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

September 27, 2016

CERTIFIED MAIL #7007 1490 0003 4196 5592
Amended letter/Amended text in bold italic

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

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

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

Dear Administrator:

On September 12, 2016, the Department of Social and Health Services (DSHS), Residential Care Services completed an investigation at 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 and stop placement order prohibiting admissions are continuing based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **September 12, 2016.**

WAC 388-78A-3170 Circumstances that may result in enforcement remedies.

The licensee demonstrated lack of appropriate character, suitability, and competence to *operate* and/or manage an assisted living facility.

In a letter dated August 26, 2016 the department imposed a stop placement order prohibiting admissions to your assisted living facility based on August 16, 2016 Statement of Deficiencies (SOD) violation identified on a follow-up inspection. Also, in a letter dated September 8, 2016, following the initiation of a complaint investigation, the department imposed conditions on your license based on possible violations of **WAC 388-78A-2700-Safety and disaster preparedness**.

Both the conditions imposed on September 8, 2016 and the stop placement verbally imposed on *August 24, 2016* continue to remain in effect.

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 Susan Bergeron, Field Manager at (509) 323-7324.

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.

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

Formal Administrative Hearing

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

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

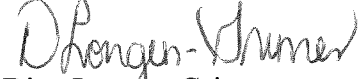
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

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,



Dina Longen-Grimes
Compliance Specialist
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
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
bam