



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

October 1, 2015

CERTIFIED MAIL 7007 1490 0003 4197 0367

Administrator
Spring Ridge Retirement Community
6856 Portland Avenue
Tacoma, WA 98404

Assisted Living Facility License #2160
Licensee: Spring Ridge Retirement LLC.

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On September 4, 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 the imposition of conditions on the license for your assisted living facility, also known as **Spring Ridge Retirement Community**, located at **6856 Portland Avenue, Tacoma**, 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 4, 2015**.

WAC 388-78A-2600(2)(i) – Policies and procedures.

The licensee failed to ensure three staff were properly trained regarding the facility's security and alert systems and the procedures staff follow when supervising and monitoring residents in the secured memory care unit to ensure residents do not exit unsupervised.

WAC 388-78A-2700(1) – Safety measures and disaster preparedness.

The licensee failed to ensure the safety on one resident who eloped from the facility's secured memory care unit.

This is a repeat and/or uncorrected deficiency from March 19, 2014, October 9, 2014, May 11, 2015 and July 6, 2015.

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 must develop or modify a system to ensure safe monitoring and supervision for all residents with exit seeking behaviors.*
- *The licensee will train or re-train staff on policies and procedures for security and alert systems pertaining to supervision and monitoring of residents with elopement risk.*
- *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 **October 1, 2015**. As provided in RCW 70.128.162(b), WAC 388-76-10990(6), the effective date of the conditions on our license will not be postponed pending an administrative hearing or informal dispute resolution review.

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 B
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).

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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 Lisa Cramer, Field Manager at (253) 983-3826.

Sincerely,



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

Administrator
Spring Ridge Retirement Community
October 1, 2015
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Enclosure

cc: Field Manager, Region 3, Unit B
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Valentina Karnafel, HCS
HQ Central Files
ndl