



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

March 31, 2016

CERTIFIED MAIL 7007 1490 0003 4196 1839

Licensee, Tall Cotton, LLC.
Tall Cotton, LLC.
222 Bytha Way
Port Angeles, WA 98363

Adult Family Home License #750953
Entity Representative: Tammi Wilhite

**IMPOSITION OF CIVIL FINES AND
CONDITIONS ON A LICENSE**

Dear Licensee:

On March 11, 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 civil fines and conditions on the license for your adult family home, located at **222 Bytha Way, Port Angeles**, 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 civil fines and 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 11, 2016**.

Civil Fine

WAC 388-76-10375(1)(2) – Negotiated care plan—Signatures--Required. **\$100.00**

The licensee failed to obtain signatures on negotiated care plans.

This is an uncorrected citation from December 4, 2015.

WAC 388-112-0110(1)(3)(a)(b)(c)(4)(5) – What is specialty training and who is required to take specialty training? **\$100.00**

The licensee failed to ensure all staff completed specialty training.

This is an uncorrected citation from December 4, 2015.

Licensee, Tall Cotton, LLC.
Tall Cotton, LLC.
License #750953
March 31, 2016
Page 2

Conditions on License

WAC 388-76-10400(2)(3)(a)(b)(c)(4) – Care and services.

The licensee failed to ensure one resident received care and services necessary to alleviate pain.

WAC 388-76-10430(1)(2)(c)(d)(3) – Medication system.

The licensee failed to ensure medications were documented and given as ordered by physician for one resident.

This is a repeat citation from December 4, 2015.

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

1. *The licensee, at the licensee's expense, must obtain a nurse consultant to assist the licensee to develop and implement a system to ensure skin care needs are met. This will include but is not limited to:*
 - *Causes of pressure sores/ulcers;*
 - *Identify which residents are at risk for pressure ulcers;*
 - *What to do if skin problems are identified i.e. proper positioning;*
 - *Required reporting;*
 - *Identify which skin care tasks require nurse delegation;*
 - *Ways on how to promote healthy skin and prevent sores;*
 - *Updating the care plan; and*
 - *Pain management.*
2. *The consultant must be hired by April 8, 2016.*
3. *The consultant will be available to answer questions from the department.*
4. *The licensee will provide the consultant a copy of the March 11, 2016 Statement of Deficiencies (SOD).*
5. *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

These conditions are effective on **March 30, 2016** via **verbal** notice to you and remain in effect until lifted by formal Department of Social and Health Services notice.

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

Licensee, Tall Cotton, LLC.
Tall Cotton, LLC.
License #750953
March 31, 2016
Page 3

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

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

Licensee, Tall Cotton, LLC.
Tall Cotton, LLC.
License #750953
March 31, 2016
Page 4

Formal Administrative Hearing

You may contest the civil fines and conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fines and 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.

Send your **written** request to:

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

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$200.00** payable to the 'Department of Social and Health Services' at:

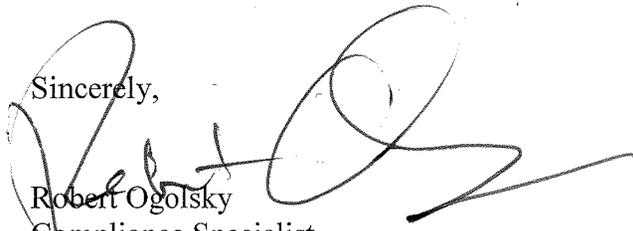
DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

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

Licensee, Tall Cotton, LLC.
Tall Cotton, LLC.
License #750953
March 31, 2016
Page 5

Sincerely,



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
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
ndl