



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 21, 2013

**CERTIFIED MAIL 7007 1490 0003 4201 6637**

Administrator  
Foundation House at Federal Way  
32290 First Avenue South  
Federal Way WA 98003

Assisted Living Facility License #1917  
Licensee: BLC Federal Way LH LLC

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

Dear Administrator:

On November 13, 2013, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of a civil fine and the imposition of conditions on the license for your assisted living facility, also known as **Foundation House at Federal Way**, located at **32290 First Avenue South, Federal Way**, 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 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 **November 13, 2013**.

**Civil Fine**

**WAC 388-78A-2100(1) On-going assessments.**

**\$100.00**

**The licensee failed to assess safety risk for assistive devices. This is a repeat violation of deficiencies cited on December 9, 2011, and June 5, 2013.**

**WAC 388-78A-2140(1)(a)(iii)(b)(2)(a)(3) Negotiated service agreement contents.** **\$100.00**

**The licensee failed to implement interventions as needed. This is a repeat violation of deficiencies cited on April 30, 2012, and June 5, 2013.**

**WAC 388-78A-2305(1)(2) Food sanitation.** **\$100.00**

**The licensee failed to follow safe food service regulations. This is a repeat violation of deficiencies cited on April 30, 2012, September 25, 2012, and April 29, 2013.**

**WAC 388-78A-2700(1)(2)(a) Safety measures and disaster preparedness.** **\$100.00**

**The facility failed to determine the cause of the events and institute and document appropriate measures to prevent similar future occurrences and rule out neglect who had falls with injuries. This is a repeat violation of deficiency cited on April 13, 2011 and September 13, 2012.**

**WAC 388-78A-2160 Implementation of negotiated service agreement.** **\$100.00**

**The licensee facility failed to implement resident care plans. This is a repeat violation of deficiencies cited on April 30, 2012, and June 5, 2013.**

**WAC 388-78A-2210(1)(a)(b) Medication services.** **\$800.00**  
**\$100.00 x 8 residents**

**The licensee failed to provide medications as ordered for 8 residents. This is a repeat violation of deficiencies cited on December 9, 2011.**

### **Conditions on License**

The department has determined that the following conditions shall be placed on your adult family home license:

- *The facility must hire an outside nurse consultant at the facility's expense by November 30, 2013, to assist the facility to develop an effective medication management system for the delivery and ordering of medications.*
- *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 **November 21, 2013**, and remain in effect until lifted by formal Department of Social and Health Services notice.

Administrator  
Foundation House at Federal Way  
November 21, 2013  
Page 3

***NOTE: These are the violations which resulted in a/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:

Mike Anbesse, Field Manager  
District 2, Unit F  
20425 72<sup>nd</sup> Ave South, Suite 400  
Kent, WA 98032-2388  
Phone: (253) 234-6044 / Fax: (253) 395-5070

**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 10<sup>th</sup> 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

Administrator  
Foundation House at Federal Way  
November 21, 2013  
Page 4

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 and conditions. **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.

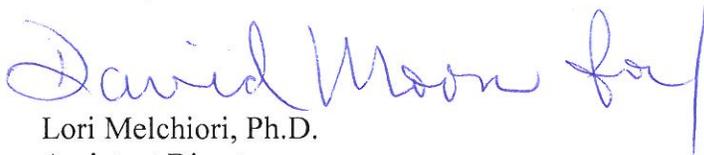
Mail a check for **\$1,300.00** payable to the 'Department of Social and Health Services' at:

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 Mike Anbesse, Field Manager, at (253) 234-6044.

Sincerely,



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

Administrator  
Foundation House at Federal Way  
November 21, 2013  
Page 5

Enclosure

cc: David Moon, Compliance Specialist  
Field Manager, District 2, Unit F  
RCS District Administrator, District 2  
HCS District Administrator, District 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Judy Plesha, HCS  
BAM

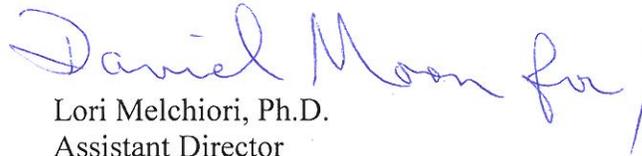
# NOTICE OF CONDITIONS ON LICENSE

November 21, 2013

Based on the Statement of Deficiencies dated November 13, 2013, the Department of Social and Health Services imposes the following conditions on the license **Foundation House at Federal Way, License #1917 located at 32290 First Avenue South, Federal Way, Washington.**

- *The facility must hire an outside nurse consultant at the facility's expense by November 30, 2013, to assist the facility to develop an effective medication management system for the delivery and ordering of medications.*
- *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 **November 21, 2013**, and remain in effect until lifted by formal Department of Social and Health Services notice.



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