



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 21, 2014

**CERTIFIED MAIL 7007 1490 0003 4302 5270**

Administrator, Marysusan Iotte  
Emeritus at West Seattle  
4611 35<sup>th</sup> Avenue Southwest  
Seattle, WA 98126

Assisted Living Facility License #2223  
Licensee: Emeritus Corporation

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Ms. Iotte:

On July 15, 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 **Emeritus at West Seattle**, located at **4611 35<sup>th</sup> Avenue Southwest, Seattle**, 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 15, 2014.

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

**The licensee failed to take necessary action to promote the safety on one resident, consistent with the resident's negotiated service agreement (NSA) for bathing and showering needs.**

***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:

- ***Facility must bring in an outside consultant to review the corporate policy and procedure pertaining to neglect and reporting requirements; and to provide in-service staff on reporting requirements for neglect.***

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- *The facility administration and corporate offices must meet with the District Manager and Field Manager to discuss abuse and neglect requirements in the State of Washington no later than July 25, 2014.*
- *The licensee must post the Notice of Conditions with the license in a visible location in a common use area.*

The effective date of the conditions on our license is July 21, 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:

Bennetta Shoop, Field Manager  
20425 – 72<sup>nd</sup> Avenue South, Suite 400  
Kent, WA 98032

### **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 10<sup>th</sup> 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.

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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.

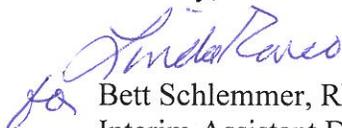
**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

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

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

Sincerely,



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

Enclosure

cc: Linda Ronco, Compliance Specialist  
Field Manager, District 2, Unit E  
RCS District Administrator, District 2  
DDA District Administrator, District 2  
WA LTC Ombuds  
Valentina Karnafel, HCS  
NDL