



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

May 17, 2019

CERTIFIED MAIL 7007 1490 0003 4199 1027

Administrator
Cherrywood Place
100 E Dalke Ave
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 April 9, 2019, the Department of Social and Health Services (DSHS), Residential Care Services completed a complaint investigation 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 E Dalke AVE, 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 **April 9, 2019**.

Civil Fines

WAC 388-78A-2730(1)(b) Licensee's responsibilities **\$250**

The licensee failed to ensure the assisted living facility was maintained in compliance with assisted living requirements as outlined in the SOD.

WAC 388-78A-2950(4) Water Supply **\$100 X 14 Residents = \$1400**

The assisted living failed to ensure hot water temperatures remained between 105°F and 120°F causing residents to take lukewarm showers or not shower at all.

Conditions on License

WAC 388-78A-2730(1)(b) Licensee's responsibilities

The licensee failed to ensure the assisted living facility was maintained in compliance with assisted living requirements as outlined in the SOD.

WAC 388-78A-2950(4) Water Supply

The Licensee failed to ensure hot water temperatures remained between 105°F and 120°F causing residents to take lukewarm showers or not shower at all.

WAC 388-78A-3090(1)(a) Maintenance and housekeeping

The licensee failed to ensure residents' rooms were free of bed bugs.

WAC 388-78A-2305(1) Food Sanitation

The licensee failed to ensure potentially hazardous foods were stored at 41°F or lower.

WAC 388-78A-3180(3) Required enforcement remedies

RCW 70.129.020(2) Exercise of rights

The licensee failed to ensure one staff did not retaliate against a resident after the resident reported possible financial exploitation to the department.

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

The licensee must ensure the assisted living, meets the following conditions by 4/22/19 as follows:

- *Treat affected rooms for bed bugs by a professional exterminator with knowledge of eliminating bed bug infestations.*
- *Follow all recommendations of the contracted exterminator.*
- *Repair the water heating system to ensure hot water temperatures are consistently maintained between 105°F and 120°F.*
- *Hot water temperatures are checked weekly, documented, and made available to the department upon request.*
- *The kitchen refrigerator is in working condition and food temperatures are maintained at 41°F or lower.*
- *Staff are trained about residents' rights to report to the department without fear of retaliation or reprisal.*

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- *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 **4/17/19** and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These 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
Region 1, Unit B
316 West Boone Ave, 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.

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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

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 **\$1650.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501
1-800-562-6114

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

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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,

Shirlee Steiner, B.S., RD
Regional Administrator
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit 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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