



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600**

August 8, 2025

ELECTRONIC-FACSIMILE

Licensee, RiverRock Canyon Adult Family Home LLC
RiverRock Canyon Adult Family Home
3502 71st Ave W
University Place, WA 98466

Adult Family Home License # **754238**
Entity Representative: Carl Baker

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On July 29, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a complaint investigation at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at **3502 71st Ave W, University Place**, 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 **July 29, 2025**.

Conditions on License

WAC 388-76-10400(3)(c) Care and services.

The licensee failed to ensure that one former resident received care and services in a manner that did not endanger their health and safety. This failure resulted in a former resident having a fall with multiple fractures that required hospitalization.

WAC 388-76-10250(1)(a)(b)(i)(ii)(iii)(3) Medical emergencies — Contacting emergency medical services — Required.

The licensee failed to immediately contact emergency services when one former resident had a medical emergency. This failure resulted in delayed emergency services when the former resident had a fall with multiple injuries.

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

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

- ***By Thursday, August 21, 2025, the Adult Family Home (AFH) provider must hire, at their own expense, a qualified and unaffiliated Registered Nurse Consultant (RNC) who is familiar with AFH policies and regulations.***
- ***Upon hire, the AFH provider must facilitate a copy of the Statement of Deficiencies (SOD) dated 07/29/2025 to the RNC.***
- ***The AFH Provider must provide the name and contact information of the RNC to the Department upon hire.***
- ***The RNC must:***
 - ***Review and revise all current AFH policies and procedures related to:***
 - ***Emergency response protocols***
 - ***Fall risk assessment and prevention***
 - ***Resident safety and supervision***
 - ***Resident rights in relation to safe care delivery***
 - ***Ensure all policies are updated and aligned with the applicable Washington Administrative Code (WAC).***
 - ***Provide staff and provider training to cover:***
 - ***How to recognize and appropriately respond to medical emergencies***
 - ***How to identify safety concerns and report unsafe care practices***
 - ***Appropriate care and services that do not jeopardize resident health and safety***
- ***The AFH provider must submit a written report to the Department by Monday, September 22, 2025, on or before close of business (5:00pm). This report must include:***
 - ***A summary of policy updates***
 - ***Staff training attendance records and materials used***
- ***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 were **verbally** imposed on **August 8, 2025**, 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:

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- 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:

Rathana Duong, Field Manager
Region 3, Unit A
9501 Lakewood Dr SW Suite E
Lakewood, WA 98499
Phone: (253) 208-3090/ Fax: (253) 589-7240
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>.

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.

Please **email** your request(s) and supporting documentation to:

RCSIDR@dshs.wa.gov

OR

FAX to: 360-725-3225

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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.

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.

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If you have any questions, please contact Rathana Duong, Field Manager, at 253-208-3090.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Robles-Conklin', written in a cursive style.

Bárbara del Mar Robles-Conklin, J.D., LL.M.
Compliance and Enforcement Unit Manager
Residential Care Services

Enclosure

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