



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

February 21, 2024

ELECTRONIC-FACSIMILE

Administrator
Woodland Retirement & Assisted Living Community
c/o 3425 Boone Rd SE
Salem, OR 97317

Assisted Living Facility License #1709
Licensee: Woodland Retirement & Assisted Living Community LLC

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

Dear Administrator:

On February 7, 2024, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter constitutes formal notice of civil fines and the imposition of conditions on the license for your assisted living facility, also known as **Woodland Retirement & Assisted Living Community**, located at **4532 Intelco Loop SE, Lacey**, 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 and 18.20.520.

The civil fines and 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 7, 2024**.

Civil Fines

WAC 388-78A-2450(2)(b) Staff.

\$400.00

The licensee failed to complete reference checks for four employees. This failure placed all 49 residents at risk of receiving care and services from unqualified and/or unsuitable staff.

This is an uncorrected and recurring deficiency previously cited on October 26, 2023, and July 10, 2023.

WAC 388-78A-2305(1)(2) Food sanitation.

\$600.00

The licensee failed to ensure staff received their food handlers' card for one staff member. The facility failed to properly store and label food, prevent cross contamination, and ensure staff completed proper hand hygiene for one kitchen. These failures placed 49 residents at risk for receiving food that was incorrectly prepared by an unqualified staff and at risk for exposure to food-borne illnesses.

This is an uncorrected and recurring deficiency previously cited on October 26, 2023, and July 10, 2023.

WAC 388-78A-2484(1)(2) Tuberculosis—Two step skin testing.

\$600.00

The licensee failed to ensure that three staff members received their Tuberculosis (infectious bacterial disease of the lungs) test within three days of hire. This failure placed 49 residents at risk for exposure to Tuberculosis.

This is an uncorrected and recurring deficiency previously cited on October 26, 2023, and July 10, 2023.

WAC 388-78A-2040(1) Other requirements.

\$800.00

The licensee failed to stay in compliance with the local Fire Marshal regulations related to securing oxygen cylinders for one oxygen storage room reviewed. This failure placed 49 residents' life and safety at risk in the event of an emergency.

This is an uncorrected and recurring deficiency previously cited on October 26, 2023, and July 10, 2023, and March 16, 2023.

WAC 388-78A-2610 Infection control.

\$1,000.00

The licensee failed to ensure all staff were fit tested for an N95 respirator (a device worn over the mouth and nose or entire face that prevents inhalation of dust, smoke, and other substances) for three staff members. The facility failed to ensure disposed medical waste that required to be stored for one room (Oxygen room) was kept in a safe, leak-proof, puncture-resistant container, and was labeled. These failures resulted in staff not being fit tested placing 49 residents at risk of being infected and spreading communicable diseases and placed 49 residents at risk of residing in an unsafe environment.

This is an uncorrected and recurring deficiency previously cited on October 26, 2023, and July 10, 2023, and a recurring deficiency for 388-78A-2610 (1)(2)(a) previously cited on November 9, 2022, and August 18, 2022.

Conditions on License

WAC 388-78A-2610 Infection control.

The licensee failed to ensure all staff were fit tested for an N95 respirator (a device worn over the mouth and nose or entire face that prevents inhalation of dust, smoke, and other substances) for three staff members. The facility failed to ensure disposed medical waste that required to be stored for one room (Oxygen room) was kept in a safe, leak-proof, puncture-resistant container, and was labeled. These failures resulted in staff not being fit tested placing 49 residents at risk of being infected and spreading communicable diseases and placed 49 residents at risk of residing in an unsafe environment.

This is an uncorrected and recurring deficiency previously cited on October 26, 2023, and July 10, 2023, and a recurring deficiency for 388-78A-2610 (1)(2)(a) previously cited on November 9, 2022, and August 18, 2022.

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

- *The licensee must hire, at their own expense, by March 8th, 2024, a registered nurse consultant (RNC) familiar with assisted living facility regulations, not currently or previously affiliated with the facility, to assist with the following:*
 - *Ensure ALL staff are fit tested for N95 respirators and provided all necessary PPE for all staff assuming care and services while working inside the facility no later than March 29th, 2024.*
 - *Develop and implement processes for ensuring fit testing is documented: to include the employee's name, test date, type of fit test performed, description (type, manufacturer, model, style, and size) of the respirator tested, results of fit tests).*
 - *Develop a system to ensure medical waste is properly stored and kept in labeled, leakproof, puncture-resistant containers and disposed of timely.*
 - *Ensure the fit testing documentation is available in the facility.*
- *The licensee will provide the RCS Field Manager with the RNC contact information as soon as the RNC is hired.*
- *The RNC will be available to the Department to answer questions.*
- *The licensee will give the consultant a copy of the Statement of Deficiencies dated February 7th, 2024.*
- *The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area accessible to residents and visitors.*

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These conditions are effective on **February 21, 2024**, and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations, which resulted in the fines and conditions; 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
rcregion3email@dshs.wa.gov

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.

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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 and conditions by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fines and conditions. **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

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 **\$3,000.00** 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

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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