



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
January 23, 2014

VERBAL NOTIFICATION AND CERTIFIED MAIL
7008 1300 0000 7187 8718

Administrator
Clare Bridge of Olympia
420 Yauger Way SW
Olympia WA 98502-8660

Assisted Living Facility License #1693
Licensee: Brookdale Senior Living Communities

CONTINUED STOP PLACEMENT
ORDER PROHIBITING ADMISSIONS

Dear Administrator:

On January 16, 2014, the Department of Social and Health Services (DSHS), Residential Care Services completed an investigation at your facility. This letter constitutes formal notice of a continued stop placement order prohibiting admissions for your assisted living facility, located at **420 Yauger Way SW, Olympia**, by the State of Washington, Department of Social and Health Services. **The stop placement which was imposed on January 16, 2014, pending completion of our investigation will continue.** These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The continued stop placement order prohibiting admissions that was imposed on January 16, 2014, is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **January 16, 2014**.

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

The licensee failed to take appropriate action to address changes in conditions of residents.

WAC 388-78A-2050(1)(a)(b)(2)(3) Resident characteristics.

The facility failed to meet requirements to retain residents whose needs they could meet who did not require continued presence and evaluation of a registered nurse.

RCW 18.20-310(5) Assistance with activities of daily living.

The facility failed to care for residents to prevent skin breakdown and the development of pressure sores.

NOTE: These are the violations which resulted in the stop placement order, see the attached Statement of Deficiencies for any additional violations.

The stop placement order prohibiting admissions to your assisted living facility was effective immediately upon verbal notice to you on **January 16, 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 Joan Pierce, Field Manager, at (360) 664-8428

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.

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:

Joan Pierce, Field Manager
District 3, Unit C
PO Box 45819
Olympia, WA 98504-5819
Phone: (360) 664-8428 / Fax: (360) 664-8451

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 stop placement order by requesting a formal administrative hearing to challenge the deficiencies which resulted in the stop placement order. **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
Clare Bridge of Olympia
January 23, 2014
Page 4

If you have any questions, please contact Joan Pierce, Field Manager, at (360) 664-8428

Sincerely,

A handwritten signature in blue ink, appearing to read "Lori Melchiori, Ph.D.", written in a cursive style.

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

Enclosure

cc: David Moon, Compliance Specialist
Field Manager, District 3, Unit C
RCS District Administrator, District 3
HCS District Administrator, District 3
DDD District Administrator, District 3
WA LTC Ombuds
Judy Plesha, HCS
BAM

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

DATE REQUEST FAXED: _____ DATE MAILED: _____

TO: _____, Field Manager, Region ___ Unit ___

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