STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Marlen Deochoa
Casa Mia
605 Hull Rd
Brewster, WA 98812

RE: Casa Mia # 755916

Dear Provider:

This document references Compliance Determination 37702 (02/27/2024), which included complaint number(s) 113857.

The Department completed a complaint investigation of your Adult Family Home on 02/27/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Kortne Reed, NCI Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

WAC 388-76-10540 Resident rights Disclosure of charges Notice requirements Deposits.

(6) The adult family home must provide the resident with any and all refunds due within thirty days from the resident's date of discharge from the home.

A refund was not provided within 30 days of a resident's discharge from the adult family home. The provider stated the resident had written a check at the beginning of [redacted] 2023 for the full month's participation amount and the resident discharged from the home prior to the end of the month. The provider said they did not issue a refund because the resident's representative had agreed a refund was not due because the resident's belongings remained in the home through the end of the month. There was no harm to the resident related to the delay in refund.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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)323-7321.

Sincerely,

Tamara Tredo

Tamara Tredo, Field Manager
Region 1, Unit E
Residential Care Services

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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

Residential Care Services
Investigation Summary Report

Provider/Facility: Casa Mia
Provider Type: Adult Family Home
License/Cert.#: 755916
Compliance Determination #: 37702
Intake ID: 113857
Investigator: Kortne Reed
Region/Unit #: RCS Region 1 / Unit E
Investigation Date(s): 01/29/2024 through 02/27/2024
Complainant Contact Date(s):

Allegation(s):
A named resident was overcharged by the adult family home and has not received a refund.

Investigation Methods:

Sample:	Total residents: 4 Resident sample size: 0 Closed records sample size: 1
Observations:	initiated investigation off-site with approval from field manager and regional administrator
Interviews:	Provider and 4 persons unrelated to the home
Record Reviews:	Negotiated care plan, admission agreement, service summary, pics of checks paid to home, award letters, providerone information

Investigation Summary:
The named resident's representative stated that they had a conversation with the provider upon the resident's discharge and they had agreed that the home would keep the participation money already paid for the month of [redacted] 2023. The resident's representative stated that they did not realize that a refund was necessary because the resident's belongings stayed in the home until the first of [redacted] 2023. The provider stated that since the resident's belongings stayed in the home for the whole month of [redacted], they did not believe they needed to refund the participation fee. The facility's admission agreement, signed by the resident, stated that the home would refund any owed money within 30 days of discharge. A consultation citation for WAC 388-76-10540(6) was written due to the home not provided a refund within 30 days.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A