



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

November 1, 2016

CERTIFIED MAIL #7008 1300 0000 7187 4949

Administrator
Washington Odd Fellows Home
534 Boyer Avenue
Walla Walla WA 99362

Assisted Living Facility License #125
Licensee: Washington Odd Fellows Home

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On October 19, 2016, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of the imposition of conditions on the license for your assisted living facility, also known as **Washington Odd Fellows Home**, located at **534 Boyer Avenue, Walla Walla**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The conditions on the license is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 19, 2016**.

WAC 388-78A-2120 Monitoring residents' well-being.

The licensee failed to provide ongoing monitoring specifically focused on the potential risks association following a fall with head injury for a resident.

WAC 388-78A-2600 Policies and procedures.

The licensee failed to ensure that an Abuse Prohibition and Reporting Policy and Procedure was implemented for a resident who had a fall with a head injury.

WAC 388-78A-2630 Reporting abuse and neglect.

The licensee failed to ensure each staff person made a report to the department's Aging and Disability Services Administration Complaint Resolution Unit after a family member alleged facility staff neglected a resident after a fall with a known head injury.

WAC 388-78A-2640 Reporting significant change in a resident's condition.

The licensee failed to consult with a resident's representative and physician when a resident fell and sustained a head injury.

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 assisted living facility license:

- ***The licensee at the licensee's expense, must hire a registered nurse consultant, not associated with the facility to assist the licensee to implement a system to ensure resident safety. This will include but is not limited to:***
 - ***Reviewing all policies and procedures related to Abuse and Neglect***
 - ***Reporting of abuse and neglect per WAC 388-78A-2630 and RCW 74.34***
 - ***Monitoring resident change in condition per WAC 388-78A-2120***
 - ***Training to all staff regarding:***
 - ***abuse and neglect policies and procedures;***
 - ***recognition of neglect and actions to take in response to such allegations/incidents;***
 - ***education on monitoring resident change of condition with a focus on evaluating possible head injuries for residents after a fall and an additional focus on resident receiving blood thinning medications;***
- ***This education and training must include all facility staff including the Administrator and Director of Nursing and must occur no later than November 30, 2016.***
- ***The facility must give a copy of the October 19, 2016 Statement of Deficiencies to the Consultant.***
- ***The Consultant must contact the Field Manager to review the plan and content of training prior to implementation.***
- ***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 **November 1, 2016**. As provided in RCW 78.20.125(2), WAC 388-78A-3220, the effective date of the conditions on our license will not be postponed pending an administrative hearing or informal dispute resolution review.

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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:

Chana White, Field Manager
Region 1, Unit C
3611 River Road, Suite 200
Yakima, WA 98902
Phone: (509) 225-2823 / Fax: (509) 574-5597

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 18.20.195]

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

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Formal Administrative Hearing

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

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

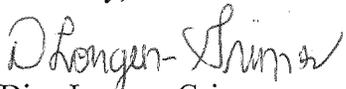
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

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

If you have any questions, please contact Chana White, Field Manager at (509) 225-2823.

Sincerely,


Dina Longen-Grimes
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit C
RCS Regional Administrator, Region 1
HCS Regional Administrator, Region 1
DDA Regional Administrator, Region 1
WA LTC Ombuds
HQ Central Files
bam