STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

September 8, 2015
CERTIFIED MAIL 7007 1490 0003 4197 0183
AMENDED NOTICE/AMENDS NOTICE DATED MAY 28, 2015

Administrator
Brookdale Foundation House
32290 First Avenue South
Federal Way, WA 98003

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

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

Dear Administrator:

On May 12, 2015, 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 **amended** conditions on the license for your assisted living facility, also known as **Brookdale Foundation House**, 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 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 **May 12, 2015.**

Civil Fines:

WAC 388-78A-2100(1) - On-Going Assessments. **$600.00**

The Licensee failed to ensure assessments were completed for falls, side rails, self-medication, scooter safety, on-going pain and use of medical equipment.

This is a repeat deficiency from December 13, 2010 and November 13, 2013.

WAC 388-78A-2160 - Implementation of Negotiated Service Agreement. $100.00

The Licensee failed to implement negotiated service agreement for one resident with tube feeding site.

This is a repeat deficiency from April 30, 2012, June 5, 2013 and November 13, 2013.

WAC 388-78A-2450 – Staff. $100.00

The Licensee failed to ensure staff had facility orientation, current CPR and First Aid and continuing education training as required.

This is a repeat deficiency from April 30, 2012 and November 13, 2013.

WAC 388-78A-2700 – Safety Measures and Disaster Preparedness. $100.00

The Licensee failed to ensure investigations were completed for falls for one resident.

This is a repeat deficiency from December 13, 2010, April 12, 2011, April 30, 2012 and September 25, 2012.

Conditions on License

WAC 388-78A-2100(1) - On-Going Assessments.

The Licensee failed to ensure assessments were completed at least annually for eight of eleven sampled residents.

WAC 388-78A-2210 – Medication Services.

The Licensee failed to ensure three of ten sampled residents received their medications as ordered.

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

The Licensee must hire a Registered Nurse consultant, not previously associated with the facility, to assist the licensee to:

- ***Assess the current medication system and if necessary, develop a new system or modify the existing system to comply with all applicable medication regulations for assisted living facilities to include WAC 388-78A-2210 through WAC 388-78A-2290 and demonstrate compliance for a period of six months.***

- ***Audit the medication delivery system until such a time as the facility can demonstrate compliance with WAC 388-78A-2210 for a period of six months.***

- ***Review all current resident assessments to identify any assessments requiring updating and assist the facility in the creation of a system for ensuring updates are completed and a system to ensure ongoing compliance with WAC 388-78A-2100.***

The Licensee will provide the Registered Nurse Consultant with a copy of the May 12, 2015 Statement of Deficiencies (SOD).

The Registered Nurse Consultant must be hired no later than June 15, 2015.

The Registered Nurse Consultant must provide bi-weekly written reports to the facility documenting items addressed at each visit until identified medication concerns and assessment updates provided in Statement of Deficiencies (SOD) are resolved.

The Registered Nurse consultant will be available to the Department for questions.

The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.

These **amended** conditions are effective on **September 8, 2015** 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:

David Simm, Field Manager
Region 2, Unit F
20425 – 72nd Avenue South, Suite 400
Kent, WA 98032
Phone: (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.

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

Payment:

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

Mail a check for **$900.00** 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 David Simm, Field Manager at (253) 234-6007.

Sincerely,

D Longen-Grimes, RN, MSN

Dina Longen-Grimes, RN, MSN
Compliance Specialist
Residential Care Services

cc: Field Manager, Region 2, Unit F
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
HQ Central Files
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