



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

October 2, 2018

CERTIFIED MAIL # 7017 1070 0000 5534 5991

Administrator
Louisa Place
2240 Main St
Ferndale, WA 98248

Assisted Living Facility License #2191
Licensee: Louisa Aid Opco LLC

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On September 18, 2018, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection at your facility. This letter constitutes formal notice of the imposition of conditions on the license for your assisted living facility, also known as **Louisa Place**, located at **2240 Main Street, Ferndale**, 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 18, 2018**.

WAC 388-78A-2450(2)(b) Staff.

The facility failed to have a system in place to ensure reference checks were completed on staff before hire.

This is an uncorrected deficiency previously cited in the Statement of Deficiencies report dated May 7, 2018, and July 13, 2018.

WAC 388-78A-2474(2)(c) Training and home care aide certification requirements.
WAC 388-112A-0400(4)(b) What is specialty training and who is required to take it?

The facility failed to have a system in place to ensure one staff had mental health and dementia specialty training.

This is an uncorrected deficiency previously cited in the Statement of Deficiencies report dated May 7, 2018, and July 13, 2018.

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WAC 388-78A-2474(2)(c) Training and home care aide certification requirements.

WAC 388-112A-0720(2)(a) What are the CPR and first-aid training requirements?

The facility failed to have a system in place to ensure one staff had CPR and First-Aid training.

This is an uncorrected deficiency previously cited in the Statement of Deficiencies report dated May 7, 2018, and July 13, 2018.

WAC 388-78A-24642(1) Background checks National fingerprint background check.

The facility failed to have a system in place to ensure national fingerprint background checks were completed on staff.

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 will hire a human resources or administrative consultant, not previously or currently associated with the facility, at the facilities own expense by October 15, 2018 to assist the licensee as follows:

- ***Develop, implement, and maintain an effective system ensuring all staff files are current and in compliance with WAC 388-78A-2450 and WAC 388-112A requirements.***
- ***The licensee will provide the administrative consultant with a copy of the September 18, 2018, statement of deficiencies.***
- ***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 2, 2018**. As provided in RCW 78.20.125(2), WAC 388-78A-3220, 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.

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Return the signed and dated SOD to:

Jayne Hill
Region 2 Unit A/B
3906 172nd St. NE, Suite 100
Arlington, WA 98223
Phone: (360) 651-6863 / Fax: (360) 651-6940

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

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.
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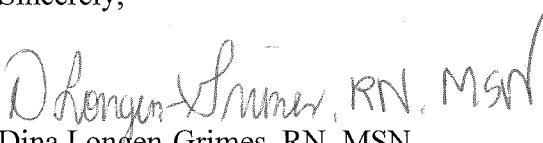
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

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

If you have any questions, please contact Jayne Hill, Field Manager, at (360) 651-6863.

Sincerely,


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

Enclosure

cc: Field Manager, Region 2
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
HQ Central Files
DRW
cb