



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

August 6, 2015

CERTIFIED MAIL 7008 1300 0000 7188 3446

Administrator
Hawthorne Court
524 North Ely
Kennewick, WA 99336

Assisted Living Facility License #1268
Licensee: HCRC LLC.

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

Dear Administrator:

On July 27, 2015, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of a civil fine and the imposition of conditions on the license for your assisted living facility, also known as **Hawthorne Court**, located at **524 North 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 civil fine 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 **July 27, 2015**.

Civil Fine

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

\$100.00

The licensee failed to provide safe medication service that ensured residents received their medication as prescribed.

This is a repeat deficiency from December 6, 2012 and February 10, 2014.

Conditions on License

WAC 388-78A-2120(2)(a)(b)(3)(a)(4) – Monitoring residents' well-being.

The licensee failed to identify changes in residents' condition, evaluate and take appropriate action in response to changes for three residents.

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

The licensee failed to provide safe medication service that ensured residents received their medication as prescribed.

This is a repeat deficiency from December 6, 2012 and February 10, 2014.

WAC 388-78A-2320(2)(d) – Intermittent nursing services systems.

The licensee failed to ensure development of the nursing component of the negotiated service agreement (NSA) for two residents.

The department has determined that the following conditions shall be placed on your assisted living facility license:

The licensee will hire a Registered Nurse Consultant, not associated with the facility, to assist the licensee to:

- ***Assess the current medication system and if necessary, develop a new system or modify the existing system to comply with all applicable medication regulations for assisted living facilities to include WAC 388-78A-2210 through WAC 388-78A-2290 and demonstrate compliance for a period of six months.***
- ***Audit the medication delivery system until such a time as the facility can demonstrate with WAC 388-78A-2210.***
- ***Develop, implement and maintain an effective system for identifying, reporting and taking action for residents with a change of condition as described in WAC 388-78A-2120.***
- ***Review all current resident assessments to identify any assessments requiring updating for intermittent nursing services and assist the facility in the creation of a system for ensuring updates are completed and a system to ensure compliance with WAC 388-78A-2320.***

The licensee will provide the Registered Nurse Consultant with a copy of the July 27, 2015 Statement of Deficiencies (SOD).

The Registered Nurse Consultant must be available to the Department for questions.

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 **August 6, 2015** and remain in effect until lifted by formal Department of Social and Health Services notice.

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NOTE: These are the violations which resulted in the fine and conditions; 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
Region 1, Unit C
3611 River Road, Suite 200
Yakima, WA 98902
Phone: (509) 225-2813 / Fax: (509) 574-5597 or (509) 454-7890

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 civil fine by requesting a formal administrative hearing to challenge the deficiency which resulted in the civil fine. **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

Payment:

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

Mail a check for **\$100.00** 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 Robert Gutierrez, Field Manager at (509) 225-2813.

Sincerely,


Dina Longen-Grimes, RN, MSN
Compliance Specialist
Residential Care Services

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