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

Yorkshire Homestead LLC

Yorkshire Homestead LLC
1506 PINE STREET
EVERETT, WA 98201

RE: Yorkshire Homestead LLC License # 753758

Dear Provider:

This letter addresses Compliance Determination(s) 61646 (Completion Date 07/02/2025) and 57627 (Completion Date 05/07/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/02/2025 and found that you have corrected the violations listed in the Full report dated 05/07/2025. Your home is back in compliance as of 06/15/2025 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 388-76-10265-1-d, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3, WAC 388-76-10485-1, WAC 388-76-10490-1, WAC 388-76-10490-2-a, WAC 388-76-10490-2-b-i, WAC 388-76-10490-2-c-i, WAC 388-76-10490-2-c-ii, WAC 388-76-10490-2-c-iii, WAC 388-76-10490-2-c-iv, WAC 388-76-10490-2-c-v, WAC 388-76-10490-2-c, WAC 388-76-10130-3, WAC 388-112A-0610-1-a-iii, WAC 388-112A-0610-1-a-iv

The Department staff who did the on-site verification:
Kimberly Rush, Long Term Care Surveyor

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

Sincerely,

Cecile Leano, Field Manager

Region 2, Unit B
Residential Care Services

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 04/08/2025 and 04/09/2025 of:

Yorkshire Homestead LLC
1506 PINE STREET
EVERETT, WA 98201

The following sample was selected for review during the unannounced on-site visit: 5 of 5 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.

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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 3 of 5 staff (Staff B, C & D, Caregivers) completed Tuberculosis (TB, a bacterial infection spread through air) testing within three days of their hire date. This failure placed residents and staff at risk of being exposed to a communicable disease.

Findings included…

Observation on 04/08/2025 at 9:50 AM, showed Staff A (Entity Representative), Staff B and Staff E (Caregiver) working at the AFH.

Observation on 04/08/2025 at 11:04 AM, showed Residents 1, 2, 3, 4 and 5 lived in the AFH.

STAFF B
Record review of Staff B's employee file, undated, showed the AFH hired Staff B on 10/03/2024. Staff B's employee file showed that Staff B had negative TB skin tests on 10/23/2023 and 11/01/2023 and a negative TB blood test on 08/21/2024, prior to Staff B's hire date at the AFH.

STAFF C
Record review of Staff C's employee file, undated, showed the AFH hired Staff C on 03/24/2025. Staff C's employee file showed that Staff C had a negative TB blood test on 10/24/2023, prior to Staff C's hire date at the AFH.

Phone interview on 04/08/2025 at 4:10 PM, Staff C stated that they had no other TB tests.

STAFF D
Record review of Staff D's employee file, undated, showed the AFH hired Staff D on 03/28/2025. Staff D's employee file showed that Staff D had a negative TB blood test on 10/16/2024 prior to Staff D's hire date at the AFH.

Interview on 04/08/2025 at 3:54 PM, Staff A stated that they thought TB tests were good for 2 years.

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, Yorkshire Homestead 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 388-76-10430 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 have a system in place to ensure the medication logs (ML) were up to date and contained all necessary documentation for two sampled residents (Resident 2 and 4). The AFH failed to ensure Resident 4 received their medications as prescribed. The AFH failed to ensure Residents 2 and 4 had physician orders for all medications. These failures placed Resident 2 and 4 at risk for medication errors and medical complications.

Findings included…

Observation on 04/08/2025 at 9:50 AM, showed Staff A (Entity Representative), Staff B and Staff E (Caregivers) working at the AFH.

Observation on 04/08/2025 at 11:04 AM, showed Residents 1, 2, 3, 4 and 5 lived in the AFH.

RESIDENT 2
Record review showed the AFH admitted Resident 2 on [redacted]/2024. Review of Resident 2's assessment, dated 1/11/2025, showed Resident 2 required caregiver assistance with medications.

Observation of Resident 2's unlocked bathroom on 04/08/2025 at 10:34 AM, showed three bottles of silicone cream (cream used for management and relief of skin irritation) and one tube of prevent ointment (a medication used to prevent and treat skin irritation) in the over sink cabinet.

Interview on 04/08/2025 at 10:34 AM, Staff A (Entity Representative) stated that hospice brings in the creams and ointments and stores them in Resident 2's over sink cabinet. Staff A stated Resident 2 did not have physician orders for silicone cream and prevent ointment. Staff A stated that they were unaware that there would need to be physician orders for silicone cream and prevent ointment.

