



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

January 23, 2015

CERTIFIED MAIL 7008 1300 0000 7160 5864

Administrator
Emeritus at South Hill
3131 Elliott Avenue #500
Seattle, WA 98121

Assisted Living Facility License #2089
Licensee: Emeritus Corporation

IMPOSITION OF CIVIL FINES

Dear Administrator:

On **January 13, 2015**, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **Emeritus at South Hill**, located at **3708 East 57th Avenue, Spokane**, 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 **January 13, 2015**.

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

The licensee failed to make the required report to the state complaint hotline for one resident.

This is a repeat deficiency from October 14, 2014.

WAC 388-78A-2700(2)(c)(i)(ii)(iii) – Safety measures and disaster preparedness.
\$100.00

The licensee failed to determine, investigate findings and prevent similar future occurrences of alleged neglect for one resident.

This is a repeat deficiency from March 19, 2013, September 3, 2014 and October 14, 2014.

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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:

Lori Heiner, 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

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Formal Administrative Hearing

You may contest the civil fines 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 fines is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$200.00** 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.

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

Sincerely,

for 
for Timothy Hoekstra
Compliance Office Chief
Residential Care Services

Administrator
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Enclosure

cc: Dina Longen-Grimes, Compliance Specialist
Field Manager, Region 1, Unit A
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
Valentina Karnafel, HCS
NDL