



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Disability Services  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5050

July 16, 2013

**CERTIFIED MAIL 7007 1490 0003 4202 4663**

Administrator  
Clare Bridge at Silver Lake  
2015 Lake Heights Drive  
Everett WA 98208

Assisted Living Facility License #1703  
Licensee: Brookdale Senior Living Communities

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

Dear Administrator:

This letter constitutes formal notice of the imposition of civil fines and conditions on the license for your assisted living facility, located at **2105 Lake Heights Drive, Everett, Washington**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272; RCW 18.20.190.

The civil fines and conditions are based on the following violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **June 28, 2013**.

**WAC 388-78A-2470(1)(2) Background check—Employment—disqualifying information.**

**\$1,700 .00**

**\$100.00 x 17 days**

**April 16, 2013 through May 2, 2013**

**The licensee continued to employ a caregiver with a disqualifying criminal history.**

**WAC 388-78A-2630(1)(a)(b) Reporting abuse and neglect.**

**\$200.00**

**\$100.00 x 2 residents**

**The assisted living facility failed to immediately notify the department hotline of suspected physical abuse and suspected financial exploitation and failed to notify law enforcement about**

**suspected physical abuse for two residents. This is a repeat violation of deficiencies cited on February 7, 2012.**

**WAC 388-78A-2700(2)(c)(i)(ii)(iii) Safety measures and disaster preparedness. \$100.00**

**The assisted living facility failed to investigate an allegation of suspected financial exploitation for one resident. This is a repeat violation of deficiencies cited on February 27, 2012 and November 27, 2012.**

The department, based on the findings of the inspection, has determined that the following conditions shall be placed on your license:

- *The facility must hire at their own expense, an outside consultant, who is familiar with Assisted Living Facility regulations, to conduct trainings on development and implementation of staff background inquiry systems to include how to submit and read criminal background inquiry reports (and national fingerprint background check results), actions to be taken if an individual has a disqualifying crime or a crime or finding on the Secretary's List.*
- *The facility must provide staff training on how to protect vulnerable adults in their care from crime from staff.*
- *Training will also include how to investigate and report allegations of abuse or exploitation as detailed in the Department publication 'Boarding Home Guidebook, Partners in Protection'.*
- *Training will be completed by August 16, 2013.*
- *Licensee must post the Notice of Conditions of Operation in the assisted living facility in a location accessible to residents and visitors.*

The effective date of the condition on your license is **July 16, 2013**. As provided in RCW 18.20.190, the effective date of the condition on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

Plan  
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

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Send your plan to:

Lynne Dasher, Field Manager  
District 2, Unit A  
3906 172nd St NE  
Arlington, WA 98223  
Phone: (360) 651-6863 / Fax: (360) 651-6940

You may contest the civil fines and condition on your license by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

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

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$2,000.00** payable to the Department of Social and Health Services. The check should be sent to:

**DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501**

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue 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) calendar days, the balance due the department will be recovered.

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager  
Aging and Disability Services Administration  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-3225**

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The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

If you have any questions, please contact Field Manager, Lynne Dasher at (360) 651-6863.

Sincerely,

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

Enclosure

cc: David Moon, Compliance Specialist  
RCS Field Manager –District 2, Unit A  
RCS District Administrator – District 2  
HCS Regional Administrator – Region 2  
DDD Regional Administrator – Region 2  
Washington State Long Term Care Ombudsman  
Area Agency on Aging, AAA- Sno  
Office of Financial Recovery, Vendor Program Unit  
Medicaid Fraud Control Unit  
Judi Plesha, HCS  
HQ Central Files  
BAM