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

Birdsong Adult Family Homes, LLC
Birdsong AFH
24316 100th Place SE
Kent, WA 98030

RE: Birdsong AFH License # 755160

Dear Provider:

This letter addresses Compliance Determination(s) 64522 (Completion Date 08/26/2025) and 61255 (Completion Date 07/01/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/26/2025 and found that you have corrected the violations listed in the Full report dated 07/01/2025. Your home is back in compliance as of 07/10/2025 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10166-2-b, WAC 388-76-10166-2-a, WAC 388-76-10315-1-a, WAC 388-76-10265-1-d, WAC 388-76-10415-1, WAC 388-76-10175-1, WAC 388-76-10175-2

The Department staff who did the on-site verification:
Lyra Ouano, 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 06/17/2025 of:

Birdsong AFH
11701 SE 233RD PL
KENT, WA 98031

The following sample was selected for review during the unannounced on-site visit: 2 of 4 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 — 07/02/2025 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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to develop and implement a medication system for 1 of 2 residents (Resident 2) to ensure staff provided medication service accurately and followed the resident's physician's order (PO). This placed the resident at risk of unmet medication needs and possible harm.

Findings included...

On 06/17/2025 at 11:12 AM phone interview, Staff A, Entity Representative, said that all residents, including Resident 2 require assistance with medication.

Review of Resident 2's admission agreement record dated [redacted]/2024, showed the AFH admitted them on [redacted]/2024. Review of assessment dated [redacted]/2024 showed the resident was not independent with medication management.

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 _____

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(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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to develop and implement a medication system for 1 of 2 residents (Resident 2) to ensure staff provided medication service accurately and followed the resident's physician's order (PO). This placed the resident at risk of unmet medication needs and possible harm.

Findings included…

On 06/17/2025 at 11:12 AM phone interview, Staff A, Entity Representative, said that all residents, including Resident 2 require assistance with medication.

Review of Resident 2's admission agreement record dated [redacted]/2024, showed the AFH admitted them on [redacted]/2024. Review of assessment dated [redacted]/2024 showed the resident was not independent with medication management.

Review of June 2025 medication administration record (MAR) showed the following:
- “Lidocaine 5% (percent) Patch (a topical pain reliever). Place 1 patch onto the skin once daily (Leave on for 12 hours, take off for 12 hours)”. The hour column showed, “12 HR ON, 12 HR OFF”. The dates from 06/01/2025 through 06/17/2025 did not show staff initials. The back of the MAR was blank and did not show documentation that this medication was refused or not administered.
- “Imodium A-D (anti-diarrhea medication) 2 mg (milligrams). Take 2 tablets (4 mg) by mouth initially, then 1 tablet after each loose stool, up to 6 tablets per day (Family Supply)”. The hour column showed “PRN [as needed]”.
- “Oxycodone 5 mg tablet. Take ½ tablet (2.5 mg) by mouth once every eight hours PRN for pain”.
- “Refresh Optive Mega-3 Drops (a lubricant drops to relieve dry eyes). Instill 1 drop into both eyes twice daily as needed (Family supply)”. The twice daily was erased with blank ink and a handwritten, “3X daily” below the physician’s order (PO). In the hour column, showed the “PRN” was erased with blank ink out and “AM, Noon, EVE” was handwritten instead. The dates from 06/01/2025 through 06/11/2025 were blank. The back of this MAR did not show documentation if this eye drop was held or refused.

On 06/17/2025 at 4:00 PM, medication reconciliation observation in the AFH’s office desk showed Resident 2’s medication bin did not include the Lidocaine 5% Patch, Imodium A-D 2 mg caplet, and Oxycodone 5 mg tablet.

On 06/17/2025 at 5:30 PM, observation in the AFH’s office showed Staff D, Caregiver, getting Resident 2’s April 2025 MAR. Staff D showed the Department Staff on page 3, a pink colored paper sticky note with a handwritten, “No supply. Requested refill on 04/7/2025” and an arrow toward the Lidocaine patch PO. At this same date and time, Staff D retrieved a PO dated 05/21/2025, from Resident 2’s MAR binder, showed “Change Order: Optive Mega-3 0.5-1-0.5 % solution Ophthalmic. 1 drop into both eyes 3 times a day for dry eyes”.

