



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

October 23, 2014

**CERTIFIED MAIL 7008 1300 0000 7157 5785**

Administrator  
Wynwood of Yakima  
4100 West Englewood  
Yakima, WA 98908

Assisted Living Facility License #1695  
Licensee: Brookdale Senior Living Communities Inc.

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

Dear Administrator:

On October 9, 2014, 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 **Wynwood of Yakima**, located at **4100 West Englewood, Yakima**, 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 **October 9, 2014**.

**Civil Fine**

**WAC 388-78A-2100(2)(a)(b)(c) – On-going assessments.**

**\$100.00**

**X Four Residents = \$400.00**

**The licensee failed to complete assessments and/or failed to take appropriate action for four residents with documented changes.**

**This is a repeat citation from December 5, 2011 and February 9, 2012.**

**WAC 388-78A-2120(4) – Monitoring residents’ well-being.**

**The licensee failed to complete assessments and/or failed to take appropriate action for four residents with documented changes.**

**This is a repeat citation from December 5, 2011 and February 9, 2012.**

**Conditions on License**

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

**The licensee failed to ensure the medication service system was set up for six residents.**

**This is a repeat citation from March 1, 2012, September 4, 2012, October 4, 2012, May 13, 2013, March 20, 2014 and August 4, 2014.**

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 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.*
  - *The Registered Nurse Consultant will assist the licensee to audit the medication delivery system until such a time as the facility can demonstrate compliance with WAC 388-78A-2210 for a period of six months.*
- *The licensee will provide the Registered Nurse Consultant with a copy of the October 9, 2014 Statement of Deficiencies.*
- *The Registered Nurse Consultant must give weekly monitoring reports to the Department until such time the Department agrees with the Consultant that the weekly reports are no longer necessary.*
- *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 via **verbal** notification on **October 22, 2014**, and certified receipt of this notice and remain in effect until lifted by formal Department of Social and Health Services notice.

***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:

Tonjia Jones, Field Manager  
District 1, Unit C  
3611 River Road, Suite 200  
Yakima, WA 98902  
Phone: (509) 225-2823 / Fax: (509) 574-5597 / (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 10<sup>th</sup> 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 deficiencies 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 **\$400.00** 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 Tonjia Jones, Field Manager at (509) 225-2823.

Sincerely,



Bett Schlemmer, RN, MN, MPA  
Interim Assistant Director  
Residential Care Services

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Enclosure

cc: Dina Longen-Grimes, Compliance Specialist  
Field Manager, District 1, Unit C  
RCS District Administrator, District 1  
HCS District Administrator, District 1  
DDA District Administrator, District 1  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
NDL