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
October 25, 2013

**CERTIFIED MAIL 7007 1490 0003 4201 6149**
***Amended Letter/Changes in Bold Italic***

Administrator
Overlake Terrace
2956 152nd Avenue NE
Redmond WA 98052

Assisted Living Facility License #2161
Licensee: Overlake Terrace LLC

**IMPOSITION OF CIVIL FINE**

Dear Administrator:

This letter constitutes formal notice of the imposition of a civil fine for your assisted living facility, located at 2956 152nd Avenue NE, Redmond, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fine is based on the following violations of the Revised Code of Washington (RCW) and/or the Washington Administrative Code (WAC) found by the department in your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on August 5, 2013.

WAC 388-78A-2210 Medication services. ***$3,000.00***
***$100.00 x 30 medication prescriptions***

The facility failed to record and administer medications as prescribed for ***30*** instances.

WAC 388-78A-2240 Nonavailability of medications. $100.00

The facility failed to obtain necessary medication for a resident.

WAC 388-78A-2700(2)(a) Safety measures and disaster preparedness. $100.00

The facility failed to secure a construction tarp at elevator locations posing safety risk for residents.

WAC 388-78A-2700(2)(c) Safety measures and disaster preparedness. $200.00

$100.00 x 2 residents

The facility failed to investigate falls for two residents.

WAC 388-78A-2700(2)(i) Safety measures and disaster preparedness. $100.00

The facility failed to have an emergency plan in place to cover failure of computerized medication management system.

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter. Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Bennetta Shoop, Field Manager
District 2, Unit E
20425 72nd Ave South, Suite 400
Kent, WA 98032-2388
Phone: (253) 234-6033 / Fax: (253) 395-5070

You may contest the civil fine by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for ***$3,500.00*** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue 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) calendar days, the balance due the department will be recovered.
As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

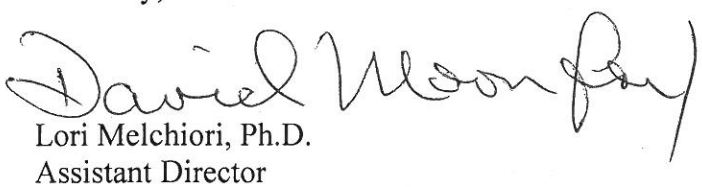
Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

If you have any questions, please contact Field Manager Bennetta Shoop at (253) 234-6033.

Sincerely,



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

Enclosure

cc: David Moon, Compliance Specialist
Field Manager, District 2, Unit E
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
WA LTC Ombudsman
Area Agency on Aging, AAA-King
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM