



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Disability Services  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600  
March 7, 2014

**CERTIFIED MAIL 7008 1300 0000 7187 6202**

Administrator  
Bethesda Lutheran Communities 105<sup>th</sup> Avenue  
14220 Interurban Avenue South, Suite A150  
Tukwila WA 98168

Assisted Living Facility License #2052  
Licensee: Bethesda Lutheran Communities Inc.

**IMPOSITION OF CIVIL FINE**

Dear Administrator:

On February 28, 2014, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection at your facility. This letter constitutes formal notice of a civil fine for your assisted living facility, also known as **Bethesda Lutheran Communities 105<sup>th</sup> Avenue**, located at **17019 105<sup>th</sup> Avenue SE, Renton**, 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 are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **February 28, 2014**.

**WAC 388-78A-2160 Implementation of negotiated service agreement.** **\$100.00**

The facility failed to implement care and services. This is a repeat violation of deficiencies cited on March 10, 2011 and December 3, 2013.

**WAC 388-78A-2466(1)(a)(b) Background checks—Washington state name and date of birth background check—Valid for two years—National fingerprint background check—Valid indefinitely.** **\$100.00**

The facility failed to ensure all staff had a valid background check. This is a repeat violation of deficiencies cited on August 15, 2011, May 8, 2012, June 12, 2012, and December 3, 2013.

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**WAC 388-78A-2700(1)(2)(c)(i) Safety measures and disaster preparedness. \$100.00**  
**The facility failed to thoroughly investigate incidents to rule out abuse or neglect. This is a repeat violation of deficiencies cited on January 8, 2013 and December 3, 2013.**

***NOTE: These are the violations which resulted in the fines; 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:

Mike Anbesse, Field Manager  
District 2, Unit F  
20425 72<sup>nd</sup> Ave South, Suite 400  
Kent, WA 98032-2388  
Phone: (253) 234-6044 / Fax: (253) 395-5070

### **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.

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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 fine 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 fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$300.00** payable to the 'Department of Social and Health Services' at:

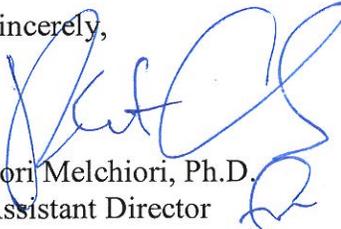
DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

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.

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If you have any questions, please contact Mike Anbesse, Field Manager, at (253) 234-6044.

Sincerely,



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

Enclosure

cc: Robert Ogolsky, Compliance Specialist  
Field Manager, District 2, Unit F  
RCS District Administrator, District 2  
HCS District Administrator, District 2  
DDD District Administrator, District 2  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Judy Plesha, HCS  
BAM