On 06/17/2025 at 6:17 PM phone interview, Staff A said that Resident 2’s Oxycodone order was a recent hospital discharge order but Resident 2’s primary care physician did not want to renew the order. Staff A said that they would call the pharmacy for clarification of the PRN medications and ask Resident 2’s collateral contact about the supplies.

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, Birdsong AFH 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 388-76-10166 Background checks Household members, noncaregiving and unpaid staff Unsupervised access.

(2) If the background check results show that an individual specified in WAC 388-76-10161 has a criminal conviction or pending charge for a crime that is not automatically disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether or not the person has the character, competence and suitability to have unsupervised access to residents; and

(b) Document in writing the basis for making the decision.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a Character Competence and Suitability (CCS) form was completed for 1 of 2 tenants (Tenant 2) when their Washington (WA) state name and date of birth background inquiry (BGI) result showed “Review Required”. This placed residents at risk of harm from a tenant with unsupervised access to residents.

Findings included…

On 06/17/2025 at 11:15 AM phone interview, Staff A, Entity Representative, said that there were two tenants (Tenant 1 and Tenant 2) living in the walkout basement bedroom next to the garage who paid rent.

On 06/17/2025 at 4:58 PM, observation showed Tenant 2 entered the main door of the AFH, walked by the kitchen, dining room, through the living room, and to the outside patio looking for their package delivery. Staff C, Caregiver, notified Tenant 2 that there was no package delivered to the AFH that day. Tenant 2 exited the AFH through the patio door.

Record review of Tenant 2's three-page WA BGI result dated 07/05/2024 showed "Review Required" and a nondisqualifying crime on page 3. There was no CCS review form found for Tenant 2.

On 06/17/2025 at 6:29 PM phone interview, Staff A said that they were not aware Tenant 2 required a CCS form completed. Staff A said that they would complete one and send it to the department as soon as possible.

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, Birdsong AFH 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:

(a) Contain enough information so home can provide the needed care and services to each resident;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure nurse delegation records were available for 2 of 2 residents (Resident 2 and Resident 4) as required. This placed residents at risk of being cared for by unqualified staff and for receiving medications in error.

Findings included…

On 06/17/2025 at 12:37 PM in the dining room, observation showed Staff C, Caregiver, administering Acetaminophen (medication to relieve pain) to Resident 4. At 12:50 PM in the resident bedroom, Staff C instilled Refresh Optive Mega-3 Drops (a lubricant drop to relieve dry eyes) eye drops to both eyes of Resident 2. At 12:55 PM in the resident bedroom, Staff C retrieved the Voltaren (an anti-inflammatory medication that treats joint pain caused by arthritis [a common condition characterized by joint pain and

inflammation]) cream from the resident's bedside drawer and applied it to both of Resident 2's knees.

Review of Nurse Delegation (ND) record for Resident 2 and Resident 4 showed there was no ND record (consent for delegation, staff credential verification, treatment order) available to review for both residents.

On 06/17/2025 at 5:30 PM interview, Staff C, Caregiver said that they could not find the ND binder for residents. Staff C notified Staff A, Entity Representative via phone call at 5:35 PM about not finding the ND binder for residents. Staff A said that they would send it to the department as soon as possible when Staff A returns.

As of 06/30/2025 at 5:00 PM, the AFH had not sent to the department Resident 2 and Resident 4's ND records.

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, Birdsong AFH 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 388-76-10265 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, interview, and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 staff (Staff C, Caregiver and Staff D, Caregiver) had Tuberculosis (TB) testing as required. This placed residents at risk of possible exposure to communicable disease.

Findings included…

WAC 388-76-10290 Tuberculosis—Positive test result.
When there is a positive result to tuberculosis skin or blood testing the adult family home must: (2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

WAC 388-76-10275 Tuberculosis—No testing.
The adult family home is not required to have a person tested for tuberculosis if the person has: (1) A documented history of a previous positive skin test, with ten or more millimeters induration; (2) A documented history of a previous positive blood test; or

On 06/17/2025 at 11:12 AM phone interview, Staff A, Entity Representative, said that both Staff C and D were part-time and as needed caregivers.

