



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Olympia, Washington 98504

RE: Vest Seattle LLC (dba Smokey Point Behavioral Hospital)  
Master Case No.: M2021-727  
Document: Amended Notice of Intent

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center  
P.O. Box 47865  
Olympia, WA 98504-7865  
Phone: (360) 236-4700  
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

SEP 16 2022

Adjudicative Clerk Office

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
SECRETARY OF HEALTH

In the Matter of

**VEST SEATTLE LLC (dba SMOKEY POINT  
BEHAVIORAL HOSPITAL)**

License No. BHA.FS.60874194

Respondent

No. M2021-727

**AMENDED NOTICE OF INTENT  
TO SUSPEND**

Pursuant to RCW 43.70.115, the Executive Director of the Behavioral Health Agencies Program (Program), on designation by the Secretary of Health (Secretary), having authority to regulate Behavioral Health Agencies under chapters 71.05, 71.24 and 71.34 RCW, and chapter 246-341 WAC, hereby provides Notice of Intent to Suspend License No. BHA.FS.60874194 and all certifications associated with License no. BHA.FS.60874194 (Notice). This Notice will take effect and become a Final Order, without further notice, twenty-eight (28) days after receipt absent a timely request for an adjudicative proceeding. This Notice is based on the following findings of fact and conclusions of law, which are supported by the evidence in case nos. 2019-13786 and 2021-11508.

**1. FINDINGS OF FACT**

1.1 On June 12, 2017, the State of Washington issued Vest Seattle LLC dba Smokey Point Behavioral Hospital (SPBH) license no. BHA.FS.60874194 to operate as a behavioral health agency (BHA). SPBH's BHA license is currently active.

1.2 On or about November 21, 2019, a Program surveyor completed a state licensing investigation at SPBH. On January 9, 2020, the Program issued a Statement of Deficiencies to SPBH detailing the surveyor's observations.

1.3 The observed deficiencies included SPBH's failure to:

- A. Release a voluntary patient immediately upon their request in violation of RCW 71.05.050(1).
- B. Implement a policy management structure that established procedures to assure the protection of individual rights as described in chapter 71.05 RCW for any person voluntarily admitted for inpatient treatment to be released immediately upon his or her

request and to be advised of the right to immediate discharge in violation of WAC 246-341-1126(4)(c).<sup>1</sup>

- C. Document that the individual service plan was mutually agreed upon by a patient when it was developed and failed to make a copy available to a patient in violation of WAC 246-341-0620(1)(d).
- D. Work with a patient to address the funding of the patient's treatment costs in violation of WAC 246-341-0420(9).

1.4 On January 27, 2020, the Program received SPBH's plan of correction to address the deficiencies described in paragraph 1.3. On February 14, 2020, the Program responded to SPBH that its plan of correction for the deficiencies described in paragraphs 1.3.A and 1.3.B was inadequate. The response was supplemented by a letter from the Program providing, among other things, technical assistance to SPBH on the Program's interpretation of the requirements in RCW 71.05.050 and why SPBH's practices, policies and procedures were considered deficient.

1.5 On February 24 and April 6, 2020, the Program received SPBH's revised plan of correction and requested documentation to address the deficiencies described in paragraphs 1.3.A and 1.3.B. On June 1, 2020, the Program responded to SPBH that the revised plan of correction for the deficiencies described in paragraphs 1.3.A and 1.3.B remained inadequate. This response was supplemented by a letter from the Program providing additional technical assistance to SPBH on the Program's interpretation of RCW 71.05.050 and why the Program still considers SPBH's revised practices, policies and procedures deficient.

1.6 On June 9, 2020, the Program received SPBH's second revised plan of correction to address the deficiencies described in paragraphs 1.3.A and 1.3.B that included a revised "Request for Early Discharge (AMA)" policy. On October 26, 2020, the Program sent SPBH a letter explaining that it was prepared to accept SPBH's overall plan of correction, but it remained concerned about SPBH's ability to comply with RCW 71.05.050 and "considering the scope and severity of the concerns raised during

---

<sup>1</sup> The Program adopted, amended, and repealed a significant number of rules in chapter 246-341 WAC that became effective July 1, 2021. WSR 21-12-042. All references to chapter 246-341 WAC regarding the 2019 investigation and Patients #s1-6 refer to the administrative rules that were in effect at the time the Program's surveyor made their observations, which were all prior to July 1, 2021.

