



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 45819, Olympia, WA 98504

February 7, 2019

CERTIFIED MAIL

7015 0920 0001 8187 3628

Lacey Special Care Community LLC
The Cottages at Lacey
8570 Martin Way E
Lacey, WA 98516

RE: The Cottages at Lacey License #2443

Dear Administrator:

The Department completed a complaint investigation of your assisted living facility on February 1, 2019 and found that your facility does not meet the assisted living facility licensing requirements listed below.

The Department staff who did the investigation and provided consultation:
Julia Bailey, Licensor

Consultation:

WAC 388-78A-2640 Reporting significant change in a resident's condition.

- (2) The assisted living facility must notify any agency responsible for paying for the resident's care and services as soon as possible whenever:
- (a) The resident is relocated to a hospital or other health care facility; or

The facility failed to notify the Home and Community Services' case manager when a resident receiving Medicaid services was admitted to the hospital.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

In Addition, You May:

Lacey Special Care Community LLC
The Cottages at Lacey License #2443
February 7, 2019
Page 2

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive the letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your requests to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (360) 664-8421.

Sincerely,



Chris Cornell, Field Manager
Region 3, Unit D
Residential Care Services

Enclosure



**Residential Care Services
Investigation Summary Report**

Provider/Facility: The Cottages at Lacey (1125441) **Intake ID(s):** 3600628
License/Cert. #: AL2443
Investigator: Bailey, Julia **Region/Unit:** RCS Region 3/Unit D **Investigation Date(s):** 01/15/2019 through 02/01/2019
Complainant Contact Date(s):

Allegations:

1) The facility failed to notify the AV's case manager when the AV was admitted to the hospital.

Investigation Methods:

Sample: AV and two residents sent out to the hospital.

Observations: Facility environment, resident appearance, number of staff on duty and resident safety measures.

Interviews: Facility staff and a person not associated with the facility.

Record Reviews: AV and two residents sent out to the hospital. Facility investigation reports.

Allegation Summary:

The AV fell and was sent to the hospital for evaluation. The AV was admitted to the hospital with a fracture. The AV's case manager was not notified by the facility when the AV was admitted to the hospital. The Director of Nursing stated they were not aware this was required, but is aware now and was able to state why.

Unalleged Violation(s): **Yes** **No**

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written** **Failed Provider Practice Not Identified / No Citation Written**

A consultation was written under WAC 388-78A-2640 Reporting significant change in a resident's condition.

This document was prepared by Residential Care Services for the Locator website.