



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Disability Services  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5050**

September 25, 2013

**CERTIFIED MAIL 7007 1490 0003 4201 5708**

Administrator  
Judson Park Retirement Community  
23600 Marine View Drive South  
Des Moines WA 98198

Assisted Living Facility License #681  
Licensee: American Baptist Homes of Washington

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

Dear Administrator:

This letter constitutes formal notice of the imposition of civil fines and a condition on the license for your assisted living facility, located at **23600 Marine View Drive South, Des Moines**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272; RCW 18.20.190.

The civil fines and conditions on the license are based on the following violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **September 18, 2013**.

**WAC 388-78A-2305(1) Food sanitation.** **\$100.00**

**The facility failed to maintain clean and sanitary food preparation, kitchen and food storage areas.**

**WAC 388-78A-2700(2)(c)(i)(ii) Safety measures and disaster preparedness.** **\$100.00**

**The facility failed to conduct thorough incident investigations which included preventative steps to prevent future occurrences.**

The department, based on the findings of the inspection, has determined that the following conditions shall be placed on your license:

- ***The facility must hire, at their own expense, a professional cleaning service to perform a 'deep clean' of the entire kitchen, food storage and food preparation areas including stove and vent hood.***
- ***The facility must develop and implement a routine cleaning schedule to maintain a clean and sanitary kitchen, food storage and preparation areas including stove and vent hood. Completed schedules will be sent to the Field Manager on a weekly basis until informed by the Field Manager that they can stop.***
- ***The licensee must post this Notice of Conditions with the license in a visible location in a common use area.***

The effective date of the condition on your license is **September 25, 2013**. As provided in RCW 18.20.190, the effective date of the condition on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

Plan  
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:  
Mike Anbesse, Field Manager  
District 2, Unit F  
20425 72<sup>nd</sup> Ave South, Suite 400  
Kent, WA 98032-2388  
Phone: (253) 234-6044 / Fax: (253) 395-5070

You may contest the civil fines and condition on your license by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

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If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$200.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue 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) calendar days, the balance due the department will be recovered.

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager  
Aging and Disability Services Administration  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax (360) 725-3225

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

If you have any questions, please contact Mike Anbesse at (253) 234-6044.

Sincerely,

Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Administrator  
Judson Park Retirement Community  
September 25, 2013  
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Enclosure

cc: David Moon, Compliance Specialist  
RCS Field Manager –District 2, Unit F  
RCS District Administrator – District 2  
HCS Regional Administrator – Region 2  
DDD Regional Administrator – Region 2  
Washington State Long Term Care Ombuds  
Area Agency on Aging, AAA- King  
Office of Financial Recovery, Vendor Program Unit  
Medicaid Fraud Control Unit  
Judi Plesha, HCS  
HQ Central Files  
BAM