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

March 22, 2016
CERTIFIED MAIL 7007 1490 0003 4195 8839

Administrator
Lake Whatcom Residential and Treatment Center
609 A North Shore Drive
Bellingham, WA 98226

Assisted Living Facility License #**601**
Licensee: Lake Whatcom Residential and Treatment Center

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On February 17, 2016 the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of the imposition of conditions on the license for your assisted living facility, also known as **Lake Whatcom Residential and Treatment Center**, located at **3400 Agate Heights Road, Bellingham,** 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 conditions on the license is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **February 17, 2016.**

WAC 388-78A-2600 – Policies and procedures

The licensee failed to develop and implement a detailed policy to protect, monitor and account for one of three residents when they left facility grounds.

WAC 388-78A-2630 – Reporting abuse and neglect

The licensee failed to report the elopement of one of three sampled residents to the Department as required.

NOTE: This is the violations which resulted in a condition on the license; see the attached Statement of Deficiencies for any additional violations.

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

- ***Assist in the development, modification, if needed, and implementation of policies and procedures to address how staff is to supervise/monitor residents including accounting for residents who leave the premises.***

- ***Train all staff, including management, on reporting abuse and/or neglect consistent with WAC 388-78A-2630, 74.34 RCW and the guidelines in the March 2016 Assisted Living Facility Guidebook***

- ***The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.***

The effective date of the conditions on your license is **March 22, 2016**. As provided in RCW 70.128.162(b), WAC 388-76-10990(6), the effective date of the conditions on our license will not be postponed pending an administrative hearing or informal dispute resolution review.

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:

Jayne Hill, Field Manager
Region 2, Unit A
3906 – 172nd Street, Suite 100
Arlington, WA 98223
Phone: (360) 651-6863 / Fax: (360) 651-6940

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
Fax (360) 725-3225

Formal Administrative Hearing

You may contest the conditions on the license by requesting a formal administrative hearing to challenge the deficiency which resulted in the conditions on the license. **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

If you have any questions, please contact Jayne Hill, Field Manager at (360) 651-6863.

Sincerely,

D Longen-Grimes RN MSN

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

Enclosure

cc: Field Manager, Region 2, Unit A
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
HQ Central Files
sg