RESIDENT 4
Record review showed the AFH admitted Resident 4 on [redacted]/2024. Review of Resident 4's assessment, dated 12/11/2024, showed Resident 4 required caregiver assistance with medications.

Observation of Resident 4's medication supply on 04/09/2025 at 11:14 AM, showed an empty bottle of Destin Daily Defense (a medication used to treat and prevent diaper rash and other skin irritations).

Record review of Resident 4's pharmacy generated April 2025 ML, showed no documentation of Destin Daily Defense being an active order.

Interview on 04/09/2025 at 11:14 AM, Staff A stated that the Destin Daily Defense is not for Resident 4. Staff A stated that it should be in the “DC medications” box.

Record review of Resident 4’s hospice physician order, dated 12/6/2024 showed, Ketoconazole (Nizoral) (antifungal medication) shampoo 1% apply three times weekly. Apply to buttocks and leave it on for five minutes, then rinse and dry.

Record review of Resident 4’s pharmacy generated April 2025 ML showed an order, dated 12/12/2024, for Nizoral A-D Shampoo 1% apply to affected area(s) of buttocks daily as needed (PRN) and leave on for five minutes then rinse and dry. Review showed handwritten initials of “M, W, F” (Monday, Wednesday, Friday) and a handwritten “X” through the Tuesday, Thursday, Saturday and Sunday dates.

Phone interview on 04/16/2025 at 4:26 PM, Staff A stated that the pharmacy must have made a typographical error. Staff A stated that the Nizoral A-D Shampoo order is for three times a week. Staff A stated that caregivers apply Resident 4’s Nizoral A-D Shampoo 1% on Mondays, Wednesdays and Fridays. Staff A stated that they would call Resident 4’s pharmacy and have the order amended on the ML.

Record review of Resident 4’s hospice physician order, dated 12/6/2024, showed apply Triad cream (topical wound dressing) to buttocks three times daily and as needed.

Record review of Resident 4’s pharmacy generated April 2025 ML showed handwritten Triad Cream, apply to buttocks three times a day as needed for skin rash protection. Review showed handwritten “8 AM, 2 PM, 8 PM and PRN” doses. Review showed that the date of the order was not transcribed onto Resident 4’s ML.

Phone interview on 04/16/2025 at 4:31 PM, Staff A stated that the pharmacy does not always include medication orders on the pharmacy generated ML if the medication isn’t supplied by the pharmacy.

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, Yorkshire Homestead 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have all medications secured in locked storage. This failure placed 5 of 5 resident's (Resident 1, 2, 3, 4 & 5) safety at risk by having access to unsecured medications.

Findings included…

Observation, on 04/08/2025 at 11:04 AM, showed five residents resided at the AFH.

RESIDENT 1
Record review showed the AFH admitted Resident 1 on [redacted]/2023. Review of Resident 1's assessment, dated 08/21/2024, showed Resident 1 walked with a walker and required caregiver assistance with medications.

RESIDENT 2
Record review showed the AFH admitted Resident 2 on [redacted]/2024. Review of Resident 2's assessment, dated 1/11/2025, showed Resident 2 walked with a walker and required caregiver assistance with medications.

RESIDENT 3
Record review showed the AFH admitted Resident 3 on [redacted]/2024. Review of Resident 3's assessment, dated 12/16/2024, showed Resident 3 walked with a walker and required caregiver assistance with medications.

RESIDENT 4
Record review showed the AFH admitted Resident 4 on [redacted]/2024. Review of Resident

4's assessment, dated 12/11/2024, showed Resident 4 required total caregiver assistance with mobility and caregiver assistance with medications.

RESIDENT 5
Record review showed the AFH admitted Resident 5 on [redacted]/2024. Review of Resident 5's assessment, dated 10/24/2024, showed Resident 5 was independent with walking and required caregiver assistance with medications.

Observation of Resident 2's unlocked bathroom on, 04/08/2025 at 10:34 AM, showed three bottles of zinc oxide paste skin protectant (treats and prevents skin irritation), three bottles of silicone cream tubes and one tube of prevent ointment in the over sink cabinet.

Interview on 04/08/2025 at 10:34 AM, Staff A (Entity Representative) stated that hospice brings in the creams and ointments and stores them in Resident 2's over sink cabinet.

