Provider
Living Hope Care Center
402 North J Street
Tacoma WA 98403

Assisted Living Facility License #1949
Licensee: Joyce Adult Family Home LLC

STOP PLACEMENT ORDER PROHIBITING ADMISSIONS AND IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

This letter constitutes formal notice of a stop placement order prohibiting admissions and the imposition of conditions on the license for your assisted living facility located at 402 North J Street, Tacoma, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in the Laws of 1998, Chapter 272; RCW 18.20.190.

The stop placement of admissions to your assisted living and conditions on the license for your facility is based on 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 September 4, 2013.


Facility failed to provide an effective medication management system which resulted in lost medications, residents without medications and missed dosages.
WAC 388-78A-2660(1) Resident rights.

The facility failed to provide the residents with daily meal service which is dignified, provides for choices, alternatives, specialized diets and enhances a family style, homelike atmosphere free of verbal abuse and intimidation.

WAC 388-78A-2730(1)(a-c) Licensee’s responsibilities.

Licensee has failed to meet the Assisted Living Facility licensing rules, protect resident rights, enhance resident’s dignity and protect residents from abuse.

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

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

Send your plan to:

Dina Longen-Grimes, Field Manager
District 3, Unit B
P.O. Box 45819
MS: N27-24
Olympia WA 98504-5819
(253) 983-3837/ Fax: (253) 589-7240

The stop placement order prohibiting admissions to your assisted living facility is effective immediately upon notice to you by verbal notification on **September 18, 2013**, and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20.190(4). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

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 Dina Longen-Grimes at (253)983-3837.
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.

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

- **The facility administrator must take an approved administrator training course as outlined in WAC 388-78A-2521, and obtain certification, at their own expense by November 30, 2013.**

- **The licensee must contract with a Long Term Care Administrator, not previously associated with the facility, at their own expense, to review the Statements of Deficiencies for the last two years and assist the administrator to review, evaluate and improve facility operations, ongoing building maintenance and resident hot water monitoring system.**

- **Licensee must obtain resident rights training, from a qualified person, for the administrator and all staff in resident rights; a review of the house rules and mandatory reporting requirements. Trainer must be hired by October 1, 2013 with resident rights training completed by November 1, 2013.**

- **The facility must provide an acceptable plan of correction to the department which details how they will structure and provide meal service with a dietitian approved, three week rotating menus, pleasant communication by food service workers, alternative choices, specialized diets, and a sit down meal service with meals delivered to the residents at dining room tables or their rooms as necessary. Revised meal service must be developed, approved and in effect by October 15, 2013.**

- **Facility must contract with an RN consultant, at their own expense to assist the administrator to review and develop an effective medication management system. Consultant must be hired by October 1, 2013.**

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

The effective date of the conditions on your license is **September 18, 2013**. As provided in RCW18.20 and WAC 388-78A(2), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.
As provided in RCW 18.20, you may question cited deficiencies identified in the Statement of Deficiencies report and/or this enforcement action through the department’s informal dispute resolution process. During the informal dispute resolution process you also have the right to present written evidence refuting the deficiencies.

To request an informal dispute resolution meeting, 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

The written request should:

- Identify the specific deficiencies and/or enforcement action(s) that are disputed;
- Explain why you are disputing the deficiencies and/or enforcement action(s);
- 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 and Statement of Deficiencies report.

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.

You may contest the imposition of a stop placement order prohibiting admissions and the conditions on the license to your home 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 report must be included with your request. Send your request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

If you have any questions, please contact Dina Longen-Grimes at (253) 983-3837.

Sincerely,

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

Enclosure
cc: David Moon, Compliance Specialist
    RCS Field Manager – District 3, Unit B
    RCS District Administrator – District 3
    HCS Regional Administrator – Region 3
    DDD Regional Administrator – Region 3
    Washington State Long Term Care Ombuds
    Area Agency on Aging, AAA- Pierce
    Medicaid Fraud Control Unit
    Judi Plesha, HCS
    HQ Central Files
    BAM
REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY:  _Living Hope Care Center________________________________________

ADDRESS:  __402 North J Street, Tacoma WA 98403______________________________

DATE REQUEST FAXED: _____________ DATE MAILED: ______________

TO:  _Dina Longen-Grimes_______, Field Manager, Region _3__ Unit _B__

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

1.

2.

3.

4.

5.

6.

7.

__________________________________             _____________
Licensee or Designee Signature                              Date