STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Lakeshore Breeze AFH LLC

Lakeshore Breeze AFH LLC
3611 NW 135th Circle
Vancouver, WA 98685

RE: Lakeshore Breeze AFH LLC License # 757103

Dear Provider:

This letter addresses Compliance Determination(s) 51874 (Completion Date 12/23/2024) and 48509 (Completion Date 10/24/2024).

The Department completed a follow-up inspection of your Adult Family Home on 12/23/2024 and found that you have corrected the violations listed in the Full report dated 10/24/2024. Your home is back in compliance as of 11/23/2024 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 388-76-10715-1, WAC 388-76-10715-3, WAC 388-76-10715-5, WAC 388-76-10400-3-b, WAC 388-76-10845-1, WAC 388-76-10845-2, WAC 388-76-10161-2-a, WAC 388-76-10161-2-b, WAC 388-76-10161-2, WAC 388-76-10265-1-a, WAC 388-76-10265-1-d, WAC 388-76-10895-2, WAC 388-76-10895-2-a, WAC 388-76-10895-2-b, WAC 388-76-10895-2-c

The Department staff who did the on-site verification:
Sarah Bjork, Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F

Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 10/09/2024 and 10/09/2024 of:
Lakeshore Breeze AFH LLC
3611 NW 135th Circle
Vancouver, WA 98685

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Sarah Bjork, Licensor
Michael Burdick, AFH Nurse Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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

10.31.2024
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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave, Suite 200, Vancouver, WA 98684

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 10/09/2024 and 10/09/2024 of:

Lakeshore Breeze AFH LLC
3611 NW 135th Circle
Vancouver, WA 98685

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Sarah Bjork, Licensor
Michael Burdick, AFH Nurse Field Manager

From:
DSHS, Aging and Long-Term Support Administration
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800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Statement of Deficiencies	License #: 757103	Compliance Determination # 48509
Plan of Correction	Lakeshore Breeze AFH LLC	Completion Date
Page 2 of 8	Licensee: Lakeshore Breeze AFH LLC	10/24/2024

B. Wood
Provider (or Representative)

11/4/2024
Date

WAC 388-76-10715 Doors Ability to open. The adult family home must ensure:

(1) Every bedroom and bathroom door opens from the inside and outside;

(3) At least one door leading to the outside is designated as an emergency exit. In homes licensed after January 1, 2016, this door must have a lever door handle on both sides and hardware that allows residents to exit when the door is locked and immediately reenter without a key, tool, or special knowledge or effort by residents;

(5) All internal and external doors comply with local jurisdictional requirements as well as the building code requirements in chapter 51-51 WAC.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure doors did not contain additional locking mechanisms. This failure placed six of six residents (Resident 1/R1, Resident 2/R2, Resident 3/R3, Resident 4/R4, Resident 5/R5, Resident 6/R6) at risk for not being able to evacuate the home in the event of an emergency.

Findings included...

Upon arrival to the adult family home at 11:35 am on 10/09/2024, the front door was observed to contain a key bolt lock above the standard front doorknob. A notice stating the front door was locked 24 hours a day and seven days a week was observed on the door. After knocking on the door, Staff B (caregiver), was heard unlocking the bolt lock and then unlocking the doorknob lock prior to opening the door.

At 12:10 pm on 10/09/2024, the provider stated Resident 5/R5 and Resident 6/R6 had a history of wandering and exit-seeking and both residents had sundowning behavior (increased confusion in the evenings). The provider stated R5 had a history of exiting the home through the bedroom window, wandering into other resident's bedrooms, and of becoming destructive to the home at night, including ripping off a leather cover on a desk. The provider stated R6 had medication changes recently which helped address some of R5's nighttime behaviors.

At 12:25 pm on 10/09/2024, the provider stated R6 had a history of exiting the home at night, and one time eloping from the home and going to a neighbor's house, resulting in the police being called. The provider stated she arrived at the adult family home once and had observed R6 outside the front door on the porch, at the top of a long staircase that led down to the ground and driveway. The provider stated she was aware additional door locks were prohibited in adult family homes. The provider stated she

Provider (or Representative) Date

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made an "executive decision" to use the additional locks as she felt it was too risky to not have them in place.

