STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

CHP Longview-Monticello Park WA Tenant Corp
Prestige Senior Living Monticello Park
605 Broadway St
Longview, WA 98632

RE: Prestige Senior Living Monticello Park License # 2238

Dear Administrator:

This letter addresses Compliance Determination(s) 31035 (Completion Date 10/13/2023) and 28205 (Completion Date 08/23/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/13/2023 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2100-2-b, WAC 388-78A-2140, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-3, WAC 388-78A-2140-4, WAC 388-78A-2140-5, WAC 388-78A-2140-6, WAC 388-78A-2140-7, WAC 388-78A-2140-8

The Department staff who did the off-site verification:
Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I

Residential Care Services

RECEIVED
SEP 07 2023
DSHS RCS REGION 3
VANCOUVER

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2236	Compliance Determination # 28205
Plan of Correction	Prestige Senior Living Monticello Park	Completion Date
Page 1 of 7	Licensee: CHP Longview-Monticello Park WA	08/23/2023

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 08/21/2023 and 08/23/2023 of:
Prestige Senior Living Monticello Park
605 Broadway St
Longview, WA 98632

The following sample was selected for review during the unannounced on-site visit: 11 of 68 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility.

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Jacob Ubl, ALF NCI CI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — Date: 08/28/2023

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 08/21/2023 and 08/23/2023 of:

Prestige Senior Living Monticello Park
605 Broadway St
Longview, WA 98632

The following sample was selected for review during the unannounced on-site visit: 11 of 68 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Jacob Ubl, ALF NCI CI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) 8/29/23 Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(2) Complete an assessment specifically focused on a resident's identified problems and related issues;

(b) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a change of condition assessment was completed for 2 of 11 sampled residents (Resident 7 and 9) after they had returned to the facility from a hospitalization and skilled nursing facility (SNF) stay and/or had necessary health support services from outside providers added. This failure placed these 2 residents at risk of harm for proper care needs not being met.

Findings included...

Resident 7 (R7)
During an unannounced full inspection on 08/22/2023 at 1:11 PM, R7's records showed that R7 initially admitted to the facility on [redacted]/2017 and then again readmitted on [redacted]2023 after a hospitalization and SNF stay, with various diagnoses including [redacted] and [redacted].

Review of R7's records showed an assessment dated, 03/15/2023, stating that home health had been ordered and would be updated when they started. An assessment, dated 06/19/2023, showed home health services being discontinued. No other assessments were found to indicate that home health services had been started.

Review of R7's records showed outside services visit notes, dated 03/27/2023 and 04/11/2023, from the home health therapists confirming that R7 was receiving home health services.

In an interview on 08/23/2023 at 1:00 PM, Staff B, Health Services Director (HSD), confirmed that there was no assessment completed when home health services began for R7 and that it was never added to the service plan.

Resident 9 (R9)

Administrator (or Representative) Date

WAC 388-78A-2100 On-going assessments. The assisted living facility must:

(2) Complete an assessment specifically focused on a resident's identified problems and related issues:

(b) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a change of condition assessment was completed for 2 of 11 sampled residents (Resident 7 and 9) after they had returned to the facility from a hospitalization and skilled nursing facility (SNF) stay and/or had necessary health support services from outside providers added. This failure placed these 2 residents at risk of harm for proper care needs not being met.

Findings included…

Resident 7 (R7)
During an unannounced full inspection on 08/22/2023 at 1:11 PM, R7's records showed that R7 initially admitted to the facility on [redacted]/2017 and then again readmitted on [redacted]/2023 after a hospitalization and SNF stay, with various diagnoses including [redacted] and [redacted].

Review of R7's records showed an assessment dated, 03/15/2023, stating that home health had been ordered and would be updated when they started. An assessment, dated 06/19/2023, showed home health services being discontinued. No other assessments were found to indicate that home health services had been started.

Review of R7's records showed outside services visit notes, dated 03/27/2023 and 04/11/2023, from the home health therapists confirming that R7 was receiving home health services.

In an interview on 08/23/2023 at 1:00 PM, Staff B, Health Services Director (HSD), confirmed that there was no assessment completed when home health services began for R7 and that it was never added to the service plan.

Resident 9 (R9)

On 08/22/2023 at 2:09 PM, R9's records showed that R9 initially admitted to the facility on [redacted] 2014 and then again readmitted on [redacted] /2023 after a hospitalization and SNF stay, with various diagnoses including [redacted] and [redacted].

Review of R9's records showed an assessment dated 02/14/2023. No other assessments were found dated on or around the time R9 returned to the facility after a hospitalization and SNF stay.

