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 1, 2013

VERBAL NOTIFICATION AND CERTIFIED MAIL
7007 1490 0003 4201 6262

Administrator
Maplewood Gardens
1100 North Superior
Spokane WA 99202

Assisted Living Facility License #1806
Licensee: KA-4 Associates, LLC

IMPOSITION OF CIVIL FINE AND
STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Administrator:

On October 23, 2013, the Department of Social and Health Services (DSHS), Residential Care Services conducted an inspection/investigation at your facility. This letter constitutes formal notice of a civil fine and a stop placement order prohibiting admissions for your assisted living facility, also known as **Maplewood Gardens,** located at **1100 North Superior, 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 fines are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 23, 2013.**

WAC 388-78A-2090(2)(a-c)(6)(e)(8)(b)(i)(ii) Full assessment topics. **$500.00**
$100.00 x 5 residents

The licensee failed to comprehensively assess the needs of the residents resulting in unsafe medication administration and practice for residents.

WAC 388-78A-2210(1)(b) Medication services. **$1,100.00**
$100.00 x 11 residents

The licensee failed to prepare and administer medications in a safe manner placing residents at risk of receiving incorrect medications.

The stop placement order prohibiting admissions was effective per verbal notification on **October 31, 2013,** and is based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 23, 2013.**

WAC 388-78A-3200(1)(b)(4)(b) Progression of enforcement remedies.

The licensee failed to meet conditions imposed in relation to unsafe medication administration and continues to demonstrate unsafe medication services for the 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 Elena Madrid, Field Manager, at (509) 323-7316.

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.

NOTE: These are the violations which resulted in a/the enforcement actions; 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 and stop placement order prohibiting admissions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the enforcement actions. **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 **$1,600.00** 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,

David Moon for

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

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: __Maplewood Gardens_____

ADDRESS: __1100 North Superior, Spokane WA 99202_____

DATE REQUEST FAXED: _____ **DATE MAILED**: _____

TO: __Elena Madrid_____, **Field Manager, Region _1__ Unit _A__**

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**