



**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

September 6, 2013

**CERTIFIED MAIL 7008 1300 0000 7187 0057**

Administrator  
Eagle Meadows Assisted Living Community  
550 E Whitman Drive  
College Place, Washington 99324

Assisted Living Facility License #2085  
Licensee: Eagle Meadows Assisted Living Community

**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 **550 E. Whitman Drive, College Park**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fine 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 August 19, 2013.

**WAC 388-78A-2630(1)(a) Reporting abuse and neglect.** **\$100.00**

**The licensee failed to report incident of resident neglect to state hotline.**

**WAC 388-78A-2660(1)(7) Resident rights.** **\$100.00 per hour x 4 hours = \$400.00**

**The facility neglected resident in closed van for four hours on a hot summer day.**

You may contest the civil fine 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 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:

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**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 **\$500.00** 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

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue 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) calendar days, the balance due the department will be recovered.

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. 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) 725-2645**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is 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/Attestation**

**You must:**

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Return the plan/attestation, 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 of Correction to:

Jo Whitney, Field Manager  
District 1, Unit C  
3611 River Road, Suite 200  
Yakima, WA 98902  
Phone: (509) 225-2823 / Fax: (509) 574-5597

If you have any questions, please contact Jo Whitney at (509) 225-2823.

Sincerely,

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

cc: David Moon, Compliance Specialist  
RCS Field Manager – District 1 Unit C  
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-SE  
Medicaid Fraud Control Unit  
Judi Plesha, HCS  
DS