



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

July 1, 2015

**CERTIFIED MAIL 7008 1300 0000 7160 7233**

Administrator  
Everett Plaza  
2204 12<sup>th</sup> Street  
Everett, WA 98201

Assisted Living Facility License #**1921**  
Licensee: Everett Plaza Assisted Living Community LLC.

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Administrator:

On June 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 the imposition of conditions on the license for your assisted living facility, also known as **Everett Plaza**, located at **2204 12<sup>th</sup> Street, Everett**, 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 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 **June 12, 2015**.

**WAC 388-78A-2600(2)(a) – Policies and procedures.**

**The licensee failed to ensure each mandated reporter made a report to law enforcement and the Department Complaint Resolution Unit (CRU) hot line for suspected sexual and/or physical abuse.**

**WAC 388-78A-2630(1)(a)(b) – Reporting abuse and neglect.**

**The licensee failed to ensure each mandated reporter made a report to law enforcement and the Department Complaint Resolution Unit (CRU) hot line for suspected sexual and/or physical abuse.**

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

**The licensee failed to investigate reports of sexual/physical and/or verbal abuse.**

**This is a repeat deficiency from March 25, 2013.**

***NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.***

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

***The licensee will hire at their own expense a consultant, not previously or currently associated with the facility, knowledgeable of mandatory reporting and investigating incidents of potential abuse and/or neglect to assist the licensee as follows:***

- ***Provide training to all facility staff including Administration in mandatory reporting requirements per RCW 74.34.***
- ***Review facility policy and procedures specifically focused on identifying abuse and/or neglect, reporting potential allegations of abuse and/or neglect to appropriate authorities as directed in WAC 388-78A-2630 and RCW 74.34.***
- ***Train the Administrator and other designees identified by the facility in the investigation process per the July 2011 Boarding Home Guidebook to ensure a clear understanding of how to thoroughly investigate allegations of possible abuse and/or neglect.***
- ***Licensee will provide the consultant with a copy of the June 12, 2015 Statement of Deficiencies (SOD).***
- ***The consultant must be available to the Department for questions.***

***The licensee must maintain documentation of completion of training in staff files.***

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

The effective date of the conditions on your license is **July 1, 2015**. As provided in RCW 70.128.162(b), WAC 388-76-10990(6), the effective date of the conditions on our license will not be postponed pending an administrative hearing or informal dispute resolution review.

**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.

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Return the signed and dated SOD to:

James Sherman, Field Manager  
Region 2, Unit A  
3906 – 172<sup>nd</sup> Street NE, Suite 100  
Arlington, WA 98223  
Phone: (360) 651-6863 / Fax: (360) 651-6940

### **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

#### Formal Administrative Hearing

You may contest the conditions on the license by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions on the license. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

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**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

If you have any questions, please contact James Sherman, Field Manager at (360) 651-6863.

Sincerely,



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

Enclosure

cc: Field Manager, Region 2, Unit A  
RCS Regional Administrator, Region 2  
HCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
Valentina Karnafel, HCS  
HQ Central Files  
NDL