



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 17, 2013

CERTIFIED MAIL 7007 1490 0003 4202 1556

Provider
Peninsula Manor
1017 West 17th
Port Angeles WA 98362

Assisted Living Facility License #929
Licensee: Gladys M. Pressley

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

This letter constitutes formal notice of the imposition of conditions on the license for your assisted living facility, located at **1017 West 17th, Port Angeles**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in Laws of 1998, Chapter 272 and RCW 18.20.190.

The conditions are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations 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 3, 2013.

WAC 388-78A-3140(1-3) Responsibilities during inspections.

The facility staff failed to cooperate with department during complaint investigation.

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

- *The facility administrator will take an approved administrator training course as outlined in WAC 388-78A-2521, and obtain certification, at her own expense by November 30, 2013.*
- *The facility administrator will meet with the Field Manager and licensing staff, by October 11, 2013, to review the state laws as they relate to the requirements for Assisted Living Facility personnel to cooperate with the department during any on-site inspection or complaint investigation; and the responsibilities, requirements*

and expectations that come with the privilege of having a license to provide long term care services to the residents of Washington State.

- *The facility administrator will develop a facility policy and procedure on staff responsibilities and behaviors during licensing or complaint investigation visits by the department. All staff will receive training on the expectations by October 31, 2013, and the training will be included in the orientation for all new hires.*
- *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 conditions on your license is **September 17, 2013**. As provided in RCW18.20 and WAC 388-78A (2), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

You may contest the conditions on your license by requesting an administrative hearing. 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

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 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.

Plan of Correction/Attestation

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:

Joan Pierce, Field Manager
District 3 – Unit C
6639 Capitol Blvd SW
Point Plaza West
Tumwater, Washington 98501
Phone: (360) 664-8428 / Fax: (360) 664-8451

If you have any questions, please contact Joan Pierce at (360) 664-8428.

Sincerely,

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

Enclosure

cc: David Moon, Compliance Specialist
RCS Field Manager – District 3, Unit C
RCS District Administrator – District 3
HCS Regional Administrator – Region 3
DDD Regional Administrator – Region 3
Washington State Long Term Care Ombuds
Area Agency on Aging, AAA- Olympic
Medicaid Fraud Control Unit
Judi Plesha, HCS
HQ Central Files
BAM