



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600
February 21, 2014

CERTIFIED MAIL 7008 1300 0000 7187 5991

Administrator
Hawthorne Court
524 N. Ely
Kennewick WA 99336

Assisted Living Facility License #1268
Licensee: HCRC LLC

**STOP PLACEMENT ORDER PROHIBITING ADMISSIONS
CONDITIONS ON A LICENSE**

Dear Administrator:

On February 10, 2014, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection at your facility. This letter constitutes formal notice of a stop placement order prohibiting admissions and the imposition of conditions on the license for your assisted living facility, located at **524 N. Ely, Kennewick**, 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 stop placement order prohibiting admissions and 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 **February 10, 2014**.

WAC 388-78A-2090(6)(e) Full assessment topics.

The licensee failed to ensure staff completed assessments for the entrapment risks posed by transfer poles and/or side rails on beds for two residents.

WAC 388-78A-2100(1)(2)(a)(b) On-going assessments.

The licensee failed to conduct an assessment addressing each resident's needs at least annually and/or failed to complete focused, on-going assessments for eight residents.

WAC 388-78A-2130(3)(a)(b) Service agreement planning.

The licensee failed to ensure the negotiated service agreements for three residents with changes were updated in a timely manner.

WAC 388-78A-2210(1)(b)(2)(a)(b) Medication services.

The licensee failed to implement a safe medication system and to ensure each resident received medications as prescribed for seven residents. This is a repeat violation of deficiencies cited on September 27, 2011, December 6, 2012, and February 10, 2014.

The stop placement order prohibiting admissions to your assisted living facility is effective immediately upon verbal notice to you on **February 21, 2014**, and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20.190(4). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your assisted living facility. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Jo Whitney, Field Manager, at (509) 225-2823.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement of admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

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

- ***The licensee must hire a licensed registered nurse (RN) consultant by February 27, 2014, who is not affiliated with the facility and is familiar with Assisted Living Facilities licensing laws and regulations, to assist the facility in developing a new medication system, or modifying the existing facility medication system, and implementation of an effective medication management system that meets the needs of the residents. The system must include a quality review process to ensure residents receive their medications as ordered, and that insulin orders, including sliding scale coverage, are clear and concise.***

- *The licensee will provide the RN consultant a copy of the February 10, 2014 Statement of Deficiencies, and copies of the September 27, 2011 and December 6, 2012 full licensing inspection Statement of Deficiencies.*
- *The RN consultant will audit the medication system weekly.*
- *The RN will assist the facility in developing systems to ensure resident assessments and negotiated service plans meet resident needs, including auditing all residents' records to make sure assessments and negotiated service agreements are up-to-date.*
- *The licensee will have the RN consultant audit reports available to Residential Care Services staff when requested.*
- *The licensee must post this Notice of Conditions, with the license, in a visible location in a common use area.*

These conditions are effective on **February 21, 2014** and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations which resulted in a/the stop placement order and the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

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:

Robert Gutierrez, Field Manager
District 1, Unit D
3611 River Road, Suite 200
Yakima, WA 98902
Phone: (509) 225-2813 / 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.

Administrator
Hawthorne Court
February 21, 2014
Page 4

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

Formal Administrative Hearing

You may contest the stop placement order and conditions on the license by requesting a formal administrative hearing to challenge the deficiencies which resulted in the stop placement order and 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

Administrator
Hawthorne Court
February 21, 2014
Page 5

If you have any questions, please contact Robert Gutierrez at (509) 225-2813.

Sincerely,



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

Enclosure

cc: Bett Schlemmer, Compliance Specialist
Field Manager, District 1, Unit D
RCS District Administrator, District 1
HCS District Administrator, District 1
DDD District Administrator, District 1
WA LTC Ombuds
Judy Plesha, HCS
BAM

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: ___Hawthorne Court_____

ADDRESS: ___524 N. Ely, Kennewick, WA 99336_____

DATE REQUEST FAXED: _____ **DATE MAILED:** _____

TO: ___Robert Gutierrez___, Field Manager, Region __1__ Unit __D__

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

- 1.
- 2.
- 3.
- 4.
- 5.

Licensee or Designee Signature

Date

NOTICE OF CONDITIONS ON LICENSE

February 21, 2014

Based on the Statement of Deficiencies dated February 10, 2014, the Department of Social and Health Services imposes the following conditions on the license of *Hawthorne Court, License #1268, located at 524 N. Ely, Kennewick, Washington.*

- *The licensee must hire a licensed registered nurse (RN) consultant by February 27, 2014, who is not affiliated with the facility and is familiar with Assisted Living Facilities licensing laws and regulations, to assist the facility in developing a new medication system, or modifying the existing facility medication system, and implementation of an effective medication management system that meets the needs of the residents. The system must include a quality review process to ensure residents receive their medications as ordered, and that insulin orders, including sliding scale coverage, are clear and concise.*
- *The licensee will provide the RN consultant a copy of the February 10, 2014 Statement of Deficiencies, and copies of the September 27, 2011 and December 6, 2012 full licensing inspection Statement of Deficiencies.*
- *The RN consultant will audit the medication system weekly.*
- *The RN will assist the facility in developing systems to ensure resident assessments and negotiated service plans meet resident needs, including auditing all residents' records to make sure assessments and negotiated service agreements are up-to-date.*
- *The licensee will have the RN consultant audit reports available to Residential Care Services staff when requested.*
- *The licensee must post this Notice of Conditions, with the license, in a visible location in a common use area.*

These conditions are effective on February 21, 2014, and remain in effect until lifted by formal Department of Social and Health Services notice.



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