



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

March 14, 2016

CERTIFIED MAIL 7007 1490 0003 4197 0008

Licensee, Le Chateau LLC.
Le Chateau
10615 School Land Road SW
Rochester, WA 98579

Adult Family Home License #**483301**
Entity Representative: Bessie Lewis

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On March 9, 2016, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at **10615 School Land Road SW, Rochester**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The conditions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **March 9, 2016**.

WAC 388-76-10475(1)(2)(a) – Medication--Log.

The licensee failed to ensure the accuracy of the medication logs for six residents.

This is a repeat or uncorrected deficiency from July 31, 2015, December 4, 2015, January 26, 201 and February 17, 2016.

NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

The department has determined that the following conditions shall be placed on your adult family home license:

The provider, at her own expense, must hire a Registered Nurse consultant familiar with Adult Family Home licensing regulations to assist the provider to develop and implement a safe medication management system ensuring (but not limited to):

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- *Residents receive all medication as prescribed;*
- *Current physician orders are obtained and maintained for each resident;*
- *Medication logs are accurate and up to date;*
- *Medication refusals are accurately documented and*
- *All caregivers receive training regarding the medication management system.*

The nurse consultant will also assist the provider to develop and maintain a system to ensure all residents assessments are updated in response to changing care and service needs.

The nurse consultant must be hired by March 21, 2016.

The nurse consultant will be available to the Department to answer questions.

The nurse consultant will monitor the adult family home at least once weekly until the identified violations are corrected.

The Provider will give the nurse consultant a copy of the March 9, 2016 Statement of Deficiencies (SOD).

The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.

The effective date of the conditions on your license is **March 11, 2016** via **verbal** notice to you. As provided in RCW 70.128.162(b), WAC 388-76-10990 (6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Janice Jiles, Field Manager
Region 3, Unit D
PO Box 45819
Olympia, WA 98504-5819
Phone: (360) 664-8421 / Fax: (360) 664-8451

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Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

Formal Administrative Hearing

You may contest the conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.
- If you are requesting an **expedited** hearing for a summary suspension, stop placement or conditions on your home within **60 days**, you must provide a statement stating that you wish to have an **expedited** review. **Note:** No other actions qualify for an expedited review hearing.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

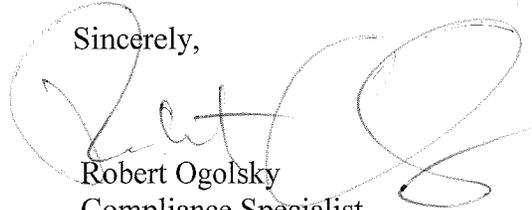
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Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If you have any questions, please contact Janice Jiles, Field Manager at (360) 664-8421.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Ogolsky', is written over a circular stamp. The signature is fluid and cursive.

Robert Ogolsky
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit D
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
HQ Central Files
ndl