[the] investigation, the [Program would] conduct an unannounced follow-up compliance visit to verify all deficiencies have been corrected.”

1.7 On April 7, 2021, the Program completed the follow-up compliance visit at SPBH. As part of the follow-up compliance visit, the Program’s surveyors reviewed clinical records of six (6) patients who had received services from SPBH and observed the following:

**Patient #1**

- A. SPBH failed to ensure Patient #1's individual service plan was mutually agreed upon when it was developed and failed to make a copy available to Patient #1. The individual service plan contained in Patient #1's clinical record was not signed by Patient #1. Additionally, there was no other documentation in Patient #1's clinical record that their individual service plan was mutually agreed upon and that a copy was made available to them.

**Patient #2**

- B. Patient #2 was not discharged immediately upon their parent's request but referred for evaluation by a DCR for possible involuntary detainment despite Patient #2 being an adolescent with no family safety concerns whose parents requested Patient #2 be discharged. Patient #2 was an adolescent admitted to SPBH on January 7, 2021. On January 14, 2021, at approximately 2:40 p.m., Patient #2's parents requested discharge of Patient #2 so they could be taken to a different facility for treatment. Patient #2 was not immediately discharged from SPBH but instead was detained at SPBH until they were evaluated by a designated crisis responder (DCR). The DCR determined Patient #2 did not meet criteria to be detained under chapter 71.34 RCW and Patient #2 was discharged on January 14, 2021, at approximately 7:05 p.m. During an interview with the Program's surveyor, the DCR who evaluated Patient #2 described SPBH's decision to detain Patient #2 for DCR evaluation as “particularly egregious”, that Patient #2 “did not in any way meet criteria to be involuntarily detained”, and SPBH “tried to

put up every roadblock they could" to prevent Patient #2 from discharging.

- C. SPBH did not follow its own policy when discharging Patient #2 at the request of their parents. SPBH's policy requires that staff complete a Columbia-Suicide Severity Rating Scale (C-SSRS) form at the time discharge is requested so the psychiatric provider can consider, among other things, the results of the C-SSRS form when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #2's parents requested discharge of Patient #2 on January 14, 2021, at approximately 2:40 p.m. SPBH staff did not complete a C-SSRS form for Patient #2 until 5:03 p.m. The DCR was called to evaluate Patient #2 for possible involuntary detainment at 2:50 p.m. based on a referral from the psychiatric provider.

**Patient #3**

- D. Patient #3 was referred for evaluation by a DCR for possible involuntary detainment when they did not present, as a result of a behavioral health disorder, an imminent likelihood of serious harm or as gravely disabled. Patient #3 was admitted to SPBH on February 2, 2021. On February 4, 2021, at approximately 9:13 a.m., Patient #3 requested discharge from SPBH because they felt SPBH was not providing the intensive therapy they needed, and Patient #3 understood the importance of proper medication management. The DCR was called to evaluate Patient #3 for possible involuntary detainment at 9:35 a.m., based on a referral from the psychiatric provider. SPBH made a referral to the DCR for evaluation despite the fact that, among other things, Patient #3's pre-discharge assessment indicated Patient #3 did not present an immediate risk to self, was not expressing thoughts of harming others, and was not displaying aggressive behavior. Patient #3 then withdrew their request to discharge at 10:05 a.m.

//

- E. On February 5, 2021, at approximately 8:30 a.m., Patient #3 requested discharge from SPBH. Patient #3 was discharged from SPBH on February 5, 2021 at approximately 11:25 a.m. and almost three hours after the original request for discharge was made.
- F. Patient #3 explained to the Program's surveyor that they withdrew their original request to be discharged on February 4, 2021 because their request was followed by "a number of horrific things that would happen to me if I went through with my request" including that their request to discharge would be denied, that law enforcement could become involved if they requested discharge, that Patient #3 could be detained for a minimum of two months at SPBH or Patient #3 would be taken to an emergency room psychiatric ward and legally detained.
- G. SPBH did not follow its own policy when discharging Patient #3. SPBH's policy requires that staff complete a C-SSRS form at the time discharge is requested so the psychiatric provider can consider, among other things, the results of the C-SSRS form when deciding whether to discharge the patient or make a referral to the DCR for evaluation.
  - i. Patient #3 requested discharge on February 4, 2021 at approximately 9:13 a.m. SPBH staff did not complete a C-SSRS form for Patient #3 after this request to discharge was made. The psychiatric provider notified Patient #3 of their determination to refer Patient #3 for evaluation by a DCR at 9:30am.
  - ii. Patient #3 requested discharge on February 5, 2021 at approximately 8:30 a.m. SPBH staff did not complete a C-SSRS form for Patient #3 until 10:43 a.m. The psychiatric provider notified Patient #3 of their determination to discharge Patient #3 at 8:50 a.m.
- H. SPBH failed to ensure Patient #3's individual service plan was mutually agreed upon when it was developed and failed to make a