During a tour of the adult family home at 12:33 pm on 10/09/2024, a key bolt locking mechanism, and a standard door lock was observed on a side door of the living room which led to an outdoor patio. The provider stated the residents did not use this area. A key lock was observed on R5's bedroom door. When asked if a key was available to unlock the door in the event of an emergency, the provider stated no, and that she would change the doorknob. The provider identified the home's emergency egress through a door on the opposite side of the living room, which led down a ramp and into the garage. The door had a key bolt lock, a standard door lock, and a child safety door lock. All the key bolt locks were observed to be activated and in locked position, resulting in residents being unable to open any of the doors without access to a key. The provider stated R5 and R6 had figured out how to unlock the child safety latch on the emergency exit door. When asked where the home's designated outdoor area was for resident use, the provider stated it was on the front porch, outside the front door.

Attestation Statement

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, Lakeshore Breeze AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/23/2024

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

Provider (or Representative) — Date: 11/4/2024

WAC 388-76-10400 Care and services. The adult family home must ensure each resident receives:

(3) The care and services in a manner and in an environment that:

(b) Actively supports the safety of each resident; and

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure two [redacted] were not used for one of six residents (Resident 3/R3). This failure placed R3 at risk for being restrained or enduring harm.

Findings included...

made an “executive decision” to use the additional locks as she felt it was too risky to not have them in place.

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Provider (or Representative) Date

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This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to ensure two [redacted] were not used for one of six residents (Resident 3/R3). This failure placed R3 at risk for being restrained or enduring harm.

Findings included...

Statement of Deficiencies	License # 757103	Compliance Determination # 46509
Plan of Correction	Lakeshore Breeze AFH LLC	Completion Date
Page 4 of 8	Licensee: Lakeshore Breeze AFH LLC	10/24/2024

An initial interview with the provider took place at 12:10 pm during a full inspection of the adult family home on 10/09/2024. The provider stated R3 had a fall from their recliner the morning of 10/08/2024, which resulted in a scrape, and that R3 had refused to go to the hospital for evaluation. The provider stated R3 had convulsive seizures and was bedbound. The provider stated R3 was dependent on one staff and the use of a Hoyer Lift to be transferred. The provider stated that R3 had refused to leave his recliner on the night of 10/04/2024, choosing to sleep in R3's recliner instead of their bed. The provider stated the fall was unwitnessed.

A tour of the home took place at 12:38 pm on 10/09/2024. R3's bed was observed to have a [redacted] on each side of the resident's bed. The provider stated the [redacted] were to prevent falls due to R3's seizures and that the physical therapist had recommended the [redacted] during the assessment for the medical devices. The provider stated she would request [redacted] for the resident instead of the [redacted].

Attestation Statement

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, Lakeshore Breeze AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/29/2024 .

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

Provider (or Representative) — Date: 11/4/2024

WAC 388-76-10845 Emergency drinking water supply. The adult family home must have an on-site emergency supply of drinking water that:

(1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;

(2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff;

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home did not maintain a supply of emergency water. This failure placed all six residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6), one live-in caregiver (Staff B), and one on-shift caregiver (fluctuates) at risk of not having an adequate supply of drinking water in the event of an emergency.

Findings included...

An initial interview with the provider took place at 12:10 pm during a full inspection of the adult family home on 10/09/2024. The provider stated R3 had a fall from their recliner the morning of 10/05/2024, which resulted in a scrape, and that R3 had refused to go to the hospital for evaluation. The provider stated R3 had convulsive seizures and was bedbound. The provider stated R3 was dependent on one staff and the use of a Hoyer Lift to be transferred. The provider stated that R3 had refused to leave his recliner on the night of 10/04/2024, choosing to sleep in R3's recliner instead of their bed. The provider stated the fall was unwitnessed.

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Provider (or Representative) _____ Date _____

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This requirement was not met as evidenced by:

Based on observation and interview, the adult family home did not maintain a supply of emergency water. This failure placed all six residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, and Resident 6), one live-in caregiver (Staff B), and one on-shift caregiver (fluctuates) at risk of not having an adequate supply of drinking water in the event of an emergency.

Findings included...

