



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 28, 2014

CERTIFIED MAIL 7008 1300 0000 7187 6110

Administrator
Rosetta Assisted Living Olympia
c/o 1079 S. Ancona Avenue, Suite 110
Eagle ID 83616

Assisted Living Facility License #1527
Licensee: Americare LLC

**LIFT PENDING CONDITIONS ON A LICENSE,
IMPOSITION OF CIVIL FINE, AND
IMPOSITION OF NEW CONDITIONS ON A LICENSE**

Dear Administrator:

On February 18, 2014, the Department of Social and Health Services (DSHS), Residential Care Services verbally imposed temporary conditions on the license of your assisted living facility, pending completion of an investigation alleging possible violations of WAC 388-78A-2450 Staff. On February 27, 2014, the Department completed the investigation. The temporary conditions imposed on your license are lifted, effective February 28, 2014.

This letter constitutes formal notice of the imposition of a civil fine and the imposition of new conditions on the license for your assisted living facility, also known as **Rosetta Assisted Living, Olympia**, located at **1208 W. 11th Place, 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 is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **February 27, 2014**.

Civil Fine

WAC 388-78A-2120(2)(a)(3)(a)(4) Monitoring residents' well-being. \$600.00
\$100.00 x 6 days; February 14, 2014 through February 19, 2014

The licensee failed to monitor and make appropriate notifications in order to determine and implement the appropriate treatment for to pressure ulcers that were discovered on a resident.

WAC 388-78A-2160 Implementation of negotiated service agreement. \$100.00

The licensee failed to provide the showering services twice weekly as directed in the negotiated service agreement for a resident.

WAC 388-78A-3170(1)(j)(k) Circumstances resulting in enforcement remedies. \$100.00

The facility's registered nurse knowingly lied to the facility administrator regarding the assessment and physician notification for a resident when the resident developed pressure ulcers.

Conditions on License

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 **February 27, 2014**.

WAC 388-78A-2450(1)(a) Staff.

The licensee failed to consistently provide sufficient trained staff to monitor and provide behavioral interventions if necessary for a resident who had physically abused another resident, and to prevent another similar incident.

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

- *The licensee must have two qualified caregivers on duty on the night shift as long as Resident #1 resides in the home.*
- *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 28, 2014, and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations which resulted in civil fine and the 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.

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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.

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 civil fine and the conditions on the license by requesting a formal administrative hearing to challenge the deficiencies which resulted in the enforcement actions. **All hearing requests must be in writing and include:**

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

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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.

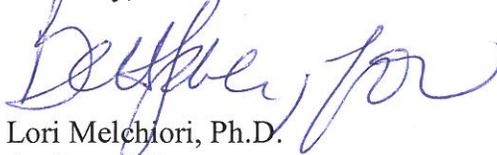
Mail a check for **\$800.00** payable to the 'Department of Social and Health Services' at:

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 Robert Gutierrez, Field Manager, 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
Office of Financial Recovery, Vendor Program Unit
Judy Plesha, HCS
BAM

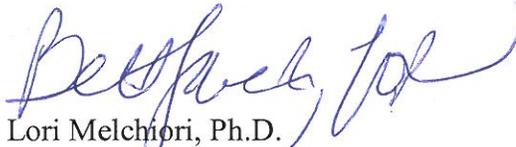
NOTICE OF CONDITIONS ON LICENSE

February 28, 2014

Based on the Statement of Deficiencies dated February 27, 2014, the Department of Social and Health Services imposes the following conditions on the license of *Rosetta Assisted Living Olympia, License #1527, located at 1208 W. 11th Place, Kennewick, Washington.*

- *The licensee must have two qualified caregivers on duty on the night shift as long as Resident #1 resides in the home.*
- *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 28, 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