copy available to Patient #3. The individual service plan contained in Patient #3's clinical record was not signed by anyone.

Additionally, there was no other documentation in Patient #3's clinical record that their individual service plan was mutually agreed upon and that a copy was made available to them.

**Patient #4**

- I. Patient #4 was referred for evaluation by a DCR for possible involuntary detainment when they did not present, as a result of a behavioral health disorder, an imminent likelihood of serious harm or as gravely disabled Patient #4 was admitted to SPBH on February 8, 2021. On February 20, 2021, at approximately 10:35 a.m., Patient #4 requested discharge from SPBH stating they felt great since getting quality sleep and felt they could manage their medications at home. Patient #4 was not immediately discharged from SPBH but instead was detained at SPBH until they were evaluated by a DCR. The DCR determined Patient #4 did not meet criteria to be detained under chapter 71.05 RCW and Patient #4 was discharged on February 10, 2021 at approximately 4:00 p.m. Patient #4 was referred for DCR evaluation despite the fact that, among other things, Patient #4's pre-discharge assessment indicated Patient #4 did not present an immediate risk to self, was not expressing thoughts of harming others, and was not displaying aggressive behavior. During an interview with the Program's surveyor, a SPBH staff member reviewed Patient #4's request for discharge and acknowledged that it appeared Patient #4 should have been released with no DCR contacted.
- J. SPBH did not follow its own policy when discharging Patient #4. SPBH's policy requires that staff complete a C-SSRS form at the time discharge is requested so the psychiatric provider can consider, among other things, the results of the C-SSRS form when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #4 requested discharge on

February 10, 2021 at approximately 10:35 a.m. SPBH staff did not complete a C-SSRS form for Patient #4 until 2:55 p.m. The DCR was called to evaluate Patient #4 for possible involuntary detainment at 12:10 p.m., based on a referral from the psychiatric provider.

- K. SPBH failed to ensure Patient #4's individual service plan was mutually agreed upon when it was developed and failed to make a copy available to Patient #4. The individual service plan contained in Patient #4's clinical record was not signed by Patient #4. Additionally, there was no other documentation in Patient #4's clinical record that their individual service plan was mutually agreed upon and that a copy was made available to them.

**Patient #6**

- L. SPBH failed to ensure Patient #6's individual service plan was mutually agreed upon when it was developed and failed to make a copy available to Patient #6. The individual service plan contained in Patient #6's clinical record was not signed by anyone. Additionally, there was no other documentation in Patient #6's clinical record that their individual service plan was mutually agreed upon and that a copy was made available to them.

1.8 The Program surveyor's observations related to Patient #1, Patient #2, Patient #3, Patient #4, and Patient #6 as outlined in paragraph 1.7 violated RCW 71.05.050(1) and (2), RCW 71.05.153(1), RCW 71.34.650(7), RCW 71.34.600(1), WAC 246-341-0600(1), WAC 246-341-1126(4)(c), and WAC 246-341-0620(1)(d). The observations related to RCW 71.05.050(1), WAC 246-341-1126(4)(c), and WAC 246-341-0620(1)(d) represent repeat deficiencies from the state licensing investigation completed on October 1, 2019.

1.9 On or about September 21, 2021, the Program received a complaint that alleged, among other things, SPBH violated patient rights by denying a patient's request to be evaluated for discharge and asking the patient to stay longer despite the patient completing their work and intended goals. The complaint also alleged SPBH staff lied to the patient when SPBH staff said the patient could leave anytime because SPBH



detained the patient for evaluation by a designated crisis responder (DCR) when the patient requested discharge.

