Certified Mail # 7017 XXXX XXXX XXXX XXX XXX
Return Receipt Requested

Oregon Department of Human Services
Aging and People with Disabilities
Safety, Oversight and Quality
PO Box 14530
Salem, Oregon 97309

In the Matter of SAMPLE LLC	)	Notice of Assessment
dba Name of Long Term Care Referral Agency	)	of Civil Penalty
a Long Term Care Referral Agency	)	#RACP19-001

TO: SAMPLE, LLC, Registered Agent
dba Name of Long Term Care Referral Agency
Mailing Address
Anytown OR 970XX

AUTHORITY[1]

This Notice is being sent to you pursuant to Oregon Revised Statutes ("ORS") 443.370 through 443.376 and the Oregon Administrative Rules (OARs) that implement those statutes.

Agent RESPONSIBILITY

During the times mentioned in this Notice, SAMPLE, LLC (the "Registrant") was registered by the Oregon Department of Human Services (the “Department”) to operate SMAPLE, LLC, a Long Term Care Referral Agency (the “Agent”). The Licensee violated Oregon Administrative Rules ("OAR") as stated below.

OAR 411-058-0030 provides that “The referral agent must maintain records documenting the provision of the disclosure statement to the client for a duration prescribed in OAR 411-058-0050,” and that “The disclosure statement may be made orally if the referral agent makes an audio recording of the disclosure with the consent of the client and thereafter provides the client with a written disclosure.”

1 Section titles are provided solely as a convenience and should not be construed as having any legal significance

SAMPLE

OAR 411-058-0050 provides that "A referral agent must maintain a client's records for a minimum of three years after the client is no longer receiving services from that referral agent." DHS proposes to impose civil penalties based on OAR 411-058-0100 based on the following statement of violations.

STATEMENT OF VIOLATION

The Long Term Care Agency Complaint investigation #RA00019 initiated on January 20, 2019, and incorporated into this notice by reference substantiated the following:

Evidence and interviews indicated the SAMPLE, LLC's failure to provide Client #A, a Department approved disclosure statement. In addition, evidence and interviews indicated the referral agencies failure to maintain records documenting the provision of the disclosure statement to Client #A.

This conduct constituted a violation of the following Oregon Administrative rules:

411-058-0030 Disclosure Statement
411-058-0050 Client Records

ASSESSMENT OF CIVIL PENALTY

The Department intends to impose the following civil penalty against SAMPLE LLC. in the amount of:

- **$250.00** for violation of OARs 411-085-0030(3)) & (5);
- **$250.00** for violation of OARs 411-085-0050(2);

for a total of **$500.00.**

Appeal Rights

Written Response: You have the right to submit a written response to this Notice. If you would like to submit a written response, you must first send written notice of your intent to submit a written response to the email address listed below. The Department must receive your written notice of intent within **fourteen (14) calendar days** from the day you received this Notice. The Department must receive your actual written response within **thirty (30) calendar days** from the day you received this Notice. Your written response should include: whether you agree or disagree with the facts or findings in this Notice; any legal defenses you may have to the findings; and, any relevant new information you may have that you want the Department to consider.

SAMPLE

Contested Case Hearing: You are also entitled to have a contested case hearing as provided in ORS Chapter 183, the Administrative Procedures Act. You may have an attorney represent you before and during the hearing. If you want a hearing, you must send a written request for a hearing to the email address listed below. The Department must receive your written request within **fourteen (14) calendar days** from the day you received this Notice. If you submit a written request within that time, the Department will offer to meet with you informally regarding this sanction. Once your hearing is scheduled, you will be given information on the hearing process in accordance with ORS 183.413 (2) and advised of the time and place of the hearing.

Note: If you want to provide a written response and preserve your right to a hearing, the Department must receive **BOTH** your written notice of intent to submit a response and your written hearing request within **fourteen (14) calendar days** from the day you received this Notice.

Review: The Department will review any additional information from either your written response or the informal conference and may decide to maintain, reduce or rescind the civil penalty. You will be notified of the Department's decision.

Default: You will be in default if you: do not request a hearing within the time allowed; request a hearing and later withdraw your request; request a hearing and do not appear at the time and place; or notify the Department that you will not appear at the hearing and the Department does not reschedule the hearing. If you are in default, the Department will not hold a hearing. The record of the proceedings to date (including the information in the Department's file or files on the subject of the contested case) will automatically become part of the contested case record for the purpose of making a *prima facie* case and the Department may issue a final order by default.

Note to Military Personnel: Active duty service members have a right to stay these proceedings under the federal Service members Civil Relief Act. For more information, you may contact the Oregon State Bar (800-452-8260), the Oregon Military Department (800-452-7500), or the nearest legal assistance office, http://legalassistance.law.af.mil.

Please use this email address to send any of the Appeal Rights responses:
LTCR.Info@dhsoha.state.or.us
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SAMPLE

Contact Person

Questions or requests concerning this civil penalty should be directed to:

Ann Birch, Corrective Action Coordinator
Aging and People with Disabilities
Safety, Oversight and Quality
PO Box 14530
Salem, Oregon 97309
LTCR.Info@dhsoha.state.or.us
Telephone: 503-373-1931 / Fax: 503-378-8966

DATED: _____ _____

Jack Honey, Deputy Administrator
Aging and People with Disabilities
Safety, Oversight and Quality

cc: LTCO: Director
APD Local Office

NOTE: Please use #RACP19-001 on all correspondence/payments. To ensure proper crediting, send your payment to: **DHS/OHA SHARED SERVICES, OFS RSTARS RECEIVABLES, PO BOX 4325, PORTLAND OR 97208-9992.**

SAMPLE