Observation on 04/08/2025 at 11:00 AM, showed the following medications were in Resident 5's unlocked bathroom over sink cabinet:

- one bottle of expired Ketoconazole Shampoo 2% (medicated shampoo used to treat the fungus that causes dandruff)
- a bottle of Dyna-Hex 4 Chlorhexidine Gluconate 4% Sodium (a medication used to clean the skin to prevent infection)
- a tube of Mupirocin ointment USP 2% (antibiotic ointment used to treat bacterial skin infections)
- a tube of Zinc ointment (medicated cream that treats or prevents skin irritation)
- a tube of Coloplast Triad (topical wound dressing)

Observation on 04/08/2025 at 11:00 AM, showed a tube of Cortizone-10 cream with aloe (a medication used to treat a variety of skin conditions and itching) out on Resident 5's bathroom window ledge.

Observation on 04/08/2025 at 11:05 AM, showed there was a bottle of Visine Red Eye Total Comfort Multi Symptom eye drops, and two boxes of OcuSOFT Lid Scrub (eyelid cleanser) on the shelf in Resident 5's unlocked bedroom closet.

Interview on 4/8/2025 at 11:04 AM, Staff A stated that they did not realize that the medications were left unsecured in Resident 5's bedroom and bathroom. Staff A stated that the Coloplast Triad and Zinc ointment belonged to Resident 4 and did not know why they were in Resident 5's bathroom.

Observation of Resident 4's medication supply on 04/09/2025 at 11:14 AM, showed an empty bottle of Destin Daily Defense (a medication used to treat and prevent diaper

rash and other skin irritations).

Interview on 04/09/2025 at 11:14 AM, Staff B (caregiver) stated that they found the bottle of Destin Daily Defense unsecured in Resident 4's bedroom. Staff B stated that they placed it in Resident 4's medication supply .

Phone interview on 04/16/2025 at 4:35 PM, Staff A stated that Resident 5 obtained eye drops when out of the AFH and brought them back into the AFH. Staff A stated that they have spoke with Resident 5 and their representatives about over the counter (OTC) medications needing to be prescribed and locked up. Staff A stated that they kept finding OTC's in Resident 5's bedroom. Staff A stated that Resident 5 brought the expired Ketoconazole Shampoo with them during their admit to the AFH.

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, Yorkshire Homestead 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 388-76-10490 Medication disposal Written policy Required.

(1) For the purposes of this section, "discontinued" means medication that is no longer prescribed or being used to treat a condition, as directed by the resident's physician or health care professional with prescriptive authority.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(a) Comply with all federal and state laws and regulations regarding medication disposal;

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

(c) Require that the safe disposal of the medication is recorded in a document that includes:

(i) Name of resident;

(ii) Name of medication;

(iii) Amount of medication;

(iv) Date of disposal or transfer; and

(v) Name of individual completing the task.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure that expired and discontinued medications were disposed of by AFH policy. Additionally, the AFH failed to ensure that their AFH policy was complete and followed state laws and regulations. These failures placed the safety of 5 of 5 residents (Residents 1, 2, 3, 4 & 5) at risk for being given discontinued, expired, or improper medications.

Findings included…

Record review of the AFH's undated medication disposal policy titled, "Yorkshire Homestead Medication Disposal Policy," showed that medications that are no longer actively prescribed, discontinued or passed the expiration date, will be chemically destroyed or brought to the sheriff's office. The AFH medication policy stated that pills would be taken out of bubble packs or bottles and placed in a see-through plastic bag.

Record review of the AFH's undated medication disposal policy did not include the following:

- Safe disposal policy of medications for residents who have been discharged from the facility
- Time frame for deceased resident medication disposal
- Time frame for current resident medication disposal of discontinued, expired and refused medications
- Policy on how the safe disposal of the medication was recorded

Observation, on 04/08/2025 at 11:04 AM, showed five residents resided at the AFH.

RESIDENT 1
Record review showed the AFH admitted Resident 1 on [redacted]/2023. Review of Resident 1's assessment, dated 08/21/2024, showed Resident 1 required caregiver assistance with medications.

RESIDENT 2
Record review showed the AFH admitted Resident 2 on [redacted]/2024. Review of Resident

2's assessment, dated 1/11/2025, showed Resident 2 required caregiver assistance with medications.

RESIDENT 3
Record review showed the AFH admitted Resident 3 on [redacted]/2024. Review of Resident 3's assessment, dated 12/16/2024, showed Resident 3 required caregiver assistance with medications.