1.10 On or about December 20, 2021, a Program surveyor completed a state licensing investigation at SPBH. As part of the state licensing investigation, the Program's surveyor reviewed clinical records of seven (7) patients who had received services from SPBH. On January 19, 2022, the Program issued a Statement of Deficiencies to SPBH detailing the surveyor's observations, which included the following:

**Patient #7**

- A. SPBH did not adhere to its own policy when Patient #7 requested discharge. SPBH's policy requires that staff complete a Columbia-Suicide Severity Rating Scale (C-SSRS) assessment at the time discharge is requested so that the psychiatric provider can consider, among other things, the results of the C-SSRS assessment when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #7 requested discharge on September 5, 2021 at 10:00 a.m. SPBH staff called the DCR to evaluate Patient #7 for possible involuntary detainment at 10:05 am. SPBH staff did not complete the C-SSRS assessment for Patient #7 until 10:24 a.m.
- B. At the time Patient #7 requested to be discharged, they did not present, as a result of a behavioral health disorder, an imminent likelihood of serious harm or as gravely disabled. Yet, Patient #7 was referred for evaluation by a DCR for possible involuntary detainment. Patient #7 should have been released immediately upon requesting discharge based on the documentation reviewed by the Program's surveyor. More specifically, Patient #7 was admitted to SPBH on September 2, 2021. On September 5, 2021 at 10:00 am, Patient #7 requested discharge from SPBH, stating, "I have my own appointments with my [psychiatric provider and

therapist], housing, and outpatient. I'm not getting therapy here. I have completed the workbook and there are no other resources here for me." Among other things, Patient #7's pre-discharge assessment indicated Patient #7 did not present an immediate risk to self; was not currently expressing thoughts of harming others; was not displaying aggressive behavior; understood their psychiatric condition, symptoms and diagnosis; understood the potential risks of early discharge; and had an actionable safety plan. Patient #7 had also denied suicidal ideations throughout their stay at SPBH. Instead of being immediately discharged from SPBH, Patient #7 was detained at SPBH until they were evaluated by a DCR. The DCR determined Patient #7 did not meet criteria to be detained under chapter 71.05 RCW, and Patient #7 was discharged on September 5, 2021, at approximately 12:15 p.m. During an interview with the Program's surveyor, Patient #7 reported that their experience at SPBH was really upsetting and that they did not think they would be punished for asking to leave.

**Patient #8**

- C. SPBH did not adhere to its own policy when Patient #8 requested discharge. SPBH's policy requires that staff complete a C-SSRS assessment at the time discharge is requested so that the psychiatric provider can consider, among other things, the results of the C-SSRS assessment when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #8 requested discharge on October 11, 2021 at 10:25 a.m. The DCR was called to evaluate Patient #8 for possible involuntary detainment at 10:50 a.m. SPBH staff did not complete the C-SSRS assessment for Patient #8 until 1:50 p.m.
- D. At the time Patient #8 requested to be discharged, they did not present, as a result of a behavioral health disorder, an imminent likelihood of serious harm or as gravely disabled. Yet, Patient #8

was referred for evaluation by a DCR for possible involuntary detainment. Patient #8 should have been released immediately upon requesting discharge based on the documentation reviewed by the Program's surveyor. More specifically, Patient #8 was admitted to SPBH on October 8, 2021. On October 11, 2021 at 10:25 a.m., Patient #8 requested discharge from SPBH, stating, "I don't want to detox anymore." Among other things, Patient #8's pre-discharge assessment indicated Patient #8 did not present an immediate risk to self; was not currently expressing thoughts of harming others; was not displaying aggressive behavior; and had an actionable safety plan. Patient #8 had also denied suicidal ideations throughout their stay at SPBH. Instead of being immediately discharged from SPBH, Patient #8 was detained at SPBH until they were evaluated by a DCR. The DCR determined Patient #8 did not meet criteria to be detained under chapter 71.05 RCW, and Patient #8 was discharged on October 11, 2021, at approximately 6:30 p.m.

**Patient #9**

- E. SPBH did not adhere to its own policy when Patient #9 requested discharge. SPBH's policy requires that staff complete a C-SSRS assessment at the time discharge is requested so that the psychiatric provider can consider, among other things, the results of the C-SSRS assessment when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #9 requested discharge on June 13, 2021 at 10:22 am. The DCR was called to evaluate Patient #9 for possible involuntary detainment at 11:20 a.m. SPBH staff did not complete the C-SSRS assessment for Patient #9 until 6:00 p.m.

