



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

May 13, 2016

CERTIFIED MAIL 7007 1490 0003 4196 2317

Administrator
Rosegarden Care Center Inc.
715 Locust Street
Omak, WA 98841

Assisted Living Facility License #1979
Licensee: Rosegarden Care Center Inc.

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On May 2, 2016, 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 **Rosegarden Care Center Inc.**, located at **715 Locust Street, Omak**, 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 **May 2, 2016**.

WAC 388-78A-2470(1) – Background check—Employment-disqualifying information—Disqualifying negative actions.

WAC 388-113-0020(1)(x)(iii) – Which criminal convictions and pending charges automatically disqualify an individual from having unsupervised access to adults or minors who are receiving services in a program under chapters 388-71, 388-101, 388-76, 388-78A, 388-97, 388-825, and 388-107 WAC?

The licensee failed to ensure one staff (E), who had a disqualifying criminal conviction did not have unsupervised access to residents.

This is an uncorrected citation from February 2, 2016.

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

The licensee failed to ensure each staff person reported to the department's Complaint Resolution Unit hotline when they had cause to believe one resident had been verbally/mentally abused.

Administrator
Rosegarden Care Center Inc.
License #1979
May 13, 2016
Page 2

WAC 388-78A-2660(7) – Resident rights.

The licensee failed to ensure one resident was free from mental and verbal abuse.

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

The licensee failed to investigate and determine the circumstances of alleged and/or suspected incidents of mental/verbal abuse of one resident.

WAC 388-78A-3090(1)(c) – Maintenance and housekeeping.

The licensee failed to ensure the facility was in good repair.

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, at the licensee's expense, must hire an outside consultant to assist the Administrator in development and implementation of a system to ensure residents safety by preventing and responding to allegations of resident abuse, neglect, and exploitation. This will include but not be limited to:

- ***Development of policies and procedures for alleged or suspected neglect, abuse or exploitation;***
- ***Identification of possible abuse, neglect, or exploitation;***
- ***Reporting any alleged or suspected neglect, abuse or exploitation consistent with all applicable laws;***
- ***Investigating and documenting any alleged or suspected neglect or abuse, exploitation consistent with all applicable laws;***
- ***Implementing protections during the investigations.***
- ***Taking appropriate action based on findings of alleged or suspected neglect or abuse, exploitation.***

The consultant must be hired by May 31, 2016.

The licensee will provide the consultant a copy of the May 2, 2016 Statement of Deficiencies (SOD) and the consultant will make their reports available for Department review as needed.

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 **May 13, 2016**. As provided in RCW 78.20.125(2), WAC 388-78A-3220, the effective date of the conditions on our license will not be postponed pending an administrative hearing or informal dispute resolution review.

Administrator
Rosegarden Care Center Inc.
License #1979
May 13, 2016
Page 3

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:

Susan Bergeron, Field Manager
Region 1, Unit B
316 West Boone Avenue, Suite 170
Spokane, WA 99201-2351
Phone: (509) 323-7324 / Fax: (509) 329-3993

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

Administrator
Rosegarden Care Center Inc.
License #1979
May 13, 2016
Page 4

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.

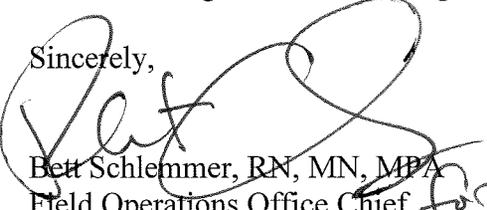
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

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

If you have any questions, please contact Susan Bergeron, Field Manager at (509) 323-7324.

Sincerely,



Bett Schlemmer, RN, MN, MPA
Field Operations Office Chief
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit B
RCS Regional Administrator, Region 1
HCS Regional Administrator, Region 1
DDA Regional Administrator, Region 1
WA LTC Ombuds
HQ Central Files
ndl