STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

EMERITUS CORPORATION
Brookdale Monroe
15465 179TH AVE SE
MONROE, WA 98272

RE: Brookdale Monroe License # 2284

Dear Administrator:

This letter addresses Compliance Determination(s) 51963 (Completion Date 12/18/2024) and 49027 (Completion Date 10/25/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/18/2024 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-2305-1, WAC 388-78A-3100-1, WAC 388-78A-3100-2, WAC 388-78A-2350-1, WAC 388-78A-2950-6, WAC 388-78A-2210-1, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210, WAC 388-78A-2466-1-a

The Department staff who did the on-site verification:
Judith Mellon, RN, Licensor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2284	Compliance Determination # 49027
Plan of Correction	Brookdale Monroe	Completion Date
Page 1 of 11	Licensee: EMERITUS CORPORATION	10/25/2024

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 10/21/2024 and 10/23/2024 of:
Brookdale Monroe
15465 179TH AVE SE
MONROE, WA 98272

The following sample was selected for review during the unannounced on-site visit: 7 of 55 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional
Judith Mellon, RN, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W. Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

10/31/2024
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) 10/31/24 Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to have a system in place to ensure proper sanitization of food prep surfaces and equipment and ensure ready-to-eat food was labeled, dated, unexpired and safe for residents to consume. These failures placed 55 of 55 residents at risk for food borne illnesses.

Findings included...

NOTE: Washington Administrative Code (WAC) 246-215-03526 Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (Food and Drug Administration ((FDA)) Food Code 3-501.17). (1) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under 03540, and except as specified in subsections (5) and (6) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than twenty-four hours must be clearly marked to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded when held at a temperature of 41°F (5°C) or less for a maximum of seven days. The day of preparation must be counted as day one. (2) Except as specified in subsections (5) through (7) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT must be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than twenty-four hours, to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded, based on the temperature and time requirements specified in subsection (1) of this section and: (a) The day the original container is opened in the FOOD ESTABLISHMENT is counted as day one; and (b) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.

Observation and interview during the environmental tour with Staff A (Executive Director) and Staff G (Maintenance Director), on 10/21/2024 at 10:29 AM, showed a refrigerator in the kitchen located near the activities room. Observation of the contents in the refrigerator showed a quart of half and half, with half remaining, with no opened date. Staff G could not recall the date when the half and half in the refrigerator was opened.

Observation, on 10/21/2024 at 10:38 AM. showed a kitchen in the ALF's memory care unit had a white stand-alone freezer with an unlabeled metal pan that held ice cream. The ice cream had ice crystals and torn plastic wrap that had fallen inside the pan.

In an interview, on 10/21/2024 at 10:38 AM, Staff E (Medication Technician) stated that she was unsure if the container was homemade ice cream and thought that the ice cream was made on Friday.

Observation and interview with Staff J (Dining Services Director) during the food service and kitchen tour on 10/21/2024 at 2:05 PM, showed a "Grab and Go" food bar located in the main dining room. Observation of the contents inside the food bar showed four 8-ounce milk cartons with an expiration date of 10/18/2024 (expired three days ago). Staff J immediately removed the expired milk and stated it should not be served to residents.

On 10/21/2024 at 2:02 PM, Staff J stated that they had just started using the snack bar about a week ago and did not know the milk was expired.

An observation, on 10/21/2024 at 2:08 PM, showed a stand-alone ice cream freezer in the ALF's main kitchen. Inside the freezer was approximately three inches of ice buildup. Two commercial size containers of ice cream in paper type cartons had the lids off them and were laying in the bottom of the freezer. Ice crystals were on the ice cream in both containers and the containers were damp from frost buildup. One container of ice cream had a partially readable date of "10/24" and the second container had no date.

In an interview, on 10/21/2024 at 2:09 PM, Staff J stated that she was unsure when the last time the ice cream freezer was defrosted, that the lids should be on the containers and there should be a thermometer inside the freezer. Staff J was unable to find a thermometer in the freezer.

Observation, on 10/21/2024 at 2:16 PM, of the contents in the refrigerator located in the main kitchen, near the ice cream freezer, showed a gallon of milk, with half remaining, with no opened date.

NOTE: Reference WAC 246-215-03339 Preventing contamination from equipment, utensils, and linens--Wiping cloths, use limitation (FDA Food Code 3-304.14).
(2) Cloths in-use for wiping counters and other EQUIPMENT surfaces must be: (a) Held between uses in a chemical SANITIZER solution at a concentration specified under 04565; OR

NOTE: Reference WAC 246-215-04565 Equipment--Manual and mechanical warewashing equipment, chemical sanitization--Temperature, pH, concentration, and hardness (FDA Food Code 4-501.114). A chemical SANITIZER used in a SANITIZING solution for a

manual or mechanical operation at contact times specified under 04710(3) must meet the requirements specified under 07220, must be used in accordance with the EPA-registered label use instructions, and must be used as follows: (3) A quaternary ammonium compound solution must: (a) Have a minimum temperature of 75°F (24°C); (b) Have a concentration as specified under 07220 and as indicated by the manufacturer's use directions included in the labeling; and (c) Be used only in water with 500 MG/L hardness or less or in water having a hardness no greater than specified by the EPA-registered label use instructions;

