



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Disability Services  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600  
April 25, 2014

**CERTIFIED MAIL 7008 1300 0000 7187 1696**

Administrator  
Peninsula Manor  
1017 West 17<sup>th</sup>  
Port Angeles, WA 98362

Assisted Living Facility License #929  
Licensee: Gladys Pressley

**IMPOSITION OF CIVIL FINE,  
IMPOSITION OF CONDITIONS ON A LICENSE AND  
STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Administrator:

On April 17, 2014, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of a civil fine, imposition of conditions on a license and stop placement order prohibiting admissions for your assisted living facility, also known as **Peninsula Manor**, located at **1017 West 17<sup>th</sup>, Port Angeles**, 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 civil fine, conditions on the license and stop placement order prohibiting admissions are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **April 17, 2014**.

**Civil Fine**

**WAC 388-78A-2090(6)(e) Full assessment topics.**

**\$100.00**

**The licensee failed to ensure three residents whose beds had side rails were assessed within the past twelve months for physical and cognitive ability to safely use side rails. This is a repeat violation from May 10, 2012 and July 27, 2013.**

## **Conditions on a license and Stop Placement order prohibiting admissions**

### **WAC 388-78A-2210(1)(a)(b) Medication services.**

**The licensee failed to ensure for four residents who received nurse delegation, all of the delegation training and requirements for providing nurse delegation were met.**

### **WAC 388-78A-2290(7) Family assistance with medications and treatments.**

**The licensee failed to ensure that the plan for family assistance with medication administration, for one resident was implemented as agreed to.**

### **WAC 388-78A-2320(1)(a)(2)(a) Intermittent nursing services systems.**

**The licensee failed did not have a system which supported the safe practice of nursing care for one resident.**

### **WAC 388-78A-2450(1)(a) Staff**

**The licensee failed to have enough staff on duty to meet the care needs of three residents.**

The stop placement order prohibiting admissions to your assisted living facility is effective immediately upon verbal notice to you on **April 24, 2014**, and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20.190(4). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your assisted living facility. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Joan Pierce, Field Manager at (360) 664-8428.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement of admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

### **Conditions on License**

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

- *The license must hire a registered nurse delegator by May 1, 2014, not presently associated with the facility, to train the facility nurse delegation staff on nurse delegation requirements for assisted living facilities.*
- *The nurse consultant will assist the assisted living facility in evaluating all residents for any nurse delegation tasks and ensure nurse delegation, if required, is being done to meet resident needs.*
- *The nurse consultant will assist the assisted living facility in setting up a safe system for family assistance of medications, and in setting a safe system for intermittent nursing services that promotes safe practice of nursing for residents requiring intermittent nursing services and supervision.*
- *The consultants will be available to the Department to answer questions.*
- *The licensee must post this Notice of Conditions, with the license, in a visible location in a common use area.*

These conditions are effective on April 24, 2014 and remain in effect until lifted by formal Department of Social and Health Services notice.

**NOTE:** *These are the violations which resulted in the fine, conditions on a license and stop placement order prohibiting admissions; see the attached Statement of Deficiencies for any additional violations.*

### **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:

Joan Pierce, Field Manager  
District 3 – Unit C  
PO Box 45819  
Olympia, WA 98504-5819  
Phone: (360) 664-8428 / Fax: (360) 664-8451

### **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 10<sup>th</sup> 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 civil fine, conditions on a license or stop placement order prohibiting admissions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fine, conditions on a license and stop placement order prohibiting admissions. **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.**

Administrator  
Peninsula Manor  
April 25, 2014  
Page 5

Send your **written** request to:

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

**Payment:**

If you do not request a formal administrative hearing, the civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$100.00** payable to the 'Department of Social and Health Services' at:

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

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately 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) days, the balance due will be recovered.

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: Bett Schlemmer, Compliance Specialist  
Field Manager, District 3, Unit C  
RCS District Administrator, District 3  
HCS District Administrator, District 3  
DDD District Administrator, District 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
Judy Plesha, HCS  
DS