



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 6, 2014

CERTIFIED MAIL 7008 1300 0000 7160 2504

Administrator
Wynwood of Columbia Edgewater
1629 George Washington Way
Richland, WA 99352

Assisted Living Facility License #1696
Licensee: Brookdale Senior Living Communities Inc.

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On October 28, 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 the imposition of conditions on the license for your assisted living facility, also known as **Wynwood of Columbia Edgewater**, located at **1629 George Washington Way, Richland**, 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 violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 28, 2014**.

WAC 388-78A-2160 – Implementation of negotiated service agreement.

The licensee failed to provide care and services in the agreed upon care plan for two residents.

This is a repeat citation from April 1, 2013, August 14, 2013 and March 5, 2014.

This is an uncorrected citation from August 20, 2014.

NOTE: These are the violations which resulted in a/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 assisted living facility license:

- *The Assisted Living Facility Administrator and a Corporate Representative will make an appointment no later than November 21, 2014, to meet with the Field Manager to discuss the facility's on-going noncompliance and a permanent correction.*
- *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

The effective date of the conditions on our license is **November 6, 2014**, per **verbal** notification and certified mail receipt of this notice. As provided in RCW 70.128.162(b), WAC 388-76-10990(6), the effective date of the conditions on our license will not be postponed pending an administrative hearing or informal dispute resolution review.

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).

Administrator
Wynwood of Columbia Edgewater
November 6, 2014
Page 3

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 conditions on the license by requesting a formal administrative hearing to challenge the deficiencies 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.

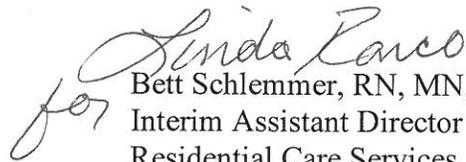
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If you have any questions, please contact Tonjia Jones, Field Manager at (509) 225-2823.

Sincerely,


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

Administrator
Wynwood of Columbia Edgewater
November 6, 2014
Page 4

Enclosure

cc: Linda Ronco, Compliance Specialist
Field Manager, District 1, Unit C
RCS District Administrator, District 1
DDA District Administrator, District 1
WA LTC Ombuds
Valentina Karnafel, HCS
NDL