RESIDENT 4
Record review showed the AFH admitted Resident 4 on [redacted]/2024. Review of Resident 4's assessment, dated 12/11/2024, showed Resident 4 required caregiver assistance with medications.

RESIDENT 5
Record review showed the AFH admitted Resident 5 on [redacted]/2024. Review of Resident 5's assessment, dated 10/24/2024, showed Resident 5 required caregiver assistance with medications

Observation on 04/08/2025 at 11:00 AM, of Resident 5's unlocked bathroom, showed a bottle of Ketoconazole Shampoo 2% (medicated shampoo used to treat the fungus that causes dandruff) with a pharmacy printed label and an expiration date of February 2019 stored in the over the sink cabinet.

Interview on 4/8/2025 at 11:04 AM, Staff A (Entity Representative) stated that they did not realize that the expired Ketocanozole Shampoo was in Resident 5's bathroom.

Observation on 04/09/2025 at 11:39 AM, of the locked medication cabinet, showed the top shelf had a plastic see-through box with handwritten label "DC medications." The "DC medications" box contained the following:

- A see-through unlabeled sandwich bag with unlabeled miscellaneous pills
- Two plastic unlabeled medication cups with pills in them
- One pharmacy bottle of Inlyta (medication used to treat advanced kidney cancer) 5 milligrams (MG) tablets with a pharmacy printed label for Resident 5

Interview on 04/09/2025 at 10:39 AM, Staff A stated that they store discontinued and expired medications in the "DC medications" box. Staff A stated that when the box is full, they bring it into the sheriff's office. Staff A stated that they do not have a time frame for disposing of the discontinued or expired medications. Staff A stated that they try to dispose of deceased hospice resident medications immediately. Staff A stated they were unaware that their medication disposal policy needed to address a time frame that medications would be destroyed or taken back. Staff A stated that they have not had any residents refuse their medications.

Interview on 04/09/2025 at 11:39 AM, Staff B (caregiver) stated that the see-through bag of pills was Resident 5's discontinued medications. Staff B stated that they punched the pills out of Resident 5's bubble pack. Staff B was unable to identify what medications they were.

Phone interview on 04/16/2025 at 4:35 PM, Staff A stated that Resident 5's Inlyta was discontinued on 02/25/2025. Staff A stated that Resident 5 brought the expired Ketoconazole Shampoo with them during their admit to the AFH.

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, Yorkshire Homestead 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 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

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

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

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

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 staff (Staff A, Entity Representative) had the required continuing education credits (CE's) to provide care and services to residents. This failure resulted in residents being cared for by staff who did not meet their annual training requirements.

Findings included...

Record review of the Department's Secure Tracking and Reporting System (STARS) showed that Staff A became the AFH Entity Representative on 06/11/2018.

Record review of Washington State Department of Health Provider Credential Search showed that Staff A was first credentialed as a nursing assistant certified (NA-C) on 02/08/2006.

Record review of Staff A's undated employee file showed that Staff A completed a total of twelve CE's on 05/14/2023 prior to their birthday on May 25th in 2023. Staff A's record showed that no CE's were completed between 05/26/2023 – 05/25/2024. Staff A's record showed that a total of twelve CE's were completed on 06/22/2024 and 06/23/2024 after their birthday on May 25th, 2024.

Interview on 04/08/2025 at 3:30 PM, Staff A stated that there are sometimes delays in getting the CE's done. Staff A stated that they likely realized they missed the window to complete their CE's in 2023 to 2024 and tried to get it done by completing the CE's about a month after their birthday in 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, Yorkshire Homestead 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

05/08/2025

Yorkshire Homestead LLC
Yorkshire Homestead LLC
1506 PINE STREET
EVERETT, WA 98201

RE: Yorkshire Homestead LLC # 753758

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 05/07/2025 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:

Nicholette Flynn, AFH 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 following deficiency or deficiencies not listed on the enclosed report.

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 that 2 of 5 residents (Resident 2 & 3) had social security numbers (SSN) in their resident record. Staff A (Entity Representative) called Resident 2 and 3's representative and obtained SSN's to include in their resident records.
This deficiency was corrected onsite during the full inspection on 04/08/2025.

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 ensure there was a written plan designating a successor to take over care and services at the AFH if Staff A (Entity Representative) could no longer assume the role.
This deficiency was corrected onsite during the full inspection on 04/08/2025.

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)348-9350.

Sincerely,

Nicholette Flynn, AFH 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:
Nicholette Flynn, AFH 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 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:

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