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

January 6, 2015

CERTIFIED MAIL 7008 1300 0000 7159 6940

Administrator
Paul's Place
PO Box 469
Colfax, WA 99111

Assisted Living Facility License #**2226**
Licensee: Paul's Place

IMPOSITION OF CIVIL FINE AND
IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On December 31, 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 a civil fine and the imposition of conditions on the license for your assisted living facility, also known as **Paul's Place,** located at **907 S. Mill, Colfax,** 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 fine and conditions on the license is based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **December 31, 2014.**

Civil Fine

WAC 388-78A-2300(1)(c)(ii)(f)(g) Food and nutrition services

The licensee failed to ensure all menus included the date, month and year, and failed to ensure substitute foods/changed in menu were recorded on the original menu.

Conditions on License

WAC 388-78A-2660(1)(2)(4) Resident rights

The licensee failed to ensure two staff persons treated residents in a manner and environment that maintained/enhanced their dignity and respect for thirty two residents.

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

- ***The facility must hire a nurse consultant at their own expense to provide training on resident rights to care staff and the administrator.***
- ***The nurse consultant must be hired by January 31, 2015.***
- ***The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.***

These conditions are effective on **January 6, 2015** and remain in effect until lifted by formal Department of Social and Health Services notice.

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

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
District 1, Unit B
316 West Boone, Suite 170
Spokane, WA 99201-2351
Phone: (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.

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 civil fine by requesting a formal administrative hearing to challenge the deficiency which resulted in the civil fine. **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 fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$100.00** 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 Lori Heiner 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
HCS District Administrator, District 1
DDA District Administrator, District 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
DS