Statement of Deficiencies	License #: 757103	Compliance Determination # 48509
Plan of Correction	Lakeshore Breeze AFH LLC	Completion Date
Page 6 of 8	Licensee: Lakeshore Breeze AFH LLC	10/24/2024

An initial interview took place with the provider at 12:10 pm, during a full inspection of the adult family home on 10/09/2024. The provider stated six residents resided in the home and one caregiver lived onsite (Staff B). The provider stated a nighttime caregiver is usually present to ensure Staff B can get adequate rest. Six residents, the provider, and Staff B were observed onsite.

During a tour of home at 12:33 pm, no emergency water was observed. When asked, the provider stated she had no supply of emergency water for the home. The provider stated she would ensure a supply of emergency water be maintained in the adult family home.

AFH has been stocked with the adequate amount of emergency drinking water.

Attestation Statement

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, Lakeshore Breeze AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/4/2024

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

B Wroap — Provider (or Representative)

11/4/2024 — Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure staff had evidence to show background checks were completed as required. This failure resulted in not having access to records which would verify four of four staff (Staff A, the provider, Staff B, Staff C, and Staff D, caregivers) were not disqualified from providing care to vulnerable adults.

Findings included...

An initial interview took place with the provider at 12:10 pm, during a full inspection of the adult family home on 10/09/2024. The provider stated six residents resided in the home and one caregiver lived onsite (Staff B). The provider stated a nighttime caregiver is usually present to ensure Staff B can get adequate rest. Six residents, the provider, and Staff B were observed onsite.

During a tour of home at 12:33 pm, no emergency water was observed. When asked, the provider stated she had no supply of emergency water for the home. The provider stated she would ensure a supply of emergency water be maintained in the adult family home.

Attestation Statement

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Provider (or Representative) Date

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Findings included...

Statement of Deficiencies	License # 757103	Compliance Determination # 43509
Plan of Correction	Lakeshore Breeze AFH LLC	Completion Date
Page 6 of 8	Licensee: Lakeshore Breeze AFH LLC	10/24/2024

An initial interview took place with the provider at 12:10 pm, during a full inspection of the adult family home on 10/09/2024. The provider stated she worked in the adult family home full time and Staff B (caregiver) lived onsite and worked at the adult family home full time. The provider stated Staff C and Staff D were part time caregivers who helped when she needed them.

Staff records were reviewed and discussed with the provider at 2:15 pm on 10/09/2024. No evidence of a national fingerprint background check was found for the provider. The provider stated she had completed one upon licensure and she would request a copy from the state. The provider stated Staff B was hired 09/15/2024. No evidence of a national fingerprint background check was found for Staff B. The provider stated she knows Staff B completed one as she had brought her to the appointment. The provider stated she would make sure to get a copy of Staff B's fingerprint background check. No evidence of facility orientation or hire dates were found for Staff C or Staff D (see consultation 388-112A-0260-1), which resulted in being unable to verify Staff C or Staff D's date of hire. No Washington state criminal background checks were found for Staff C and Staff D. The provider had a national fingerprint background check for Staff D, completed 11/10/2023. No evidence of a national fingerprint background check was found for Staff C. The provider stated she will submit for the required background checks promptly.

Attestation Statement

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, Lakeshore Breeze AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/23/2024.

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

Provider (or Representative) — Date: 11/4/2024

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:

(a) Provider;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure staff were

An initial interview took place with the provider at 12:10 pm, during a full inspection of the adult family home on 10/09/2024. The provider stated she worked in the adult family home full time and Staff B (caregiver) lived onsite and worked at the adult family home full time. The provider stated Staff C and Staff D were part time caregivers who helped when she needed them.

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

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Provider (or Representative) Date

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

(a) Provider;

(d) Caregiver;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure staff were

tested for Tuberculosis (TB) upon hire. This failure placed all six residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6) at risk for exposure to TB.

Findings included...

An initial interview took place with the provider at 12:10 pm, during a full inspection of the adult family home on 10/09/2024. The provider stated she worked in the adult family home full time and Staff B (caregiver) lived onsite and worked at the adult family home full time. The provider stated Staff C and Staff D were part time caregivers who helped when she needed them.

Staff records were reviewed and discussed with the provider at 2:15 pm on 10/09/2024. No evidence of TB testing was found for the provider. The provider stated she had completed testing in 2019 and did not know it was needed again upon licensure. The provider stated Staff B was hired 09/15/2024. Staff B had evidence of negative X-rays for TB dated 10/07/2021 and 07/23/2024. No documentation of positive TB tests or testing upon hire was noted for Staff B. No evidence of facility orientation or hire dates were found for Staff C or Staff D (see consultation 388-112A-0200-1), which resulted in being unable to verify Staff C or Staff D's date of hire. No evidence of TB testing was found for Staff C. Staff B had evidence of a negative blood test for TB dated 01/29/2024. The provider stated she would ensure all staff complete testing for TB.

Attestation Statement

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

Provider (or Representative) — Date: 11/4/2024

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time, and

tested for Tuberculosis (TB) upon hire. This failure placed all six residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6) at risk for exposure to TB.

Findings included...

An initial interview took place with the provider at 12:10 pm, during a full inspection of the adult family home on 10/09/2024. The provider stated she worked in the adult family home full time and Staff B (caregiver) lived onsite and worked at the adult family home full time. The provider stated Staff C and Staff D were part time caregivers who helped when she needed them.

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(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

(b) A full emergency evacuation drill at least once each calendar year, with all residents participating in the drill together and at the same time; and

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to conduct emergency evacuation drills as required. This failure placed six of six residents (Resident 1/R1, Resident 2/R2, Resident 3/R3, Resident 4/R4, Resident 5/R5, and Resident 6/R6) at risk for not being evacuated timely in the event of an emergency.

Findings included...

An initial interview took place with the provider at 12:10 pm, during a full inspection of the adult family home on 10/09/2024. The provider stated six residents resided in the home. Six residents, Staff B (caregiver), and the provider were observed in the home. The provider stated two residents (R2, R4) required one person assistance for transfers and relied on wheelchairs for ambulation. The provider stated R1 and R3 were dependent on one person for transfers, R3 with the use of a Hoyer lift, and both required the use of wheelchairs. The provider stated R5 and R6 could ambulate independently with walkers but required staff assistance in the event of an emergency due to confusion. The provider stated she had not completed any evacuation drills and that she was aware they needed to be done. Information was given to the provider regarding evacuation drill requirements upon request.

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Provider (or Representative) 11/4/2024 Date

(c) Emergency evacuation drills even if there are no residents living in the home for the purpose of staff practice.

This requirement was not met as evidenced by:

Based on observation and interview, the adult family home failed to conduct emergency evacuation drills as required. This failure placed six of six residents (Resident 1/R1, Resident 2/R2, Resident 3/R3, Resident 4/R4, Resident 5/R5, and Resident 6/R6) at risk for not being evacuated timely in the event of an emergency.

Findings included...

An initial interview took place with the provider at 12:10 pm, during a full inspection of the adult family home on 10/09/2024. The provider stated six residents resided in the home. Six residents, Staff B (caregiver), and the provider were observed in the home. The provider stated two residents (R2, R4) required one person assistance for transfers and relied on wheelchairs for ambulation. The provider stated R1 and R3 were dependent on one person for transfers, R3 with the use of a Hoyer lift, and both required the use of wheelchairs. The provider stated R5 and R6 could ambulate independently with walkers but required staff assistance in the event of an emergency due to confusion. The provider stated she had not completed any evacuation drills and that she was aware they needed to be done. Information was given to the provider regarding evacuation drill requirements upon request.

Attestation Statement

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, Lakeshore Breeze AFH 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
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

AMENDED
10/25/2024

Lakeshore Breeze AFH LLC
Lakeshore Breeze AFH LLC
3611 NW 135th Circle
Vancouver, WA 98685

RE: Lakeshore Breeze AFH LLC # 757103

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/24/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• 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 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(6) Be signed and dated by the resident and kept in the resident record after signature.

The provider did not have signed or dated Medicaid policies for 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 provider had not completed the Disclosure of Charges form.

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The provider did not have completed and signed personal belongings lists for residents.

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

No evidence of facility orientation or hire date was found for Staff C or Staff D (caregivers).

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.

The adult family home did not have a written succession plan. The provider stated she would complete one promptly.

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 (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
Residential Care Services

Enclosure

Plan (Plan of Correction)

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• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F
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:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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 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