B, Staff C, and Staff D were qualified to care for all the residents in the home during Department Staff visit.

Findings included ...

On 10/16/2024 at 11:12 AM, observation showed Staff B opened the main entrance of the home. Staff B said that they were the only caregiver in the home. When asked how many staff were working in the home, Staff B said that there were four caregivers, three full-time and one on as needed basis.

On 10/16/2024 at 12:30 PM phone interview, Staff A said that there were no staff records available in the home. Staff A said that Staff B did not have access to electronic staff records. Staff A said, "Anything you need, email me and I'll send them over to you". When asked if Department Staff could access their electronic record while Department Staff were on site, Staff B said, "You'll not be able to access". When asked if Staff A would be coming to the AFH to bring records, Staff A said that they could not because they were working somewhere else.

On 10/16/2024, during administrative record review, there were no records found for Staff A, Staff B, Staff C, and Staff D, such as orientation to the home, hire date, contact information, WA state name and date of birth background check (BGC) result, fingerprint-based BGC result, tuberculosis (TB) testing, training records, Cardiopulmonary Resuscitation (CPR)/First Aid training, nurse delegation record, food handler or food safety training, department of health license, specialty training, and continuing education among other records.

On 10/16/2024 at 1:54 PM interview, Staff B, said that other than the residents' Medication Administration Record, all AFH records were "Electronic". Staff B said that there were no staff records available in the home. When asked if Staff B had access to the electronic staff records for the department staff to review, Staff B said that they did not have access to it. Then, Staff B was observed getting the home's iPad (an electronic device, measured eight by ten inches size) from their bedroom, showed it to the Department Staff, and said, "This iPad was not charged", and connected the iPad's cable to a power supply on the wall by the kitchen counter.

On 10/16/2024 at 2:51 PM in the kitchen area, observation showed Staff B was pressing keys on the iPad and was still unable to access the iPad. Staff B said that they could not access the iPad, it was running slow, and they did not have access to any electronic staff records.

On 10/16/2024 at 5:18 PM phone interview, Staff A said that staff records were "Online" (electronic) and they would send it to the department when requested. Staff A said that they would start sending records the following day (10/17/2024) and on Friday (10/18/2024) when Staff E, Office Records Staff return to work.

As of 10/24/2024 at 5:00 PM, the Department Staff did not receive any AFH staff records.

On 10/25/2025 at 4:54 PM, the AFH sent incomplete staff records via email.

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, AFFABLE CARING 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 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure copies of the most recent complaint investigation, cover letters, and follow-up reports were placed in a visible location in a common area for easy viewing or review of 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6), their representatives, department staff, and anyone interested without having to ask for them. This placed the residents at risk of confusion and lack of awareness surrounding the events of the AFH licensing and complaint investigations visits.

Findings included…

During the environmental tour on 10/16/2024 at 12:15 PM, observation showed in a bookcase between the living room and the dining room, was a white binder with a label “Inspection Reports”. Inside the binder was a full inspection report dated 11/18/2019. There were no other recent complaint investigation reports, cover letters, or follow-up reports observed in a visible, common use area of the home.

Review of department records showed there were complaint investigations conducted at the AFH on 11/27/2023 and 12/27/2023 which resulted in deficient practice, and

follow-up visit on 04/18/2024.

On 10/16/2024 at 5:18 PM phone interview, Staff A, Entity Representative, said that they were aware the home had complaint investigations recently. Staff A said that they did not know complaint investigation reports, cover letters, and follow-up reports needed to be posted or placed in a visible area in the home. Staff A said that they would look for the reports and post them in a visible location.

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, AFFABLE CARING 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 388-76-10480 Medication organizers. The adult family home must ensure:

(4) Medication organizer labels clearly show the following:

(a) The name of the resident;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the medication organizer for 1 of 1 resident (Resident 6) was labeled with the resident's name by the person responsible for filling the organizer. This placed Resident 6 at risk of taking medications in error.

Findings included…

On 10/16/2024 at 2:20 PM in the kitchen counter, observation of Staff B showing five weekly medication organizers for Resident 6. Each organizer had 28 boxes with Monday thru Saturday and morning, noon, evening, and bedtime labels representing one week supply. The bottom or back of the organizers had a paper taped to it showed a typewritten list of medication names, dosages, and frequency of administration. All five medication organizers did not have Resident 6’s name anywhere on it, including the taped list.

On 10/16/2024 at 2:25 PM interview, Staff B said that they give Resident 6 their

medication from a medication organizer. Staff B said that it was their nurse delegator who filled Resident 6's medication organizer. When asked if they knew what medications were inside the boxes, Staff B said that they would look at the bottles of supply. Staff B said they knew the medications were for Resident 6 because Resident 6 was the only one with a medication organizer.

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, AFFABLE CARING 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 388-76-10325 Resident record Legal documents If available. When available, the adult family home must obtain copies of the following legal documents for the resident's records:

(2) Court order of guardianship for the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to ensure 1 of 1 resident (Resident 6) legal document was available to review. This placed Resident 6 at risk of misrepresentation and if the AFH complied with regulations.

Findings included…

On 10/16/2024 at 11:30 AM interview, Staff B, Caregiver/Designee, said that all residents were their own decision maker except Resident 6, who had a guardian.

On 10/16/2024, review of Resident 6's electronic Negotiated Care Plan dated 08/20/2024 during the site visit, showed on page one a guardian's name, guardianship services company, and contact information.

On 10/16/2024 at 2:17 PM interview, Staff B said that they did not have access to Resident 6's electronic admission agreements and legal documents.

On 10/25/2024 at 4:33 PM phone interview, Resident 6's Collateral Contact said that they were the guardian of Resident 6 since the AFH admitted Resident 6 in 2015.

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, AFFABLE CARING 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 388-76-10191 Liability insurance required. The adult family home must:

(3) Have evidence of liability insurance coverage available if requested by the department.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure liability coverage was available for review affecting 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6). This placed all residents a t risk of not being covered in the event of personal injury, property damage or loss.

Findings included…

On 10/16/2024 unannounced visit, review of the home's administrative files showed there was no record of liability insurance coverage or certificate available to review. There was no other liability insurance records found in the home.

In an interview on 10/16/2024 at 1:33 PM, Staff B, Caregiver/Designee said that all their records were electronic, and they did not have access to any administrative records.

On 10/16/2024 at 5:20 PM interview, Staff A said that they have administrative records in their office, electronically, and hard copy in the back shed office. Staff A said that they had a current liability insurance and would send it as soon as Staff E, Office Records Staff was back at work on 10/18/2024.

As of 10/24/2024 at 5:00 PM, the AFH had not sent their liability insurance certificate.

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

(3) Follows the requirements of chapter 49.17 RCW, Washington Industrial Safety and Health Act to protect the health and safety of each resident and employees; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a written policy on Infection Control (IC) and Respiratory Protection Program (RPP) were available to review affecting 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6) and 3 of 3 staff (Staff A, Entity Representative, Staff B, Caregiver, and Staff C, Caregiver). This placed all residents and staff at risk of exposure to infectious respiratory illnesses during a potential outbreak and delayed the Department Staff in determining if the home complied with regulations.

Findings included…

Review of Washington State Department of Social and Health Services website under “Information for Adult Family Home Provider”, in the quick link for “AFH Standard Precaution Table for Respiratory Program (RPP)” showed, “Train and fit test your staff at the time of hire and annually for N95 use. You must have the following items in your home: an up-to-date written RPP and for each staff providing care, their current: fit test record medical evaluation letter of recommendation and record of training”. An N95 is a respirator (a device used to protect a person from inhaling hazardous fumes, vapors, gases, dust, or airborne causing disease).

Review of a Dear Provider Letter dated 09/14/2023 showed, “Employer Responsibilities for Respiratory Protection and RPP: Employers are responsible to identify respiratory hazards in the workplace, provide appropriate respiratory protection equipment, and follow regulations pertaining to respiratory protection, WAC 296-842 Respirators and OSHA (Occupational Safety and Health Standards) 1910.134 - Respiratory Protection”.

According to chapter 296-842 WAC Respirators, Section 296-842-12005 Develop and

maintain a written program.
(1) Develop a complete worksite-specific written respiratory protection program that includes the applicable elements listed in Table 3. The program must cover each employee required by this section to use a respirator.
(2) Keep your program current and effective by evaluating it and making corrections. Do ALL of the following:
(a) Make sure procedures and program specifications are followed and appropriate.
(b) Make sure selected respirators continue to be effective in protecting employees. For example, if changes in work area conditions, level of employee exposure, or employee physical stress have occurred, you need to reevaluate your respirator selection.
(c) Have supervisors periodically monitor employee respirator use to make sure employees are using them properly.
(d) Regularly ask employees required to use respirators about their views concerning program effectiveness and whether they have problems with:
(i) Respirator fit during use;
(ii) Any effects of respirator use on work performance;
(iii) Respirators being appropriate for the hazards encountered;
(iv) Proper use under current worksite conditions;
(v) Proper maintenance.

On 10/16/2024 review of the home's administrative files showed there was no record of written policy on IC and RPP available to review. There were no other records on IC and RPP program in the home.

In an interview on 10/16/2024 at 1:33 PM, Staff B said that all their records were electronic, and they did not have access to any administrative records. Staff B said that they follow the homes IC practices and had been fitted with a respirator but could not remember when.

On 10/16/2024 at 5:20 PM interview, Staff A said that they have administrative records in their office, electronically, and hard copy in the back shed office. Staff A said that all staff in the home including Staff B had respirator mask fit testing, but they could not remember the date when it was done. Staff A said that the home had a written IC policy but could not remember if the RPP was included in it. Staff A said that they would send their written IC and RPP as soon as Staff E, Office Records Staff was back at work on 10/18/2024.

As of 10/24/2024 at 5:00 PM, the AFH had not sent their IC and RPP policies.

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, AFFABLE CARING 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
20425 72nd Avenue S, Suite 400, Kent, WA 98032

10/31/2024

AFFABLE CARING ADULT FAMILY HOME LLC
AFFABLE CARING ADULT FAMILY HOME LLC
20049 104TH PL SE
KENT, WA 98031

RE: AFFABLE CARING ADULT FAMILY HOME LLC # 752276

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/29/2024 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 388-76-10201 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.

On 10/16/2024, administrative record review showed the Adult Family Home (AFH) did not have a record of a written succession plan available to the Department Staff to review. In a phone interview on 10/16/2024 at 5:18 PM, Staff A, Entity Representative, was notified about a written succession plan. On 10/29/2024 at 12:50 PM phone interview, Staff A said that they did not know about a succession plan but would develop a plan as soon as possible and send it to the department for review. The AFH sent via email a written succession plan on 10/30/2024.

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 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