



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

August 12, 2014

CERTIFIED MAIL 7007 1490 0003 4302 5591

Administrator
Fairwinds Redmond
9988 Avondale Road NE
Redmond, WA 98052

Assisted Living Facility License #1814
Licensee: Redm, LLC.

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

Dear Administrator:

On **July 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 civil fines and the imposition of conditions on the license for your assisted living facility, also known as **Fairwinds Redmond**, located at **9988 Avondale Road NE, Redmond**, 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 and 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 **July 28, 2014**.

CIVIL FINES

WAC 388-78A-2090(6)(e) – Full assessment topics.

\$100.00

X Two Residents = \$200.00

The licensee failed to assess safety risk factors for two residents with side rails.

This is a repeated and/or uncorrected citation from September 7, 2011 and February 8, 2013.

WAC 388-78A-2120(1)(2)(a)(b)(3) – Monitoring resident’s well-being.

\$100.00

X Four Residents = \$400.00

The licensee failed to identify and evaluate changing needs for four residents and take appropriate action.

This is a repeated and/or uncorrected citation from September 7, 2011 and February 8, 2013.

WAC 388-78A-2140(1)(a)(i)(ii)(iii)(d)(2)(a)(b) – Negotiated service agreement contents.

\$100.00

X Two Residents = \$200.00

The licensee failed to develop and document the Negotiated Service Agreements (NSA) plans and instructions to clearly identify roles and responsibilities for facility staff and resident’s families, who participated in resident care activities for two residents.

This is a repeated and/or uncorrected citation from February 8, 2013.

WAC 388-78A-3030(2)(c)(i)(ii) – Toilet rooms and bathrooms.

\$100.00

X Two Areas = \$200.00

The licensee failed to ensure that grab bars were placed in two resident toilet areas.

This is a repeated and/or uncorrected citation from February 8, 2013.

CONDITIONS ON LICENSE

WAC 388-78A-2090(6)(e) – Full assessment topics.

The licensee failed to assess safety risk factors for two residents with side rails.

WAC 388-78A-2120(1)(2)(a)(b)(3) – Monitoring resident’s well-being.

The licensee failed to identify and evaluate changing needs for four residents and take appropriate action.

WAC 388-78A-2140(1)(a)(i)(ii)(iii)(d)(2)(a)(b) – Negotiated service agreement contents.

The licensee failed to develop and document the Negotiated Service Agreements (NSA) plans and instructions to clearly identify roles and responsibilities for facility staff and resident’s families, who participated in resident care activities for two residents.

WAC 388-78A-3030(2)(c)(i)(ii) – Toilet rooms and bathrooms.

The licensee failed to ensure that grab bars were placed in two resident toilet areas.

The department has determined that the following conditions shall be placed on your assisted living facility license:

- *The facility Administrator will schedule a meeting with the Department Field Manager by August 28, 2014 to discuss on-going non-compliance and outline a plan of correction to meet and sustain compliance with all repeated regulatory violations.*
- *The licensee must post this Notice of Conditions, with the license, in a visible location in a common use area.*

These conditions are effective on August 12, 2014, and remain in effect until lifted by formal Department of Social and Health Services notice.

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

Delores Usea, Field Manager
20425 – 72nd Avenue South, Suite 400
Kent, WA 98032-2388
Telephone: (253) 234-6007
Fax: (253) 395-5071

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

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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 fines 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

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Payment:

If you do not request a formal administrative hearing, the civil fines is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$1,000.00** 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 Delores Usea, Field Manager at (253) 234-6007.

Sincerely,


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

Enclosure

cc: Linda Ronco, Compliance Specialist
Field Manager, District 2, Unit C
RCS District Administrator, District 2
HCS District Administrator, District 2
DDA District Administrator, District 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
NDL