On 06/17/2025 at 11:31 AM, observation showed Staff C wheeled Resident 1 to the bathroom and provided personal care. At 12:10 PM, observation showed Staff D fed Resident 4 their lunch in the dining room and at 1:16 PM, Staff D provided personal hygiene care to Resident 2 in their bedroom.

Staff C
Review of their orientation to the home record dated 03/04/2025, showed the AFH hired them on 04/08/2025. Review of TB skin testing record dated 11/18/2017, showed zero induration (negative result), read on 11/21/2017. Review of a second TB skin testing record dated 11/28/2017, showed zero induration, read on 12/01/2017.

Review of chest radiography (X-ray) dated 02/05/2018, showed, “Clinical data: Evaluate for TB. Positive PPD (purified protein derivative skin test)” and “Impression: no plain film evidence for active TB”. There was no record the AFH evaluated Staff C for TB signs and symptoms within three days of their hire date.

Staff D
Review of orientation to the home record dated 07/29/2021, showed the AFH hired them on 07/29/2021. Review of chest X-ray record dated 09/19/2013, showed “Clinical History: Positive PPD” and negative for active TB. There was no record showing the AFH evaluated Staff D for TB signs and symptoms within three days of their hire date.

On 06/24/2025 at 8:09 PM email communication, Staff A wrote that they were not aware of signs and symptoms evaluation form when there was no TB testing required for Staff C and D. Staff A wrote that they would complete a TB signs and symptoms questionnaire as soon as possible.

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, Birdsong AFH 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 388-76-10415 Food services. The adult family home must:

(1) Ensure that the safe food handling training requirements of chapter 388-112A WAC are met; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1 of 2 staff (Staff D, Caregiver) had current continuing education requirements in food safety training. This placed residents at risk for unmet needs according to current caregiving standards and food borne illnesses related to food handling issues.

Findings included…

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? The continuing education training requirements that apply to certain individuals working in adult family homes are described in this section.
(f) A long-term care worker who completed basic or modified basic training after June 30, 2005, is not required to have a food handler's permit. For a long-term care worker who completed basic or modified basic caregiver training before June 30, 2005, and does not maintain a food handler's permit, continuing education must include one half hour per year on safe food handling in adult family homes as described in RCW 70.128.250.

RCW 70.128.250
Required training and continuing education—Food safety training and testing.
The department shall implement, as part of the required training and continuing education, food safety training and testing integrated into the curriculum that meets the standards established by the state board of health pursuant to chapter 69.06 RCW. Individual food handler permits are not required for persons who begin working in an

adult family home after June 30, 2005, and successfully complete the basic and modified-basic caregiver training, provided they receive information or training regarding safe food handling practices from the employer prior to providing food handling or service for the clients. Documentation that the information or training has been provided to the individual must be kept on file by the employer.
Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will be required to maintain continuing education of .5 hours per year in order to maintain food handling and safety training. Licensed adult family home providers or employees who hold individual food handler permits prior to June 30, 2005, will not be required to renew the permit provided the continuing education requirement as stated above is met.

On 06/17/2025 at 12:10 PM in the dining room, observation showed Staff D fed Resident 4 their lunch. At 3:50 PM in the kitchen, observation showed Staff D prepared dinner for four residents.

Review of Staff D's food worker card record dated 02/17/2023 showed it expired on 02/17/2025 (four months expired).

On 06/17/2025 at 3:19 PM interview, Staff D said that they did not have current food handling and food safety training. Staff D said that they overlooked to renew their food worker card but would do so as soon as possible.

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, Birdsong AFH 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 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(2) Requires the individual to sign a disclosure statement and the individual denies having a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or a negative action that is listed in WAC 388-76-10180 ;

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure a Washington (WA) state name and date of birth background inquiry (BGI) was submitted for 1 of 15 staff (Staff I, Caregiver) and 1 of 10 former staff (Staff S, Caregiver) as required. In addition, no criminal history disclosure statement was found for Staff I and S. This placed residents at risk of potential harm from staff with an unknown criminal background.

