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 22, 2014

CERTIFIED MAIL 7008 1300 0000 7187 8671

Administrator
Park Place Retirement Community
601 South Park Road
Spokane WA 99212

Assisted Living Facility License #1759
Licensee: BLC-Park Place, LLC

IMPOSITION OF CIVIL FINE

Dear Administrator:

On January 9, 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 civil fine for your assisted living facility, also known as **Park Place Retirement Community,** located at **601 South Park Road, Spokane,** 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 is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **January 9, 2014.**

WAC 388-78A-2120(4) Monitoring residents' well-being. **$100.00**

The licensee failed to follow up on recommendations for care needs of a resident. This is a repeat violation of deficiencies cited on February 7, 2011, October 28, 2011, June 22, 2012, May 16, 2013, June 28, 2013, and an uncorrected deficiency from September 18, 2013 and December 11, 2013.

WAC 388-78A-2470(8)(a)(b) Background check—Employment—disqualifying information. **$100.00**

The licensee failed to conduct a comprehensive background review of a staff person with a finding requiring additional research.

WAC 388-78A-2630(1)(b) Reporting abuse and neglect. **$100.00**

The licensee failed to report to law enforcement a resident to resident altercation resulting in harm to a resident. This is a repeat violation of deficiencies cited on August 10, 2011.

NOTE: These are the violations which resulted in the fines; 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:

Elena Madrid, Field Manager
District 1, Unit A
316 West Boone, Suite 170
Spokane, WA 99201-2351
Phone: (509) 323-7316 / Fax: (509) 329-3993

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 civil fine by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fines. **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 **$300.00** 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 Elena Madrid, Field Manager, at (509) 323-7316.

Sincerely,

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

Enclosure

cc: David Moon, Compliance Specialist
Field Manager, District 1, Unit A
RCS District Administrator, District 1
HCS District Administrator, District 1
DDD District Administrator, District 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Judy Plesha, HCS
BAM