

December 26, 2012
CERTIFIED MAIL
7008 1300 0000 7158 2127

Administrator
Northwest Retirement Center
610 N Fife St
Tacoma, WA 98406

Boarding Home License #1035
Licensee: Northwest Retirement Inc

IMPOSITION OF CIVIL FINE

Dear Administrator:

This letter constitutes formal notice of a civil fine for your assisted living facility located at **619 N Fife St, Tacoma, Washington**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in the Laws of 1998, Chapter 272; RCW 18.20.190.

The civil fine is based on the following violations of the Revised Code of Washington (RCW) and/or the Washington Administrative Code (WAC) found by the department in your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on December 14, 2012.

WAC 388-78A-2210 Medication services (1)(a)(b) \$100.00 per resident x 2 residents = \$200.00

The facility failed to ensure a safe medication system was in place for two residents in regards to insulin administration, blood sugar parameters and a resident not receiving his PRN (whenever necessary) medication.

WAC 388-78A-2700(2)(a)(c)(i)(ii)(iii) Safety measures and disaster preparedness.

\$100.00 per resident x 4 residents = \$400.00

The facility failed to ensure an investigation was done when a resident fell two times; protective measures were taken when an accusation of staff abuse was made; that the grounds and building were free from cigarette butts and a grievance against a staff was investigated.

You may contest the civil fine by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

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

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$600.00** payable to the Department of Social and Health Services. The check should be sent to:

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

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue 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) calendar days, the balance due the department will be recovered.

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

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

**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-2645**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You must:

Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in you plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Send your plan to:

Dahl Kim, Field Manager
District 3, Unit A
PO Box 45819
Olympia WA, 98504-5819
Phone: (360) 725-2255 / Fax: (360) 992-7969

If you have any questions, please call Dahl Kim at (253) 983-3826.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

cc: Robert Ogolsky, Compliance Specialist
RCS Field Manager – District 3, Unit A
RCS District Administrator – District 3
HCS Regional Administrator – Region 3
DDD Regional Administrator – Region 3
Washington State Long Term Care Ombudsman
Area Agency on Aging, AAA- Kitsap
Medicaid Fraud Control Unit
Judi Plesha, HCS