Review of R9's records showed outside services visit note, dated 08/02/2023, for a home health admission by the nurse. Other outside services notes dated 08/03/2023, 08/08/2023, and 08/09/2023 by the nurse, occupational therapist, and physical therapist confirmed continued home health services were being provided to R9.

Review of R9's progress notes dated 08/01/2023 – 08/21/2023 also confirmed that R9 was receiving home health services.

In an interview on 08/23/2023 at 1:00 PM, Staff B, stated that they had not completed a change of condition assessment for R9 when they returned to the facility.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date) 10/10/23.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) 8/29/23 Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

On 08/22/2023 at 2:09 PM, R9's records showed that R9 initially admitted to the facility on [redacted]/2014 and then again readmitted on [redacted]/2023 after a hospitalization and SNF stay, with various diagnoses including [redacted] and [redacted].

Review of R9's records showed an assessment dated 02/14/2023. No other assessments were found dated on or around the time R9 returned to the facility after a hospitalization and SNF stay.

Review of R9's records showed outside services visit note, dated 08/02/2023, for a home health admission by the nurse. Other outside services notes dated 08/03/2023, 08/08/2023, and 08/09/2023 by the nurse, occupational therapist, and physical therapist confirmed continued home health services were being provided to R9.

Review of R9's progress notes dated 06/01/2023 – 08/21/2023 also confirmed that R9 was receiving home health services.

In an interview on 08/23/2023 at 1:00 PM, Staff B, stated that they had not completed a change of condition assessment for R9 when they returned to the facility.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA), the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 4 of 11 sampled residents (Resident 5, 7, 9, and 10). Failure to develop a complete NSA placed residents at risk for unmet care needs and for care and services not being provided per the NSA.

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

(b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

(4) The resident's preferences for activities and how those preferences will be supported;

(5) Appropriate behavioral interventions, if needed;

(6) A communication plan, if special communication needs are present;

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

(8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident’s Negotiated Service Agreements (NSA), the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 4 of 11 sampled residents (Resident 5, 7, 9, and 10). Failure to develop a complete NSA placed residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 5 (R5)
During an unannounced full inspection on 08/22/2023 at 10:30 AM, R5's records showed that R5 admitted to the facility on [redacted]/2017 with various diagnoses including [redacted].

Review of R5's NSA dated, 04/10/2023, showed no mention of home health services being provided to R5.

Review of R5's records showed outside services visit notes, dated 07/14/2023, 07/17/2023, and 07/25/2023, from the home health therapists confirming that R5 was receiving home health services.

In an interview on 08/23/2023 at 1:00 PM, Staff B, Health Services Director, acknowledged that there were no home health services mentioned on R5's NSA.

Resident 7 (R7)
On 08/22/2023 at 1:11 PM, R7's records showed that R7 initially admitted to the facility on [redacted]/2017 and then again readmitted on [redacted]/2023 after a hospitalization and short skilled nursing facility (SNF) stay, with various diagnoses including [redacted] and [redacted].

Review of R7's NSA's dated, 03/17/2023 and 06/19/2023, showed no mention of home health services being provided to R7.

Review of R7's records showed outside services visit notes, dated 03/27/2023 and 04/11/2023, from the home health therapists confirming that R7 was receiving home health services.

In an interview on 08/23/2023 at 1:00 PM, Staff B, confirmed that when home health services began for R7 it was never added to the service plan.

Resident 8 (R8)
On 08/22/2023 at 2:09 PM, R8's records showed that R8 initially admitted to the facility on [redacted]/2014 and then again readmitted on [redacted]/2023 after a hospitalization and short SNF stay, with various diagnoses including [redacted] and [redacted].

Findings included…

Resident 5 (R5)
During an unannounced full inspection on 08/22/2023 at 10:30 AM, R5's records showed that R5 admitted to the facility on [redacted]/2017 with various diagnoses including [redacted] and [redacted].

Review of R5's NSA dated, 04/10/2023, showed no mention of home health services being provided to R5.

Review of R5's records showed outside services visit notes, dated 07/14/2023, 07/17/2023, and 07/25/2023, from the home health therapists confirming that R5 was receiving home health services.

In an interview on 08/23/2023 at 1:00 PM, Staff B, Health Services Director, acknowledged that there were no home health services mentioned on R5's NSA.

Resident 7 (R7)
On 08/22/2023 at 1:11 PM, R7's records showed that R7 initially admitted to the facility on [redacted]/2017 and then again readmitted on [redacted]/2023 after a hospitalization and short skilled nursing facility (SNF) stay, with various diagnoses including [redacted] and [redacted].

