



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

June 18, 2021

CERTIFIED MAIL: #7018 1830 0001 2386 2149

Halsey Luciano
Woodland Village
2020 A St SE STE 101
Auburn, WA 98002

ALF License #2512

Dear Administrator:

Thank you for participating in the Informal Dispute Resolution (IDR) process on June 1, 2021. This letter is a follow up to the telephone call today with you regarding the results of the IDR. During the IDR, citations identified in the Statement of Deficiencies (SOD) dated April 20, 2021 were addressed. As discussed during the IDR, the following information was considered:

- All written materials presented by the assisted living facility.
- All oral statements and explanations offered by the assisted living facility.
- Records gathered by the RCS regional staff.

In addition, I questioned RCS field staff, the Department of Health, the Local Health Jurisdiction and the ALF policy unit to clarify facts and issues that were raised.

After careful review and consideration, I have decided to make the following changes to the Statement of Deficiencies report dated April 20, 2021:

WAC 388-78A-2610 – Edited, updated DOH 420-32 to reflect DOH 420-321 dated 03/22/201. Removed the sentence, “However compassionate care is defined as end of life supports.”

WAC 388-78A-3140 – Provider withdrew dispute at IDR.

WAC 388-78A-2600 – No Change

Next Steps:

- If you have not done so already, begin the process of correcting the disputed deficiency or deficiencies immediately.
- Contact the local field manager if you need clarification related to the SOD report.
- Within five calendar days after you receive this letter, complete and return the "Plan/Attestation Statement" for all disputed deficiencies.
 - For each disputed deficiency, indicate the date you have or will have corrected each one.
 - Next to each disputed deficiency, sign and date certifying that you have or will correct each disputed deficiency.
 - Mail the "Plan/Attestation Statement" with original signatures to:

Chris Cornell, Field Manager
Residential Care Services
Region 3, Unit E
800 NE 136th Avenue, Suite #220
Vancouver, WA 98684

- You must complete corrections within 45 days or less if directed by the department after review of your proposed correction dates.

If you have any questions, please contact me at staci.dilg@dshs.wa.gov.

Sincerely,

Staci Dilg

Staci Dilg
IDR Program Manager
Residential Care Services

cc: Field Operations Office Chief, RCS
Regional Administrator, Region 3
Field Manager, Region 3, Unit E
Statewide Long Term Care Ombuds
Regional Long Term Care Ombuds
Central File
IDR File