//

//

**Patient #10**

- F. SPBH did not adhere to its own policy when Patient #10 requested discharge. SPBH's policy requires that staff complete a C-SSRS assessment at the time discharge is requested so that the psychiatric provider can consider, among other things, the results of the C-SSRS assessment when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #10 requested discharge on May 20, 2021 at 11:00 a.m. The DCR was called to evaluate Patient #10 for possible involuntary detainment at 11:30 a.m. SPBH staff did not complete the C-SSRS assessment for Patient #10 until 3:34 p.m.

**Patient #11**

- G. SPBH did not adhere to its own policy when Patient #11 requested discharge. SPBH's policy requires that staff complete a C-SSRS assessment at the time discharge is requested so that the psychiatric provider can consider, among other things, the results of the C-SSRS assessment when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #11 requested discharge on September 11, 2021 at 5:42 pm. The DCR was called to evaluate Patient #11 for possible involuntary detainment at 5:49 p.m. SPBH staff did not complete the C-SSRS assessment for Patient #11 until 9:00 p.m.

**Patient #12**

- H. SPBH did not adhere to its own policy when Patient #12 requested discharge. SPBH's policy requires that staff complete a C-SSRS assessment at the time discharge is requested so that the psychiatric provider can consider, among other things, the results of the C-SSRS assessment when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #12 requested discharge on July 23, 2021 at 2:05 p.m. The DCR was

called to evaluate Patient #12 for possible involuntary detainment at 2:50 p.m. SPBH staff did not complete the C-SSRS assessment for Patient #12 until 5:35 p.m.

- I. Patient #12 made two requests to be discharged while admitted to SPBH. At the time, Patient #12 did not present, as a result of a behavioral health disorder, an imminent likelihood of serious harm or as gravely disabled. Yet, SPBH did not initiate the discharge process upon the first request. And, in response to the second request, Patient #12 was referred for evaluation by a DCR for possible involuntary detainment. Patient #12 should have been released immediately upon requesting discharge on both occasions based on the documentation reviewed by the Program's surveyor. More specifically, Patient #12 was admitted to SPBH on July 21, 2021. During admission, SPBH staff documented that "[Patient #12] denies [suicidal ideation, Patient #12] denies [homicidal ideation] plan and intent. [Patient #12] is able to contract for safety and self-care outside of the hospital setting. [Patient #12's] daughter reports that she feels safe having [Patient #12] return back home." Patient #12's Psychiatric Evaluation, completed on July 22, 2021, also documented that Patient #12 "clearly denies suicidal or homicidal ideations," and even though Patient #12 heard multiple voices, they did not tell Patient #12 to kill themselves or harm anyone. Additionally, Patient #12's pre-discharge assessment indicated Patient #12 did not present an immediate risk to self; was not currently expressing thoughts of harming others; was not displaying aggressive behavior; understood their psychiatric condition, symptoms and diagnosis; understood the expected benefit of inpatient treatment; understood the potential risks of early discharge; and had an actionable safety plan. Patient #12 had also denied suicidal ideations throughout their stay at SPBH. On July 22, 2021 at approximately 9:00 p.m., SPBH staff documented that Patient #12 requested to be discharged. SPBH staff did not

initiate the discharge process upon this request. During an interview, Patient #12 informed the Program's surveyor that SPBH staff did not offer the "Request for Early Discharge" form to fill out, and instead told Patient #12 they had to wait until the next day because some necessary individual was not there to address the request. On July 23, 2021, Patient #12 did receive and complete the "Request for Early Discharge" form, at 2:05 p.m. Instead of being immediately discharged from SPBH, Patient #12 was detained at SPBH until they were evaluated by a DCR. The DCR determined Patient #12 did not meet criteria to be detained under chapter 71.05 RCW, and Patient #12 was discharged on July 23, 2021, at approximately 5:35 p.m.

1.12 The Program surveyor's observations related to Patient #7, Patient #8, Patient #9, Patient #10, Patient #11, and Patient #12, as outlined in Paragraph 1.11, violated WAC 246-341-0410(4)(a), WAC 246-341-0600(1), and RCW 71.05.050(1) and (2). The observations related to RCW 71.05.050(1) represent a repeat deficiency cited from the initial state licensing investigation completed on October 1, 2019, and the follow-up compliance visit completed on April 7, 2021. The observations related to RCW 71.05.050(2) and WAC 246-341-0600(1) represent repeat deficiencies cited from the follow-up compliance visit completed on April 7, 2021.

