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

March 5, 2025

ELECTRONIC-FACSIMILE

Administrator
Victoria Place
491 Discovery Rd
Port Townsend, WA 98368

Assisted Living Facility License # **2185**
Licensee: Victoria Aid Opco LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On February 21, 2025, 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 on the license for your assisted living facility, also known as **Victoria Place,** located at **491 Discovery Rd, Port Townsend,** 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 February 21, 2025**.**

Civil Fines

WAC 388-78A-2320 (2)(b)(3)(b(c)(d)(e) Intermittent nursing services systems. **$900.00**

The licensee failed to maintain and provide current nurse delegation documents for three residents. This failure resulted in residents receiving medication services from unqualified staff and placed delegated residents at risk for unmet medical care needs.

This is an uncorrected deficiency previously cited on January 2, 2025.

WAC 388-78A-2470 (1) Background check—Employment—Disqualifying information—Disqualifying negative actions. **$300.00**

The licensee failed to ensure one staff with disqualifying negative background check results was not employed by the facility. This failure resulted in 26 residents being cared for by a staff member who had a disqualifying history.

This is an uncorrected deficiency previously cited on January 2, 2025.

WAC 388-78A-2462 (2)(a)(b)(3)(c)(d) Background checks—Who is required to have. **$400.00**

The licensee failed to have a Washington State name and Date of Birth background check completed for two contracted agency caregivers prior to them working at the facility. This failure resulted in all 26 residents being cared for by staff members with unknown background check history.

This is an uncorrected deficiency previously cited on January 2, 2025, for subsections 2462-(2)(a).

WAC 388-78A-2474 (1)(2)(a)(b)(c)(d)(e)(4)(5)(6) Training and home care aide certification requirements. **$400.00**

The licensee failed to ensure two staff had completed their facility orientation with all the required topics. The facility failed to ensure one staff had the required Department of Social and Health Services (DSHS) five-hour orientation and safety training. The facility failed to ensure one staff had the required CPR (cardiopulmonary resuscitation) and First Aid training. The facility failed to ensure that two staff had the dementia (a group of brain conditions that cause a decline in thinking, memory, and reasoning) specialty training certificate as required. The facility failed to ensure one staff had their home care aid certification. These failures resulted in residents being cared for by staff without required trainings and placed 26 residents at risk of harm in the event of an emergency due to staff not being trained on life saving measures, unaware of the facility's expectations, and risk of unmet care needs by untrained staff.

This is an uncorrected deficiency previously cited on January 2, 2025, for subsection (1)(2)(a)(b)(c)(d)(4).

WAC 388-78A-2484 (1)(2) Tuberculosis—Two step skin testing. **$300.00**

The licensee failed to ensure that one staff received their Tuberculosis (infectious bacterial disease of the lungs) test within the required time requirements. This failure placed 26 residents at risk for exposure to Tuberculosis (TB).

This is an uncorrected deficiency previously cited on January 2, 2025, for subsection 2484(1).

WAC 388-78A-2305 (1)(2) Food sanitation. $500.00

The licensee failed to follow and implement safe food handling and storing practices for one area reviewed (the kitchen). These failures placed 26 residents at risk of for food-borne illnesses due to receiving improperly handled food.

This is an uncorrected deficiency previously cited on January 2, 2025, for subsection 2305(1).

WAC 388-78A-2300 (1)(c)(iii)(v)(e)(ii)(f)(g)(2)(a)(ii) Food and nutrition services. $300.00

The license failed to provide a variety of food for one kitchen reviewed. These failures placed all 26 residents at risk of diminished quality of life.

This is an uncorrected deficiency previously cited on January 2, 2025, for subsection 2300 (1)(v)(g).

WAC 388-78A-2710 (1)(2) Disclosure of services. $400.00

The licensee failed to provide a signed documentation that five residents received a copy of the facility's disclosure of services. This failure placed 26 residents, and resident representatives at risk from not having knowledge of what services the facility provided.

This is an uncorrected deficiency previously cited on January 2, 2025.

WAC 388-78A-2665 (1)(2)(3)(4)(5)(6) Resident rights—Notice—Policy on accepting medicaid as a payment source. $400.00

The licensee failed to ensure residents were provided a Medicaid policy for four residents. This failure placed 26 residents and their responsible party at risk of making uninformed decisions about placement with consideration of potential changes in their financial circumstances.

This is an uncorrected deficiency previously cited on January 2, 2025.

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

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

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 **$3,900.00** 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, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
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