



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

February 6, 2015

**CERTIFIED MAIL 7008 1300 0000 7160 6021**

Administrator  
Redmond Heights Senior Living  
7950 Willows Road NE  
Redmond, WA 98052

Assisted Living Facility License #2235  
Licensee: Moss Bay Senior Living Inc.

**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Administrator:

On January 23, 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 the imposition of conditions on the license for your assisted living facility, also known as **Redmond Heights Senior Living**, located at **7950 Willows Road NE, Redmond**, 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 **January 23, 2015**.

**WAC 388-78A-2090(6)(e) – Full assessment topics.**

**The licensee failed to ensure resident assessments for their care and needs.**

**WAC 388-78A-2100(2)(a)(b)(c) – On-going assessments.**

**The licensee failed to ensure that on-going assessments were completed for seven residents.**

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

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

- *Review and evaluate the facility's system related to safety assessments for medical devices and on-going assessments for an identified change(s) in a resident's condition.*
- *The nurse consultant will provide training and oversight to the facility to thoroughly assess each resident with a change of condition and develop a plan to provide appropriate interventions to address the resident's changes as identified.*
- *The facility must maintain a contract with the nurse consultant for this oversight until such time as the facility demonstrates it can maintain compliance with applicable laws.*
- *The nurse consultant must be hired no later than February 16, 2015.*
- *The licensee will provide a copy of the January 23, 2015 Statement of Deficiencies (SOD).*
- *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location to residents and visitors.*

The effective date of the conditions on our license is **February 5, 2015** via **verbal** notification to you. 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:

Lois Rasmussen, Field Manager  
Region 2, Unit C  
20425 – 72<sup>nd</sup> Avenue South, Suite 400  
Kent, WA 98032-2388  
Phone: (253) 234-6020 / Fax: (253) 395-5071

## **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.

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.**

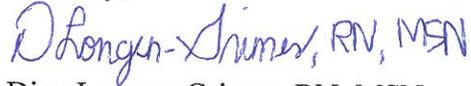
Send your **written** request to:

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

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If you have any questions, please contact Lois Rasmussen, Field Manager at (253) 234-6020.

Sincerely,



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

Enclosure

cc: Dina Longen-Grimes, Compliance Specialist  
Field Manager, Region 2, Unit C  
RCS Regional Administrator, Region 2  
DDA Regional Administrator, Region 2  
WA LTC Ombuds  
Valentina Karnafel, HCS  
NDL