



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

December 8, 2015

CERTIFIED MAIL 7007 1490 0003 4197 1128

Administrator
The Village Retirement and Assisted Living
1201 Pacific Avenue, Suite 450
Tacoma, WA 98402

Assisted Living Facility License #1477
Licensee: Senior Services of America I LLC.

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

Dear Administrator:

On November 23, 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 civil fines and the imposition of conditions on the license for your assisted living facility, also known as **The Village Retirement and Assisted Living**, located at **4707 South Orchard Street, Tacoma**, 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 fines 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 **November 23, 2015**.

Civil Fines

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

\$100.00

X Eight Days = \$800.00

The licensee failed to investigate an incident affecting the health and life of one resident, determine the circumstances and document investigative actions and findings in a timely manner.

This is a repeated deficiency from October 2, 2014 and April 10, 2015.

Conditions on License

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

The licensee failed to implement safe medication services and ensure one resident received medication for chest pain as prescribed.

This is a repeated and/or uncorrected deficiency from July 11, 2013, December 3, 2013 and October 14, 2015.

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

The licensee failed to investigate an incident affecting the health and life of one resident, determine the circumstances and document investigative actions and findings in a timely manner.

This is a repeated deficiency from October 2, 2014 and April 10, 2015.

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

The licensee will hire at their own expense a Registered Nurse consultant, not previously or currently associated with the facility, knowledgeable of investigating incidents of potential abuse and/or neglect, medication systems and monitoring resident change of condition to assist the licensee as follows:

- *Train the Administrator and other designees identified by the facility in the investigation process per the July 2011 Boarding Home Guidebook to ensure a clear understanding of how to thoroughly investigate allegations of possible abuse and/or neglect.*
- *Train qualified staff on identifying, evaluating and taking action on resident recurring conditions and/or change of condition related to cardiovascular changes.*
- *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.*
- *The consultant must be available to the Department for questions.*

The licensee must hire the nurse consultant no later than January 4, 2016.

The licensee will provide the Registered Nurse consultant a copy of the November 23, 2015 Statement of Deficiencies (SOD).

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The licensee must maintain documentation of completion of training in staff files.

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 **December 8, 2015** 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.

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:

Lisa Cramer, Field Manager
Region 3, Unit A
PO Box 98907
Lakewood, WA 98496
Phone: (253) 983-3826 / Fax: (253) 589-7240

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.

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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 civil fines by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fines. **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 fines is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$800.00** 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 Lisa Cramer, Field Manager at (253) 983-3826.

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Sincerely,

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

Enclosure

cc: Field Manager, Region 3, Unit A
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