



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

December 20, 2017

CERTIFIED MAIL # 7007 1490 0003 4199 5230

Administrator, Katherine Riordan
CHERRYWOOD PLACE
100 EAST DALKE STREET
SPOKANE, WA 99208

Assisted Living Facility License #**2434**
Licensee: Cherrywood Place - Spokane, LLC

**IMPOSITION OF CIVIL FINES, AND
IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Administrator:

On December 8, 2017, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection at your facility. This letter constitutes formal notice of civil fines and the imposition of conditions on the license for your assisted living facility, also known as **CHERRYWOOD PLACE**, located at **100 East Dalke Street, Spokane**, 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 and conditions on the license are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **December 8, 2017**.

Civil Fines

WAC 388-78A-2090(6)(e) – Full assessment topics. **\$100.00**

**The facility failed to ensure a safety assessment for two residents.
This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under Assisted Living Facility (ALF) License #2336.**

WAC 388-78A-3090(1)(a)(b)(c) – Maintenance and housekeeping. **\$100.00**

**The facility failed to ensure maintenance of the facility in a clean and safe manner.
This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.**

Conditions on License

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

The facility failed to ensure a safety assessment for two residents.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

WAC 388-78A-2100(1) – Ongoing assessments.

The facility failed to ensure annual assessments were completed for four residents.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

WAC 388-78A-2130(3)(a)(b) – Service agreement planning.

The facility failed to ensure a negotiated service plan was updated after a change of condition for one resident.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

WAC 388-78A-2140(1)(a)(ii)(iii) – Negotiated services agreement contents.

The facility failed to monitor and address interventions on the negotiated service agreements for two residents per their assessed needs.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

WAC 388-78A-2210(1)(b)(2)(a) – Medication services.

The facility failed to ensure two residents received medications as prescribed.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

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

The facility failed to ensure one staff completed a fingerprint background as required.

This is an uncorrected citation previously cited in a Statement of Deficiencies reports dated July 28, 2017 and September 18, 2017 under ALF License #2336.

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

WAC 246-980-050(1)(a)(b) – How long does a nonexempt long-term care worker have to complete the home care aide training and certification requirements?

The facility failed to ensure one staff completed the training within the required time frame.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

WAC 388-78A-2474(2)(b) – Training and home care aide certification requirements.
WAC 246-980-070(2)(e) – Who is exempt from obtaining a home care aide certification?

The facility failed to ensure one staff had proof of employment to be exempt from the home care aide certification requirements.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

WAC 388-78A-2474(2)(c) – Training and home care aide certification requirements.
WAC 388-112-0165(2) – Who is required to have specialty training, and when?

The facility failed to ensure one staff completed specialty training in the required time frame.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

WAC 388-78A-2474(2)(d) – Training and home care aide certification requirements.
WAC 388-112-0260(2)(a) – What are the CPR and first-aid training requirements?

The facility failed to ensure five caregivers had current, valid CPR/First-aid training as required.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

WAC 388-78A-2474(2)(e) – Training and home care aide certification requirements.
WAC 388-112-0205(2)(c)(3) – Who is required to complete continuing education training, and how many hours of continuing education are required each year?

The facility failed to ensure three staff complete the needed continuing education.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

WAC 388-78A-2484(1)(2) – Tuberculosis – Two-step skin testing.

The facility failed to ensure two staff had necessary tuberculosis testing.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

WAC 388-78A-2700(2)(c)(ii) – Safety measures and disaster preparedness.

The facility failed to ensure resident incidents were investigated to rule out possible abuse and neglect.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

WAC 388-78A-3090(1)(a)(b)(c) – Maintenance and housekeeping.

The facility failed to ensure maintenance of the facility in a clean and safe manner.

This is an uncorrected citation previously cited in a Statement of Deficiencies report dated October 3, 2017 under ALF License #2336.

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

- *The current licensee must contact the Spokane Residential Care Services office Community Field Manager, no later than December 29, 2017, to schedule an on-site visit at Cherrywood Place to discuss how the licensee plans to correct the citations in the Statement of Deficiencies report dated December 8, 2017 and maintain ongoing substantial compliance with the Assisted Living Facility regulatory requirements.*
- *The licensee must post the enclosed Notice of Conditions, with the license, in a location accessible to residents and visitors.*

These conditions are effective on **December 20, 2017**, confirmed by certified mail receipt of this letter and the attached Statement of Deficiencies report, and remain in effect until lifted by formal Department of Social and Health Services notice. As provided in RCW 70.128.160(b), WAC 388-76-10990(6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

NOTE: *These are the violations, which resulted in the fines 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:

Susan Bergeron, Field Manager
Region 1, Unit A/B
316 West Boone Ave, Suite 170
Spokane, WA 99201-2351
Phone: (509) 323-7324 / Fax: (509) 329-3993

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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 civil fines and conditions by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fines and conditions. **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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Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

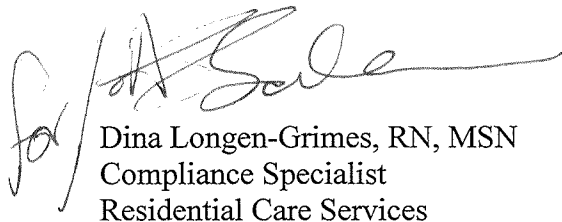
Mail a check for \$200.00 payable to the 'Department of Social and Health Services' at:

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 Susan Bergeron, Field Manager, at (509) 323-7324.

Sincerely,


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

Enclosure

cc: Field Manager, Region 1, Unit A/B
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
HQ Central Files
DRW
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