



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Disability Services  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5050

June 24, 2013

**CERTIFIED MAIL 7007 1490 0003 4202 4366**  
**(Amended Letter / Amended in bold italic)**

Administrator  
Whitman Senior Living Community  
1285 Center Street  
Pullman WA 99163

Assisted Living Facility License #2060  
Licensee: BCD Pullman LLC

**IMPOSITION OF A CONDITION ON A LICENSE**  
**IMPOSITION OF CIVIL FINE**

Dear Administrator:

This letter constitutes formal notice of the imposition of a civil fine for your assisted living facility, located at 1285 Center Street, Pullman, Washington, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272; RCW 18.20.190.

The civil fine is based on the following violations of the RCW and/or WAC found by the department in your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on April 11, 2013.

WAC 388-78A-2120 Monitoring residents' well-being. \$300.00  
\$100.00 x 3 residents

The Assisted Living Facility failed to identify, evaluate, and/or take necessary action related to changes in condition for four residents.

WAC 388-388-112-0165 Who is required to complete caregiver specialty training and when? \$700.00  
\$100.00 x 7 staff

The Assisted Living Facility failed to ensure three caregivers completed dementia and mental health specialty trainings as required and caregivers who had not demonstrated competency did not provide personal care to residents with special needs without direct supervision.

WAC 388-112-0075 Who is required to complete basic training, and when? \$1,600.00  
\$50.00 per day for 4 staff x 8 days

The Assisted Living Facility failed to ensure two caregivers hired on or after January 7, 2012 and were not exempt, met the long-term care worker training requirements, as required and caregivers who were not certified as home care aides and/or exempt, worked with direct supervision when providing personal care to residents.

The imposition of conditions on a license is based on the following violations of the Revised Code of Washington (RCW) and/or the Washington Administrative Code (WAC) found by the department in your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on April 11, 2013.

WAC 388-78A-2120 Monitoring residents' well-being.

The Assisted Living Facility failed to identify, evaluate, and/or take necessary action related to changes in condition for four residents.

WAC 388-78A-2560 Administrator responsibilities.

The Licensee failed to ensure the administrator effectively directed and supervised the 24 hour operation of the facility and failed to ensure residents of the assisted living facility received adequate care and services as required.

The department, based on the findings of the inspection, has determined that the following condition(s) shall be placed on your license:

- *Licensee will hire a Nurse Consultant, who is not currently or has not previously been associated with the facility or management company, to assist the facility to establish a good baseline assessment procedure for all residents and train on that assessment procedure.*
- *The consultant will assist the facility in re-assessing all residents for changes in their conditions since their most recent assessment.*
- *The Consultant will assist the facility to develop a procedure to include management oversight to ensure that all caregiving staff are trained on and are implementing negotiated service plans.*
- *The Consultant will be hired and begin work by April 29, 2013, unless an alternate date is agreed upon by the Department.*

- *The Consultant will be available to meet as necessary with Department staff for review of the work being accomplished.*
- *A copy of these conditions will be posted in a visible area of the facility until they have been lifted by the Department.*
- *Licensee must post the enclosed Notice of Conditions of Operation in the **assisted living facility** in a location accessible to residents and visitors.*

The effective date of the condition on your license is April 18, 2013. As provided in RCW 18.20.190, the effective date of the condition on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

You may contest this condition on your license 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 must be included with your request. Send your request to:

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

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$2,600.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501  
1-800-562-6114

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. 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.

To request an informal dispute resolution review, 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 citation and/or enforcement action that is disputed;
- Explain why you are disputing the action;
- 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.

**Plan of Correction**

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:

Lori Heiner, Field Manager  
District 1, Unit B  
316 West Boone, Suite 170  
Spokane, WA 99201-2351  
Phone: (509) 323-7324 / Fax: (509) 329-3993

If you have any questions, please call Lori Heiner at (509) 323-7324.

Sincerely,

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

cc: David Moon, Compliance Specialist  
RCS Field Manager – District 1, Unit B  
RCS District Administrator – District 1  
HCS Regional Administrator – Region 1  
DDD Regional Administrator – Region 1  
Washington State Long Term Care Ombudsman  
Area Agency on Aging, AAA- Whitman  
Medicaid Fraud Control Unit  
BAM