



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

August 12, 2016

CERTIFIED MAIL 7007 1490 0003 4196 5325

Administrator
San Juan Villa
112 Castellano Way
Port Townsend, WA 98368

Assisted Living Facility License #2143
Licensee: Caring Places Management, LLC.

IMPOSITION OF CIVIL FINES

Dear Administrator:

On **July 29, 2016**, 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 **San Juan Villa**, located at **112 Castellano Way, Port Townsend**, 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 **July 29, 2016**.

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

The licensee failed to ensure all staff implemented mandated reporting responsibilities when an allegation of abuse against Staff Z was reported.

This is a repeated and uncorrected deficiency from May 18, 2015, October 23, 2015 and December 21, 2015.

WAC 388-78A-2700 – Safety measures and disaster preparedness.

\$50.00

X Thirty-Seven Days = \$1,850.00

June 21, 2016 through July 27, 2016

The licensee failed to ensure a timely and thorough investigation about an alleged incident of abuse, failed to protect Resident #1 and all residents when Staff Z continue to work unsupervised.

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

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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:

Lisa Cramer, Field Manager
Region 3, Unit D
PO Box 98907
Lakewood, WA 98496
Phone: (253) 983-3826 / Fax: (253) 589-7240

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 **\$1,950.00** 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 Lisa Cramer, Field Manager at (253) 983-3826.

Sincerely,


Dina Longen-Grimes, RN, MSN
Compliance Specialist
Residential Care Services

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Enclosure

cc: Field Manager, Region 3, Unit D
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
ndl