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
July 2, 2014

CERTIFIED MAIL 7007 1490 0003 4302 5171

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

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

IMPOSITION OF CIVIL FINES AND
IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On June 19, 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 a civil fines and the imposition of conditions on the license 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 and conditions on the license are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **June 19, 2014.**

Civil Fines

WAC 388-78A-2120(3)(b)(4) – Monitoring resident's well-being. **$100.00**

The licensee failed to evaluate and take appropriate actions after a medication error.

This is a repeat citation from September 4, 2013, February 3, 2014 and May 8, 2014.

WAC 388-78A-2210(1)(b)(2)(a) – Medication services. **$100.00**

The licensee failed to develop a system that promoted safe medication management.

This is a repeat citation from February 3, 2014 and May 8, 2014.

Conditions on License

WAC 388-78A-2120(3)(b)(4) – Monitoring resident's well-being.

The licensee failed to evaluate and take appropriate actions after a medication error.

WAC 388-78A-2210(1)(b)(2)(a) – Medication services.

The licensee failed to develop a system that promoted safe medication management.

WAC 388-78A-2600(1)(b) – Policies and procedures.

The licensee failed to develop and implement policy and procedures to ensure medication services were provided in a safe manner.

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

- ***The facility will hire a nurse consultant, not currently associated with the facility, to provide oversight of medication assistance and administration by July 10, 2014. The expense of the consultant will be the responsibility of the facility.***

- ***The consultant will observe and assess the current medication system, and all medication technicians, including those who may be assigned to medication passes. There will be special emphasis on assistance with insulin(s). In-service education will be provided by the consultant to staff, including all medication staff, Administrator, Director of Nursing and all nursing/caregiving personnel regarding insulin and the written protocols regarding reports of medication errors.***

- ***At the completion of the in-service education, a signed certificate will be placed in the employee's record to show successful completion.***

- ***The licensee will provide a copy of the Statement of Deficiencies dated June 19, 2014 to the nurse consultant.***

- ***The facility will post notification that conditions have been imposed on the license, by the Department in a visible place, in a common area of the facility.***

These conditions are effective on July 2, 2014 and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations which resulted in the fines and conditions; 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
316 West Boone, 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.

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 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 are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

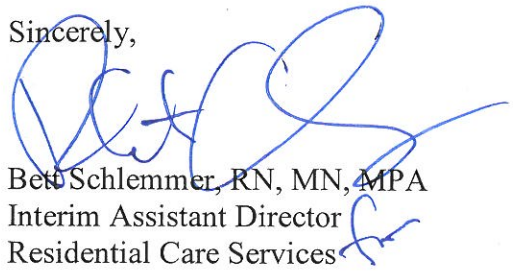
Mail a check for **$200.00** payable to the 'Department of Social and Health Services' at:

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 Elena Madrid, Field Manager at (509) 323-7316.

Sincerely,



Beth Schlemmer, RN, MN, MPA
Interim Assistant Director
Residential Care Services

Enclosure

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