



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

November 22, 2013

CERTIFIED MAIL 7007 1490 0003 4201 6699

Administrator
Park Place
6900 37th Avenue South
Seattle WA 98118

Assisted Living Facility License #1532
Licensee: Park Place RHF Housing

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On October 31, 2013, the Department of Social and Health Services (DSHS), Residential Care Services conducted an inspection/investigation at your facility. This letter constitutes formal notice of conditions on the license for your assisted living facility, also known as a **Park Place**, located at **6900 37th Avenue South, Seattle**, 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 violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 31, 2013**.

WAC 388-78A-2120(4) Monitoring residents' well-being.

Facility staff failed to effectively advocate for a resident who expressed a desire to commit suicide and subsequently committed suicide.

NOTE: This is the violation 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 adult family home license:

- ***The facility must hire a mental health consultant, not currently associated with the facility, to train current staff on how to respond to resident suicidal ideations.***

- *Training is to include an on-going training curriculum for new staff as well as on-going training for all staff.*
- *Consultant must be hired by December 1, 2013 and all staff trained by December 31, 2013.*
- *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 **November 22, 2013**, and remain in effect until lifted by formal Department of Social and Health Services notice.

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:

Bennetta Shoop, Field Manager
District 2, Unit E
20425 72nd Ave South, Suite 400
Kent, WA 98032-2388
Phone: (253) 234-6033 / Fax: (253) 395-5070

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 conditions on the license by requesting a formal administrative hearing to challenge the deficiency 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 Bennetta Shoop, Field Manager, at (253) 234-6033.

Sincerely,



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

Enclosure

cc: David Moon, Compliance Specialist
Field Manager, District 2, Unit E
RCS District Administrator, District 2
HCS District Administrator, District 2
DDD District Administrator, District 2
WA LTC Ombuds
Judy Plesha, HCS
BAM

NOTICE OF CONDITIONS ON LICENSE

November 22, 2013

Based on the Statement of Deficiencies dated October 31, 2013, the Department of Social and Health Services imposes the following conditions on the license of *Park Place, License #1532 located at 6900 37th Avenue South, Seattle, Washington.*

- *The facility must hire a mental health consultant, not currently associated with the facility, to train current staff on how to respond to resident suicidal ideations.*
- *Training is to include an on-going training curriculum for new staff as well as on-going training for all staff.*
- *Consultant must be hired by December 1, 2013 and all staff trained by December 31, 2013.*
- *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 **November 22, 2013**, and remain in effect until lifted by formal Department of Social and Health Services notice.



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