



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

May 23, 2014

CERTIFIED MAIL 7007 1490 0003 4296 7021

Administrator
Cooper George Senior Living
West 707 5th Avenue
Spokane, Washington 99204

Assisted Living Facility License #2139
Licensee: South Hill Senior Living LLC

IMPOSITION OF CIVIL FINE

Dear Administrator:

On May 8, 2014, 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 for your assisted living facility, also known as **Cooper George Senior Living**, located at West 707 5th 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 violation(s) of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **May 8, 2014**.

WAC 388-78A-2120(2)(a)(3)(b)(4) Monitoring residents' well-being.

\$100 per resident x 2 = \$200

The facility failed to ensure residents who had changes of condition or recurrent conditions, related to skin issues, blood sugar monitoring, or blood pressure monitoring were identified, evaluated and action taken, as needed, for two residents.

WAC 388-78A-2210(2)(a)(b) Medication services.

\$100 per resident x 2 = \$200

The facility failed to ensure two residents received medications as ordered.

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WAC 388-78A-2410(8)(b)(9) Content of resident records.

\$100 per resident x 2 = \$200

The facility failed to document ongoing issues or changes of condition related to urinary and yeast infections and failed to document evaluation and treatment for a surgical wound for two residents.

NOTE: These are the violation(s) which resulted in the fine(s); 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:

Elena Madrid, Field Manager
District 1, Unit A
316 W Boone Avenue, Suite 170
Spokane, WA 99201

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.

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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 deficiency(ies) which resulted in the civil fine(s). **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 **\$600.00** 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 Elena Madrid, at (509) 323-7302.

Sincerely,

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

Enclosure

cc: Bett Schlemmer, Compliance Specialist
Field Manager, District 1, Unit A
RCS District Administrator, District 1
HCS District Administrator, District 1
DDD District Administrator, District 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
NDL