



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

November 13, 2015

CERTIFIED MAIL 7007 1490 0003 4197 0756

Administrator
Sandra Care
100 South Street
Centralia, WA 98531

Assisted Living Facility License #2173
Licensee: Dennis and Sandra Griffin

**IMPOSITION OF CIVIL FINES AND
IMPOSITION OF NEW AND CONTINUING CONDITIONS ON A LICENSE**

Dear Administrator:

On November 6, 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 civil fines and the imposition of new and continuing conditions on the license for your assisted living facility, also known as **Sandra Care**, located at **1215 South Tower Avenue, Centralia**, 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 is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **November 6, 2015**.

Civil Fines

WAC 388-78A-2450(1)(a) – Staff.

\$100.00

WAC 388-112-0110(3)(b)(c) – What is specialty training and who is required to take specialty training?

The licensee failed to ensure one staff had Mental Health and Dementia certifications.

This is a repeat or uncorrected citation from May 21, 2015.

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WAC 388-78A-2480(1)(2) – Tuberculosis—Testing—Required.

\$100.00

The licensee failed to ensure one staff received Tuberculosis (TB) screening within three days of hire.

This is a repeat or uncorrected citation from June 16, 2014 and August 20, 2014.

Conditions on License

WAC 388-78A-2450(1)(a) – Staff.

WAC 388-112-0110(3)(b)(c) – What is specialty training and who is required to take specialty training?

The licensee failed to ensure one staff had Mental Health and Dementia certifications.

This is a repeat or uncorrected citation from May 21, 2015.

WAC 388-78A-2480(1)(2) – Tuberculosis—Testing—Required.

The licensee failed to ensure one staff received Tuberculosis (TB) screening within three days of hire.

This is a repeat or uncorrected citation from June 16, 2014 and August 20, 2014.

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

- *The Administrator must schedule an on-site visit on or before December 7, 2015 with the Region 3, Unit C Field Manager to review how the facility plans to correct their on-going non-compliance with the Assisted Living Facility minimum licensing requirements per WAC 388-78A.*
- *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.*

These new conditions are effective on **November 13, 2015** and remain in effect until lifted by formal Department of Social and Health Services notice.

The conditions imposed on your license effective June 19, 2015 in a notice letter dated June 19, 2015 will remain in effect.

NOTE: These are the violations which resulted in the fines and conditions; 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:

Janice Jiles, Field Manager
Region 3, Unit C
PO Box 45819
Olympia, WA 98504-5819
Phone: (360) 664-8421 / Fax: (360) 664-8451

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.

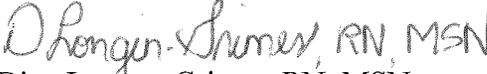
Mail a check for **\$200.00** payable to the 'Department of Social and Health Services' at:

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 Janice Jiles, Field Manager at (360) 664-8421.

Sincerely,


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

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Enclosure

cc: Field Manager, Region 3, Unit C
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
Valentina Karnafel, HCS
HQ Central Files
ndl