



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

December 20, 2024

ELECTRONIC-FACSIMILE

Licensee, Henderson's Adult Family Home
Henderson's Adult Family Home
c/o PO Box 541
Woodland, WA 98674

Adult Family Home License # **752346**
Entity Representative: Kimberly Stenson

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On December 19, 2024, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at **122 Vista Dr, Woodland**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The imposed conditions on the license are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **December 19, 2024**.

Conditions on License

WAC 388-76-10191 (1)(a)(b)(3) Liability insurance required.

The licensee failed to maintain both general and professional liability insurance. This placed four residents at risk for harm due to the potential insurance noncoverage in the case of injury or property damage.

This is an uncorrected deficiency previously cited on September 30, 2024.

NOTE: This is the violation, which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

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The department has determined that the following conditions shall be placed on your adult family home license:

- ***The Adult Family Home (AFH) must submit evidence of liability insurance coverage to the Department by Wednesday, January 22, 2025.***
- ***The AFH provider must post this Notice of Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.***

The effective date of the conditions on your license was **verbally** imposed on **December 20, 2024**, and remains in effect until lifted by formal Department of Social and Health Services notice. As provided in RCW 70.128.160(b), WAC 388-76-10990(6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Clinton Fridley, RN, Field Manager
Region 3, Unit G
6639 Capitol Blvd SW Point Plaza West
Tumwater, WA 98501
Phone: (360) 746-4675 / Fax: (360) 664-8451
rcsregion3email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter. You **must** use an **IDR Request Form** for **each** citation or enforcement action you plan to dispute. You can find this **revised** form and guidelines 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 you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDR** 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

Formal Administrative Hearing

You may contest the conditions by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the conditions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

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Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Clinton Fridley, Field Manager, at (360) 746-4675.

Sincerely,



Rathana Duong
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit G
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
HQ Central Files
DRW
HP