



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

03/19/2025

Marlen Deochoa
Casa Mia
605 Hull Rd
Brewster, WA 98812

RE: Casa Mia # 755916

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 56653 (Completion Date 03/19/2025) and 53947 (Completion Date 02/13/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/19/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

**WAC 388-76-10180 Background checks Employment Disqualifying information.
[Disqualifying negative actions.]**

(1) The adult family home must not employ, directly or by contract, a caregiver, entity representative, or resident manager if:

(a) The caregiver, entity representative or resident manager will have unsupervised access to vulnerable adults, as defined in RCW 43.43.830 ; and either:

(b) The caregiver, entity representative or resident manager has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC; or

(c) The caregiver, entity representative, or resident manager has one or more of the following negative actions:

(iv) A founded finding of abuse or neglect of a child was made against the person, unless the finding was made by child protective services prior to October 1, 1998;

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

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than one working day after conditional employment;

(3) Does not allow the individual to have unsupervised access to any resident;

(4) Ensures direct supervision, as defined in WAC 388-76-10000 , of the individual; and

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

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:

(4) Criminal history disclosure and background check results as required.

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;

The Department staff who did the On Site verification:

Melanie Hopkins, NHI-AFH Licenser

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 755916	Compliance Determination # 53947
Plan of Correction	Casa Mia	Completion Date
Page 1 of 7	Licensee: Marlen Deochoa	02/13/2025

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 01/29/2025 and 01/30/2025 of:

Casa Mia
605 Hull Rd
Brewster, WA 98812

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:

Melanie Hopkins, NHI-AFH Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

This document was prepared by Residential Care Services for the Locator website.

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.

Michelle Ann Garbrough
Residential Care Services

02/26/2025

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.

Marlen DeOchoa
Provider (or Representative)

03/12/2025
Date

**WAC 388-76-10180 Background checks Employment Disqualifying information.
[Disqualifying negative actions.]**

- (1) The adult family home must not employ, directly or by contract, a caregiver, entity representative, or resident manager if:
- (a) The caregiver, entity representative or resident manager will have unsupervised access to vulnerable adults, as defined in RCW 43.43.830 ; and either:
 - (b) The caregiver, entity representative or resident manager has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC; or
 - (c) The caregiver, entity representative, or resident manager has one or more of the following negative actions:
 - (iv) A founded finding of abuse or neglect of a child was made against the person, unless the finding was made by child protective services prior to October 1, 1998;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to ensure they did not employ 1 of 5 former staff (Staff G) who had disqualifying negative actions on their background check. This failure placed residents at risk for harm when they received care from a disqualified caregiver.

Findings included . . .

Record review on 01/29/2025 showed Staff G, Former Caregiver, was hired on 02/11/2024. Staff G had a BGI completed on 02/05/2024, prior to being unsupervised with residents on 02/11/2025. The BGI result showed there was disqualifying information. Staff G had a fingerprint BGI on 03/04/2024 with the same disqualifying result. Staff G worked in the home from 02/11/2024 through 04/14/2024.

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.

Michelle Ann Garbrough
Residential Care Services

02/26/2025
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 388-76-10180 Background checks Employment Disqualifying information.
[Disqualifying negative actions.]**

- (1) The adult family home must not employ, directly or by contract, a caregiver, entity representative, or resident manager if:
- (a) The caregiver, entity representative or resident manager will have unsupervised access to vulnerable adults, as defined in RCW 43.43.830 ; and either:
 - (b) The caregiver, entity representative or resident manager has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC; or
 - (c) The caregiver, entity representative, or resident manager has one or more of the following negative actions:
 - (iv) A founded finding of abuse or neglect of a child was made against the person, unless the finding was made by child protective services prior to October 1, 1998;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home failed to ensure they did not employ 1 of 5 former staff (Staff G) who had disqualifying negative actions on their background check. This failure placed residents at risk for harm when they received care from a disqualified caregiver.

Findings included . . .

Record review on 01/29/2025 showed Staff G, Former Caregiver, was hired on 02/11/2024. Staff G had a BGI completed on 02/05/2024, prior to being unsupervised with residents on 02/11/2025. The BGI result showed there was disqualifying information. Staff G had a fingerprint BGI on 03/04/2024 with the same disqualifying result. Staff G worked in the home from 02/11/2024 through 04/14/2024.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies

Plan of Correction

Page 3 of 7

License #: 755916

Casa Mia

Licensee: Marlen Deochoa

Compliance Determination # 53947

Completion Date

02/13/2025

In an interview on 01/29/2025 at 10:45 AM, Staff A, Provider, stated that they had not looked at the BGI results in the background check system prior to allowing Staff G to have unsupervised access to residents.

