



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 30, 2014

CERTIFIED MAIL 7007 1490 0003 4302 5379

Administrator
Brookdale Place at Northpointe
1110 East Westview Court
Spokane, WA 99218

Assisted Living Facility License #2169
Licensee: North Pointe Tenant, LLC.

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On July 9, 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 the imposition of conditions on the license for your assisted living facility, also known as **Brookdale Place at Northpointe**, located at **1110 East Westview Court, 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 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 **July 9, 2014**.

WAC 388-78A-2120(2)(b)(3)(a)(b)(4) – Monitoring resident’s well-being.

The licensee failed to evaluate and determine needs of two residents experiencing recurring falls and injuries.

This is a repeat deficiency from December 7, 2013, January 23, 2014, February 26, 2014 and May 14, 2014.

WAC 388-78A-2700(2)(c)(i)(ii) – Safety measures and disaster preparedness.

The licensee failed to ensure three residents were protected from accidents, incidents and injuries.

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

Administrator
Brookdale Place at Northpointe
July 30, 2014
Page 2

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

- *The Administrator and Corporate Representative will schedule a meeting to meet with Lori Heiner, Field Manager, no later than August 8, 2014 to discuss on-going compliance.*
- *The licensee must post the 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 July 29, 2014. 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:

Lori Heiner, Field Manager
316 West Boone, Suite 170
Spokane, WA 99201-2351
Telephone: (509) 323-7324
Fax: (509) 329-3993

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.

Administrator
Brookdale Place at Northpointe
July 30, 2014
Page 3

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 Lori Heiner, Field Manager at (509) 323-7324.

Sincerely,


Linda Ronco

for Bett Schlemmer, RN, MN, MPA
Interim Assistant Director
Residential Care Services

Enclosure

cc: Linda Ronco, Compliance Specialist
Field Manager, District 1, Unit B
RCS District Administrator, District 1
DDA District Administrator, District 1
WA LTC Ombuds
Valentina Karnafel, HCS
NDL