

(Date)
CERTIFIED MAIL
(Certification Number off Green card)

(Administrator Name)
(BH Name and License #)
(BH Address)
(City, State, Zip Code)

Dear Mr./Ms *(Administrator Name)*:

On *(start date of on site inspection to exit date on site)* Aging and Disability Services Administration, Residential Care Services staff conducted an unannounced *(full inspection, follow up inspection, complaint investigation or monitoring visit)* to determine if your home was in compliance with State licensing requirements. During the course of this inspection, residents reported: *(Positive comments are only for full inspections – delete last sentence for all other inspections.)*

Licensors/Team members:

(Name of Licensor/Team member, titles, degrees, and job titles)
(Name of Licensor/Team member, titles, degrees, and job titles)

From:

DSHS, Aging and Disability Services Administration
Residential Care Services, Region *((Region #)*, Unit *(Unit Identifier)*
PO Box *(P.O. Box Address of Unit Office)*
(City), *(State)**(Zip Code)*
(Support staff phone number)

Consultation was provided for the following initial deficiencies identified during the inspection, which resulted in minimal or no harm to residents and/or any deficiencies corrected on-site meeting the following criteria: 1) Is corrected to the satisfaction of the department prior to the exit; 2) Is not a violation of a statute or regulation that was cited in one of the two most recent preceding inspections or complaint investigations; and 3) Did not pose a significant risk of harm or actual harm to a resident:

(The WAC and, if applicable, RCW or other WAC including all applicable subsections and the entire language from that reference.)
(A brief, 1-2 sentences, statement/summary of deficient practice, identifying the failed practice and any outcome(s) to residents.)

No written Plan of Correction (POC) is required for consultation, however, the licensee is still required to correct the deficiencies identified.

You may question cited deficiencies identified in this report and subsequent enforcement actions (if initiated) through the department's informal dispute resolution process. During the informal dispute resolution process you also have the right to present written evidence refuting the deficiencies. If a written Plan of Correction (POC) was not submitted for disputed deficiencies prior to the informal dispute resolution (IDR), you must submit a written POC for all violations still remaining within 5 working days following receipt of the IDR results.

To request an informal dispute resolution review, send your written request to:

*(Field Manager Name), Field Manager
Region (Region #), Unit (Unit Identifier)
(P.O. Box Address of Unit Office)
(City, State, Zip Code)
(Phone Number for Field Manager)*

The written request should:

- Identify the specific deficiencies that are disputed;
- Explain why you are disputing the deficiencies;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review);
- Specify if an alternate Field Manager is preferred; and,
- Be sent within 10 working days of your receipt of this report.

If you have any questions concerning the information contained in this letter, please contact me at *(Field Manager phone number)*.

Sincerely,

*(Field Manager Name), Field Manager
Region (Region #), Unit (Unit Identifier)
Residential Care Services*

cc: Region File