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, Casa Mia is or will be in compliance with this law and / or regulation on (Date) 03/19/2025

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

Marlen Deochoa
Provider (or Representative)

03/12/2025
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;
- (3) Does not allow the individual to have unsupervised access to any resident;
- (4) Ensures direct supervision, as defined in WAC 388-76-10000 , of the individual; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a Washington State name and date of birth background check (BGI) was completed within one working day of hire for 3 of 4 Staff (Staff B, C, & D). This failure resulted in residents receiving care from staff with an unknown background check history.

Findings included...

On 01/29/2025 at from 9:15 AM to 3:00 PM, Staff B, Caregiver, was observed providing care to five residents in the home.

This document was prepared by Residential Care Services for the Locator website.

In an interview on 01/29/2025 at 10:45 AM, Staff A, Provider, stated that they had not looked at the BGI results in the background check system prior to allowing Staff G to have unsupervised access to residents.

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, Casa Mia 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;
- (3) Does not allow the individual to have unsupervised access to any resident;
- (4) Ensures direct supervision, as defined in WAC 388-76-10000 , of the individual; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure a Washington State name and date of birth background check (BGI) was completed within one working day of hire for 3 of 4 Staff (Staff B, C, & D). This failure resulted in residents receiving care from staff with an unknown background check history.

Findings included...

On 01/29/2025 at from 9:15 AM to 3:00 PM, Staff B, Caregiver, was observed providing care to five residents in the home.

Review of employee files on 01/29/2025 showed the following:

- Staff B, Caregiver, was hired on 03/08/2023 and completed orientation to work in the home beginning 10/01/2023. The BGI was not completed for Staff B until 11/21/2023.
- Staff C, Caregiver, was hired on 09/05/2024. There was no BGI on file for Staff C.
- Staff D, Caregiver, was hired on 06/02/2024. There was no BGI on file for Staff D.

In an interview at 10:30 AM on 01/29/2025, Staff A, Provider, stated they knew each of the staff prior to being hired and they had difficulty getting into the background check system to run the BGIs.

This is a repeated deficiency previously cited on 08/29/2023

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, Casa Mia is/or will be in compliance with this law and / or regulation on (Date) 03/19/2025

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

Marlen Deochoa
Provider (or Representative)

03/12/2025
Date

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

Review of employee files on 01/29/2025 showed the following:

- Staff B, Caregiver, was hired on 03/08/2023 and completed orientation to work in the home beginning 10/01/2023. The BGI was not completed for Staff B until 11/21/2023.

- Staff C, Caregiver, was hired on 09/05/2024. There was no BGI on file for Staff C.

- Staff D, Caregiver, was hired on 06/02/2024. There was no BGI on file for Staff D.

In an interview at 10:30 AM on 01/29/2025, Staff A, Provider, stated they knew each of the staff prior to being hired and they had difficulty getting into the background check system to run the BGIs.

This is a repeated deficiency previously cited on 08/29/2023

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, Casa Mia 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 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a valid Washington State name and date of birth background check (BGI) completed once every two years for 1 of 4 staff (Staff A). This failure resulted in residents receiving care from a staff with an unknown background check history.

Findings included . . .

On 01/29/2025 from 10:00 AM until 3:30 PM, Staff A, Provider, was observed providing care to five residents in the home.

Record review showed the BGI for Staff A had expired on 06/29/2024.

In an interview on 01/29/2025 at 10:30 AM, Staff A stated they had not been able to access the background check system and did not realize their BGI was expired.

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, Casa Mia is or will be in compliance with this law and / or regulation on (Date) 03/19/2025.

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

Marlen Deochoa
Provider (or Representative)

03/12/2025
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:

- (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 a fingerprint background record check result was available to the Department

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a valid Washington State name and date of birth background check (BGI) completed once every two years for 1 of 4 staff (Staff A). This failure resulted in residents receiving care from a staff with an unknown background check history.

Findings included . . .

On 01/29/2025 from 10:00 AM until 3:30 PM, Staff A, Provider, was observed providing care to five residents in the home.

Record review showed the BGI for Staff A had expired on 06/29/2024.

In an interview on 01/29/2025 at 10:30 AM, Staff A stated they had not been able to access the background check system and did not realize their BGI was expired.

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, Casa Mia 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:

(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 a fingerprint background record check result was available to the Department

during an inspection for 2 of 4 staff (Staff A & C). This failure resulted in a delay in determining if the staff members were qualified to care for the residents in the home.