1.13 On or about February 2, 2022, SPBH submitted a Plan of Correction for each deficiency noted in the January 19, 2022 Statement of Deficiencies. The Program did not accept this Plan of Correction.

## **2. CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, the Secretary makes the following Conclusions of Law:

2.1 The Secretary, acting through his designee, has jurisdiction over the licensee, Vest Seattle LLC dba Smokey Point Behavioral Hospital (SPBH) license no. BHA.FS.60874194, and over the subject matter of this proceeding under chapters 71.05 RCW, 71.24 RCW, 71.34 RCW and 246-341 WAC.

2.2 The findings of fact constitute violations of RCW 71.05.050(1) and (2), RCW 71.05.153(1), RCW 71.34.650(7), RCW 71.34.600(1), WAC 246-341-0600(1), WAC 246-341-1126(4)(c), WAC 246-341-0620(1)(d), and WAC 246-341-0410(4)(a).

2.3 The above violations demonstrate that SPBH has failed to comply with chapters 71.05 RCW, 71.24 RCW, 71.34 RCW, and 246-341 WAC.

2.4 SPBH's failure to comply with chapters 71.05 RCW, 71.24 RCW, 71.34 RCW, and 246-341 WAC provides grounds for the Secretary to deny, suspend, revoke, or place on probation SPBH's license or specific program certifications under RCW 43.70.115, chapter 71.24 RCW, WAC 246-341-0335, and WAC 246-341-0605.

2.5 SPBH's failure to comply with chapters 71.05 RCW, 71.24 RCW, 71.34 RCW, and 246-341 WAC provides grounds for the Secretary to assess a fee under RCW 43.70.250, WAC 246-341-0335(5), WAC 246-341-0365(5) and (7), and WAC 246-341-0605(5).

2.6 SPBH has the right to contest the Secretary's decision to deny, suspend, revoke, or place on probation its license by requesting an adjudicative proceeding within twenty-eight (28) days of receipt of the department's decision. RCW 43.70.115.

2.7 The Secretary may indicate when and under what circumstances an order may become an effective Final Order. RCW 43.70.115(2) and RCW 34.05.461.

### 3. NOTICE OF SUSPENSION

Based on the above Findings of Fact and Conclusions of Law, the Secretary, through his designee, enters the following:

3.1 SPBH's License No. BHA.FS.60873329 and associated certifications are **SUSPENDED**. The **SUSPENSION** shall commence when this Notice becomes a Final Order.

3.2 This Notice will become a **FINAL ORDER** without further notice twenty-eight (28) days from the date of receipt absent a timely request for an adjudicative proceeding.

### 4. REQUEST FOR AN ADJUDICATIVE PROCEEDING

If you wish to contest the Secretary's decision in this matter, you or your representative must, file a written request with the department's Adjudicative Clerk's Office (ACO) in a manner that shows proof of the service on the ACO within **TWENTY-EIGHT (28) days** of receipt of this decision. Please use the enclosed form labeled "Application for Adjudicative Proceeding."

The mailing address is:

Department of Health  
Adjudicative Service Unit  
P.O. Box 47879  
Olympia, WA 98504-7879

The physical address is:


Department of Health  
Adjudicative Service Unit  
310 Israel Road SE  
Tumwater, WA 98501

A copy of the Secretary's decision must be attached to the Application for an Adjudicative Proceeding. **FILING SHALL NOT BE DEEMED COMPLETE UNTIL THE ACO ACTUALLY RECEIVES THE APPLICATION.**

You or your representative's **FAILURE** to submit an Application for an Adjudicative Proceeding within **TWENTY-EIGHT (28)** days of receipt of this decision will constitute a waiver of the right to a hearing; the department may decide this matter without you or your representative's participation and without further notice.

DATED: September 13, 2022

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
BEHAVIORAL HEALTH AGENCY PROGRAM

  
\_\_\_\_\_  
John Williams (Sep 12, 2022 08:02 PDT)

JOHN WILLIAMS  
EXECUTIVE DIRECTOR  
BEHAVIORAL HEALTH AGENCY PROGRAM