



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

November 5, 2015

**CERTIFIED MAIL 7007 1490 0003 4197 0718**

Administrator  
Brookdale Moses Lake  
8425 Aspi Boulevard NE  
Moses Lake, WA 98837

Assisted Living Facility License #2290  
Licensee: Emeritus Corporation

**IMPOSITION OF CIVIL FINES**

Dear Administrator:

On October 21, 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 on the license for your assisted living facility, also known as **Brookdale Moses Lake**, located at **8425 Aspi Boulevard NE, Moses Lake**, 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 are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 21, 2015**.

**WAC 388-78A-2160 – Implementation of negotiated service agreement.** **\$100.00**

**The licensee failed to ensure assistance was provided in accordance with the negotiated service agreement for nine residents.**

**This is a repeat deficiency from October 3, 2014 and December 11, 2014.**

**WAC 388-78A-2170(2)(b) – Required assisted living facility services.**

**WAC 388-78A-3090(1)(a)(d) – Maintenance and housekeeping.**

**\$100.00**

**X Five Residents = \$500.00**

**The licensee failed to ensure basic housekeeping services and maintain resident quarters in a sanitary condition for five residents.**

**This is an uncorrected deficiency from August 10, 2015 and a repeat from October 3, 2014.**

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**WAC 388-78A-2660(1)(4) – Resident rights.**

**100.00**

**The licensee failed to ensure personal privacy was maintained for one resident.**

***NOTE: These are the violations which resulted in the fines; 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  
Region 1, Unit A  
316 West Boone Avenue, 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 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 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 **\$700.00** 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, Field Manager at (509) 323-7324.

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Sincerely,

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

Enclosure

cc: Field Manager, Region 1, Unit A  
RCS Regional Administrator, Region 1  
HCS Regional Administrator, Region 1  
DDA Regional Administrator, Region 1  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Valentina Karnafel, HCS  
HQ Central Files  
ndl