Findings included . . .

On 01/29/2025 from 10:00 AM to 3:30 PM, Staff A, Provider, was observed providing care to residents in the home.

Administrative record review on 01/29/2025 showed:

- Staff A, Provider, had no fingerprint background check result available.
- Staff C, Caregiver, was hired 09/05/2024 and had no fingerprint background check available.

In an interview on 01/29/2025 at 10:30 AM, Staff A, stated that they only had a hardcopy of their fingerprints. Staff A stated that Staff C had fingerprints from prior employment and they would provide a copy.

In an interview on 02/09/2025 at 7:45 PM, Staff A stated they had been unable to get their fingerprint background check. Staff A stated that the past employer for Staff C no longer had a copy of Staff C's fingerprint.

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, Casa Mia is or will be in compliance with this law and / or regulation on (Date) 03/19/2025.

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

Marlen Deochoa
Provider (or Representative)

03/12/2025
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:

during an inspection for 2 of 4 staff (Staff A & C). This failure resulted in a delay in determining if the staff members were qualified to care for the residents in the home.

Findings included . . .

On 01/29/2025 from 10:00 AM to 3:30 PM, Staff A, Provider, was observed providing care to residents in the home.

Administrative record review on 01/29/2025 showed:

- Staff A, Provider, had no fingerprint background check result available.
- Staff C, Caregiver, was hired 09/05/2024 and had no fingerprint background check available.

In an interview on 01/29/2025 at 10:30 AM, Staff A, stated that they only had a hardcopy of their fingerprints. Staff A stated that Staff C had fingerprints from prior employment and they would provide a copy.

In an interview on 02/09/2025 at 7:45 PM, Staff A stated they had been unable to get their fingerprint background check. Staff A stated that the past employer for Staff C no longer had a copy of Staff C's fingerprint.

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, Casa Mia 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 interview and record review, the Adult Family Home (AFH) failed to ensure a tuberculosis test (TB) test was completed for 1 of 4 staff (Staff C) within three days of hire. This failure placed residents at risk for exposure to a contagious air borne respiratory illness.

Findings included...

On 01/29/2025 a review of employee files showed Staff C, Caregiver, was hired on 09/05/2024. There were no records to show a TB test had been completed for Staff C.

In an interview on 01/29/2025 at 10:40 AM, Staff A, Provider, stated they thought Staff C had completed TB testing with a previous employer and did not realize the TB testing needed to be done when Staff C was hired at the current 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, Casa Mia is or will be in compliance with this law and / or regulation on (Date) 03/19/2025.

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

Marlen Dechoa
Provider (or Representative)

03/12/2025
Date

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a tuberculosis test (TB) test was completed for 1 of 4 staff (Staff C) within three days of hire. This failure placed residents at risk for exposure to a contagious air borne respiratory illness.

Findings included...

On 01/29/2025 a review of employee files showed Staff C, Caregiver, was hired on 09/05/2024. There were no records to show a TB test had been completed for Staff C.

In an interview on 01/29/2025 at 10:40 AM, Staff A, Provider, stated they thought Staff C had completed TB testing with a previous employer and did not realize the TB testing needed to be done when Staff C was hired at the current 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, Casa Mia 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
1200 Alder Street, Union Gap, WA 98903

Marlen Deochoa
Casa Mia
605 Hull Rd
Brewster, WA 98812

RE: Casa Mia # 755916

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 02/13/2025 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:

Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit C
Preferred methods:

This document was prepared by Residential Care Services for the Locator website.

eFax: (509) 454-4160

Email: rcsregion1email@dshs.wa.gov

Optional method:

1200 Alder Street

Union Gap, WA 98903

- 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 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

Qualified Adult Family Home (AFH) staff were delegated to perform blood glucose testing on two residents once daily. The AFH did not have the required Medical Test Site Waiver per WAC 246-338-020 to perform tests the resident could not do for themselves. There was no negative outcome to the residents.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

- (a) Provide a copy to each resident prior to or upon admission to the home;
- (b) Provide a copy upon resident request; and
- (c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home (AFH) failed to have a completed, signed, and dated Disclosure of Charges form in the records for one resident. There was no negative outcome to the residents.

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 (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
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:

Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services

Region 1, Unit C

Preferred methods:

eFax: (509) 454-4160

Email: rcsregion1email@dshs.wa.gov

Optional method:

1200 Alder Street

Union Gap, WA 98903

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>

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 IDRs** 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