Findings included…

On 06/17/2025 at 11:12 AM phone interview, Staff A, Entity Representative, said that Staff I and Staff S were both as needed (PRN) caregivers.

Staff I
Review of the staff's orientation to the home record dated 12/02/2021, showed the AFH hired them on 12/02/2021. Review of BGI result dated 12/07/2021 (five days after hired date), showed "No Record". There was no signed criminal history disclosure statement record found for Staff I.

Staff S
Review of the staff's orientation to the home record dated 04/15/2024, showed the AFH hired them on 04/15/2024. Their BGI results dated 04/18/2024 (three days after hired date), showed "No Record". There was no signed criminal history disclosure statement record found for Staff S.

On 06/27/2025 at 5:00 PM phone interview, Staff A said that not submitting Staff I and S's BGI within 24 hours of hiring them was an oversight.

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, Birdsong AFH 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

07/02/2025

Birdsong Adult Family Homes, LLC
Birdsong AFH
24316 100th Place SE
Kent, WA 98030

RE: Birdsong AFH # 755160

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/01/2025 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:

Cecile Leano, Field Manager
Residential Care Services
Region 2, Unit E
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
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 388-76-10490 Medication disposal Written policy Required.

(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:

(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.

The Adult Family Home failed to dispose of the expired medication of Resident 2 when their supply of 25 Cetirizine Hydrochloride tablets 10 milligrams (medication used to relieve allergy symptoms), expired on 01/2024. In addition, the home's first aid kit contained six packets of Aspirin (a pain and fever reducer), expired on 06/2022, eight packets of Acetaminophen (a pain and fever reducer), expired on 11/2021, four packets of Diphenhydramine (medication to treat allergy symptoms), expired on 09/2021, one tube of Arnicare Gel (a muscle pain and stiffness reliever), expired on 04/2025, and one-half bottle of Dermal Wound Cleanser (skin antiseptic that helps reduce the risk of infection and prevent bacterial contamination), expired on 12/2024. Staff C, Caregiver, recorded, disposed of Resident 2's and first aid kit medications before the end of the department's visit.

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;

The Adult Family Home (AFH) failed to ensure three tubes of Voltaren cream (an anti-inflammatory medication that treats joint pain caused by arthritis [a common condition characterized by joint pain and inflammation]) were in a locked container found in the bedside drawer of Resident 2. Staff D, Caregiver, removed the medications from Resident 2's bedside drawer and placed them in the AFH's locked medication supply cabinet before the end of the department's visit.

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(3) When and how the care and services will be provided;

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

The Adult Family Home failed to include in Resident 1's Negotiated Care Plan (NCP) the resident's bleeding risk and skin condition plan while they were taking the medicaton Xarelto (a blood thinning medication that increases the risk of bleeding and skin bruising). Staff A, Entity Representative, made changes to Resident 1's NCP and added addendum for how, when, and what caregivers need to do to manage bleeding and bruising before the end of the department's visit.

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

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;

The Adult Family Home (AFH) failed to ensure three tubes of Voltaren cream (an anti-inflammatory medication that treats joint pain caused by arthritis [a common condition characterized by joint pain and inflammation]) were in a locked container found in the bedside drawer of Resident 2. Staff D, Caregiver, removed the medications from Resident 2's bedside drawer and placed them in the AFH's locked medication supply cabinet before the end of the department's visit.

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(3) When and how the care and services will be provided;

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to a resident's assessed needs;

The Adult Family Home failed to include in Resident 1's Negotiated Care Plan (NCP) the resident's bleeding risk and skin condition plan while they were taking the medication Xarelto (a blood thinning medication that increases the risk of bleeding and skin bruising). Staff A, Entity Representative, made changes to Resident 1's NCP and added addendum for how, when, and what caregivers need to do to manage bleeding and bruising before the end of the department's visit.

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
Preferred methods:
eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
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:

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