



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

January 24, 2024

ELECTRONIC-FACSIMILE

Administrator
Garden Courte Alzheimer's Community
626 Lilly Rd NE
Olympia, WA 98506

Assisted Living Facility License #1111
Licensee: Olympia Special Care LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On January 11, 2024, the Department of Social and Health Services (DSHS), Residential Care Services completed a Full and Complaint Investigation at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **Garden Courte Alzheimer's Community**, located at **626 Lilly Rd NE, Olympia**, 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 fines on the license are based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated January 11, 2024.

Civil Fines

WAC 388-78A-2040(1)(2) Other requirements. **\$500.00**

The licensee failed to ensure fire extinguishers were serviced timely and doors were not propped open for one facility reviewed. These failures placed 81 residents at risk in the event of a fire.

This is a recurring deficiency previously cited on March 22, 2022.

WAC 388-78A-2610(1)(2)(d) Infection control. **\$400.00**

The licensee failed to implement infection control practices by staff not performing hand hygiene and dragging soiled linen and trash bags on the ground through the facility for

three areas (north unit, south unit, and kitchen) reviewed. These failures placed all 81 residents at risk for cross contamination and infection when care and services were provided and when food was prepared by the facility staff.

This is a recurring deficiency previously cited on January 5, 2023, and April 11, 2023.

WAC 388-78A-2210(1)(a)(b)(2)(a)(b) Medication services. **\$1,000.00**

The licensee failed to dispose of medications for residents that no longer resided at the facility for one medication/charting rooms observed. The facility failed to ensure residents medications orders were followed as prescribed for two residents per the physicians prescribed orders and parameters. The facility failed to ensure another resident's insulin was not administered after it was expired. The facility failed to ensure two residents' medications were only administered to themselves as labeled per the prescribed physician and pharmacy. These failures contributed to one resident experiencing side effects to receiving non-prescribed medications and being hospitalized, and placed residents at risk for harm, medication errors, and misuse of medications.

WAC 388-78A-2600(2)(h) Policies and procedures. **\$500.00**

The licensee failed to ensure implementation of their disaster policy when there was a gas leak in the facility. This failure placed all 81 residents at risk of harm during an emergency.

NOTE: These are the violations, which resulted in the fines; 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:

Cory Cisneros, Field Manager
Region 3, Unit E
6639 Capitol Blvd SW Point Plaza West
Tumwater, WA 98501
Phone: (253) 254-3190 / Fax: (360) 664-8451
rcsregion3email@dshs.wa.gov

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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

Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fines. **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

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Payment:

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

Mail a check for **\$2,400.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check, to:**

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501
1-800-562-6114 (extension 45919)
OFRMMISVendor@dshs.wa.gov

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 Cory Cisneros, Field Manager, at (253) 254-3190.

Sincerely,



Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit E
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP