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

January 16, 2025

CERTIFIED MAIL 9489 0090 0027 6383 3291 78

Administrator
Victoria Place
491 Discovery Rd
Port Townsend, WA 98368

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

IMPOSITION OF CIVIL FINES, AND
CONTINUED STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Administrator:

On January 2, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a Full Inspection at your facility. This letter constitutes formal notice of civil fines and continued stop placement order prohibiting admissions 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 and 18.20.520.

The civil fines and continued 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 **January 2, 2025.**

Civil Fines

WAC 388-78A-2470(1) Background checks—Washington state name and date of birth background check. **$200.00**

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

WAC 388-78A-2730(1)(a)(b)(c)(5) Licensee's responsibilities. **$500.00**

The licensee failed to ensure the facility operated in compliance with licensing requirements and to ensure residents received necessary care and services from qualified staff for one facility reviewed. These failures resulted in residents receiving care and services from untrained and unqualified staff, staff and residents not being aware of who was in charge of the facility and resulted in the facility failing to take immediate actions to ensure resident safety and placed the residents at risk of harm.

WAC 388-78A-2821(2)(b)(i)(A)(B)(C)(D)(c)(d)(i)(A)(C)(ii)(iii)(vi)(e)(i)(ii)(iii)(A)(B)(C) Design, construction review, and approval plans. **$200.00**

The licensee failed to submit construction documents to construction review services (CRS) before scheduled construction for three areas within the facility. This placed 26 residents' safety at risk as CRS had not been able to ensure health and safety plans were in place for the residents, staff, and visitors during the construction.

Continued Stop Placement Order Prohibiting Admissions

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

The licensee failed to ensure facility staff had the required nurse delegation training and credentials for five staff reviewed. The facility failed to maintain and provide current nurse delegation documents for three sampled residents reviewed. These failures resulted in residents receiving nurse delegation services from unqualified staff and placed residents at risk for unmet medical care needs.

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

The licensee failed to follow and implement safe food handling and storing practices for two areas reviewed and failed to ensure one long term staff had their food worker cards. These failures placed 26 residents at risk of for food-borne illnesses due to receiving improperly handled food.

The stop placement order prohibiting admissions to your assisted living facility was effective immediately upon **verbal** notice to you on **December 19, 2024,** in a notice letter dated **December 20, 2024**. The stop placement order is continued upon **verbal** notice to you on **January 15, 2025,** and certified mail of this letter and the attached Statement of Deficiencies report. The continued 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 continued stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the continued 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 continued stop placement unless you obtain advance approval from the department. You may request such approval by contacting Cory Cisneros, Field Manager, at (253) 254-3190.

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 continued stop placement of admissions.

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

NOTE: These are the violations, which resulted in the fines, and continued 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:

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 and continued stop placement order prohibiting admissions by requesting a formal administrative hearing to challenge the deficiencies), which resulted in the civil fines and continued 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.

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 **$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

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

_____

DATE REQUEST FAXED: _____ DATE MAILED: _____

TO: _____, Field Manager, Region ___ Unit ___

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

1.

2.

3.

4.

5.

6.

7.

_____ _____

Licensee or Designee Signature Date