Review of R7's NSA's dated, 03/17/2023 and 06/19/2023, showed no mention of home health services being provided to R7.

Review of R7's records showed outside services visit notes, dated 03/27/2023 and 04/11/2023, from the home health therapists confirming that R7 was receiving home health services.

In an interview on 08/23/2023 at 1:00 PM, Staff B, confirmed that when home health services began for R7 it was never added to the service plan.

Resident 9 (R9)
On 08/22/2023 at 2:09 PM, R9's records showed that R9 initially admitted to the facility on [redacted]/2014 and then again readmitted on [redacted]/2023 after a hospitalization and short SNF stay, with various diagnoses including [redacted] and [redacted].

Review of R9's NSA dated, 03/09/2023 showed no mention of home health services being provided to R9. No other NSA's were found on or around the time that R9 returned to the facility after the SNF stay.

Review of R9's records showed outside services visit note, dated 08/02/2023, for a home health admission by the nurse. Other outside services notes dated 08/03/2023, 08/08/2023, and 08/09/2023 by the nurse, occupational therapist, and physical therapist confirmed continued home health services were being provided to R9.

Review of R9's progress notes dated 06/01/2023 – 08/21/2023 also confirmed that R9 was receiving home health services.

In an interview on 08/23/2023 at 1:00 PM, Staff B, stated that they had not completed a new NSA for R9 when they returned to the facility.

Resident 10 (R10)
On 08/23/2023 at 1:00 PM, R10's records showed that R10 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R10's NSA dated, 07/20/2023, showed no mention of home health services being provided to R10.

Review of R10's records showed outside services visit notes dated, 08/08/2023 and 08/17/2023, from the home health therapists confirming that R10 was receiving home health services.

In an interview on 08/23/2023 at 1:00 PM, Staff B, acknowledged that there were no home health services mentioned on R10's NSA.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date) 10/10/23 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Review of R9's NSA dated, 03/09/2023 showed no mention of home health services being provided to R9. No other NSA's were found on or around the time that R9 returned to the facility after the SNF stay.

Review of R9's records showed outside services visit note, dated 08/02/2023, for a home health admission by the nurse. Other outside services notes dated 08/03/2023, 08/08/2023, and 08/09/2023 by the nurse, occupational therapist, and physical therapist confirmed continued home health services were being provided to R9.

Review of R9's progress notes dated 06/01/2023 – 08/21/2023 also confirmed that R9 was receiving home health services.

In an interview on 08/23/2023 at 1:00 PM, Staff B, stated that they had not completed a new NSA for R9 when they returned to the facility.

Resident 10 (R10)
On 08/23/2023 at 1:00 PM, R10's records showed that R10 admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Review of R10's NSA dated, 07/20/2023, showed no mention of home health services being provided to R10.

Review of R10's records showed outside services visit notes dated, 08/08/2023 and 08/17/2023, from the home health therapists confirming that R10 was receiving home health services.

In an interview on 08/23/2023 at 1:00 PM, Staff B, acknowledged that there were no home health services mentioned on R10's NSA.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Statement of Deficiencies	License #: 2238	Compliance Determination # 28205
Plan of Correction	Prestige Senior Living Monticello Park	Completion Date
Page 7 of 7	Licensee: CHP Longview-Monticello Park WA	08/23/2023

Administrator (or Representative)

8/29/23
Date

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

08/28/2023

CHP Longview-Monticello Park WA Tenant Corp
Prestige Senior Living Monticello Park
605 Broadway St
Longview, WA 98632

RE: Prestige Senior Living Monticello Park # 2238

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/23/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit I
800 NE 136th Ave Ste 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

(a) Within forty-eight to seventy-two hours of the test; and

(b) By a trained professional; or

(2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

The facility failed to complete tuberculosis (an infectious bacterial disease that often attacks the lungs) testing as required when 1 of 3 sampled staff (Staff C) had been screened and determined to have had the vaccination. The facility had Staff C get the blood test for tuberculosis and provided proof prior to the exit.

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

The facility failed to complete an assessment for other safety considerations that may pose a danger to the resident, such as medical devices, for 1 of 1 sampled residents (Resident 4 [R4]). Staff B, Health Service Director (HSD), provided a medical device assessment for R4 prior to exit.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The facility failed to ensure that the hot water temperature for sinks used by residents was between 105 and 120 degrees Fahrenheit at all times. The facility lowered the temperature

and when the hot water was reevaluated, the temperature was 117.6 degrees Fahrenheit.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

o What specific deficiency or deficiencies you disagree with;
o Why you disagree with each deficiency; and
o Whether you want an IDR to occur in-person, by telephone or as a paper review.
o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

Enclosure