



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

June 20, 2014

CERTIFIED MAIL 7007 1490 0003 4302 5072

Administrator
Maplewood Gardens
1100 North Superior
Spokane WA 99202

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

**IMPOSITION OF CIVIL FINES, CONTINUED STOP PLACEMENT
OF ADMISSIONS**

Dear Administrator:

This letter constitutes formal notice of the imposition of civil fines, a continued stop placement on the license for your assisted living facility, located at **1100 North Superior, Spokane, 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 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 6, 2014**.

WAC 388-78A-2350(1) – Coordination of health care services. **\$100 .00**

The licensee failed to provide accurate information to emergency responders when a resident experienced a change in condition.

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

The licensee failed to determine the circumstances surrounding an emergency incident.

Administrator
Maplewood Gardens
June 20, 2014
Page 2

The **STOP PLACEMENT ORDER prohibiting admissions**, was effective per verbal notification on **October 31, 2013**, is being continued per notification of this letter on June 20, 2014, and is based on WAC 388-78A-2120(1)(2)(a)(b)(3)(a)(b)(4) as described in the attached Statement of Deficiencies (SOD) report dated **June 6, 2014**.

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.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days after you receive this letter.

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

Send your plan 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

Administrator
Maplewood Gardens
June 20, 2014
Page 3

You may contest the civil fines and continued stop placement of admissions 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 **\$200.00** 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**

Administrator
Maplewood Gardens
June 20, 2014
Page 4

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 Elena Madrid at (509) 323-7316.

Sincerely,



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

Enclosure

cc: Robert Ogolsky, Compliance Specialist
RCS Field Manager –District 1, Unit A
RCS District Administrator – District 1
HCS Regional Administrator – Region 1
DDD Regional Administrator – Region 1
Washington State Long Term Care Ombudsman
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
NDL