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 7008 1300 0000 7187 4666
Amended letter change in underlined bold italic

Administrator
The Blair House
West 2718 Sinto Avenue
Spokane, Washington 99201

Assisted Living Facility License #**2127**
Licensee: B.C. Parker, Inc.

IMPOSITION OF ADDITIONAL CONDITIONS ON A LICENSE

Dear Administrator:

On September 21, 2016, the Department of Social and Health Services (DSHS), Residential Care Services completed an investigation at your facility. This letter constitutes formal notice of the imposition of additional conditions on the license for your assisted living facility, also known as **The Blair House**, located at **West 2718 Sinto 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 conditions on the license is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **September 21, 2016.**

WAC 388-78A-2600(2)(a)- Policies and procedures

The licensee failed to ensure implementation of the policy and procedure providing guidance of resident abuse.

WAC 388-78A-2630(1)a)- Reporting abuse and neglect

The facility failed to ensure allegations of abuse was reported to the department.

WAC 388-78A-2660(7)- Resident rights

The facility failed to prevent four residents from verbal abuse by a staff member.

WAC 388-78A-2700(2)(c)(i)(ii)(iii)- Safety measures and disaster preparedness

The facility failed to thoroughly investigate an allegation of resident abuse.

WAC 388-78A-2730(1)(a)(b)(c)- Licensee's responsibilities

The licensee failed to ensure the facility was managed to maintain compliance with regulatory requirements.

NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

The department has determined that the following conditions shall be placed on your assisted living facility license:

- ***The licensee, at the licensee's expense, must hire an outside consultant to assist the administrator in review and implementation of a system to ensure residents safety by preventing and responding to allegations of resident abuse and neglect. This will include but not limited to:***

    a. ***identification of possible abuse and/or neglect;***

    b. ***reporting any alleged or suspected neglect, abuse and/or neglect consistent with all applicable laws74.34 RCW and WAC 388-78A-2630:***

    c. ***investigating and documenting any alleged or suspected neglect or abuse per WAC 388-78A-2700 using Assisted Living Facility March 2016 Guidebook as a reference***

    d. ***Implementing protections during possible abuse and/or neglect investigation(s)***

- ***The consultant will review and train all staff to include the Administrator/ Licensee on the facility policy and procedure on abuse and neglect per WAC 388-78A-2600***

- ***The consultant must be hired by 10/6/16.***

- ***The administration and all staff will be trained by 11/6/16.***

- ***The licensee will provide the consultant a copy of the September 21, 2016 Statement of Deficiencies.***

- ***The consultant must be available to the department to answer questions when requested***

- ***The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.***

The effective date of the conditions on your license is **September 27, 2016**. As provided in RCW 78.20.125(2), WAC 388-78A-3220, the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

The amended conditions imposed on your license on **September 21, 2016** continue to remain in effect until formally lifted by the department.

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
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 the license by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions on the license. **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,

D Longen-Grimes, RN, MSN

Dina Longen-Grimes, RN, MSN
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
HQ Central Files
DRW
dlg