NOTE: Reference WAC 246-215-07220 Chemicals--Sanitizers, criteria (FDA Food Code 7-204.11). Chemical SANITIZERS, including chemical sanitizing solutions generated on-site, and other chemical antimicrobials applied to FOOD-CONTACT SURFACES must: (1) Meet the requirements specified in 40 C.F.R. 180.940 Tolerance exemptions for active and inert ingredients for Use in Antimicrobial Formulations (food contact surface sanitizing food contact surface sanitizing solutions);

Observation and interview during the food service and kitchen tour, on 10/22/2024 at 2:20 PM, Staff J tested the quaternary ammonium (QA) (a class of chemicals used for controlling bacteria, viruses, and other germs on surfaces.) *concen*tration level of the sanitation bucket solution located at the food preparation table. Observed Staff J used various quat/chlorine (a way to measure the concentration of QA in sanitizer solutions.) test strips and dipped the strips into the sanitation bucket. Some strips did not produce a result of the concentration level, other strips showed a concentration level under 100 parts per million (PPM). Staff J stated the sanitation solution's PPM level should had been at around 200 PPM and would consult with a service technician to make adjustments.

NOTE: WAC 246-215-03333 Preventing contamination from equipment, utensils, and linens—In-use utensils, between-use storage (FDA Food Code 3-304.12).
During pauses in FOOD preparation or dispensing, FOOD preparation and dispensing UTENSILS must be stored: (1) Except as specified under subsection (2) of this section, in the FOOD with their handles above the top of FOOD and the container; (2) In FOOD that is not TIME/TEMPERATURE CONTROL FOR SAFETY FOOD with their handles above the top of the FOOD within containers or EQUIPMENT that can be closed, such as bins of sugar, flour, or cinnamon; (3) On a clean portion of the FOOD preparation table or cooking EQUIPMENT only if the in-use UTENSIL and the FOOD-CONTACT SURFACE of the FOOD preparation table or cooking EQUIPMENT are cleaned and SANITIZED at a frequency specified under WAC 246-215-04605 and 246-215-04705; (4) In running water of sufficient velocity to flush particulates to the drain, if used with moist FOOD such as ice cream or mashed potatoes; (5) In a clean, protected location if the UTENSILS, such as ice scoops, are used only with a FOOD that is not TIME/TEMPERATURE CONTROL FOR SAFETY FOOD; or (6) In a container of water maintained at a temperature of 135°F (57°C) or greater or 41°F (5°C) or less and the container is cleaned at a frequency specified under WAC 246-215-04605 (4)(g).

Observation and interview with Staff J during the food service and kitchen tour, on 10/21/2024 at 2:12 PM, showed a steel container located next to the ice cream freezer in the main kitchen. Inside the steel container showed cloudy stagnant room temperature water and an ice cream scoop. Staff J stated the water holding the ice

cream scoop should be kept cleaned.

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, Brookdale Monroe is or will be in compliance with this law and / or regulation on (Date) 12/9/24

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

Administrator (or Representative) 10/31/2024 Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observations and interviews the Assisted Living Facility (ALF) failed to ensure sharp objects and personal care supplies were safely secured in a spa room in the secured memory care unit (MCU). This failure placed 11 of 11 dementia care residents at risk of harm from exposure to hazardous supplies.

Findings included...

Review of the ALF's Resident Characteristic Roster showed 11 residents were identified with a diagnosis of [redacted].

During an initial tour of the ALFs MCU, on 10/21/2024 at 10:57 AM, a spa room with a connecting resident common bathroom was observed. The spa room had a hall door entrance and a connecting common bathroom door entrance.

On 10/21/2024 at 10:57 AM, observation of a sign posted on the spa bathroom door showed "Staff please leave door locked at all times." The common bathroom door was observed to be unlocked and accessible to MCU residents.

On 10/21/2024 at 10:58 AM, a large cupboard next to the tub was observed unlocked, with broken zip ties on the door handles. Inside the cupboard were greater than 20 bottles of different types of shampoos, hair mousse, bath and body oil, two unlabeled used deodorants, a container with curling irons and hair dryers, and a bottle of lavender essential oil sitting on top of the cupboard. The label on the lavender essential oil showed a warning to avoid contact with eyes and to notify the physician. A second shelving unit next to the spa tub was observed to have on lower shelves a container full of safety pins (greater than 25), an open large bag of razors (greater than 10), fingernail dryer spray, a shower steamer and two bath bombs (like steamers).

On 10/21/2024 at 10:58 AM, Staff G (Maintenance Director) stated that the zip ties on the cupboard were broken and that he would get them fixed.

Observation, on 10/22/2024 at 12:01 PM in the MCU, Resident 7 was observed entering the unstaffed common bathroom.

Further observation, on 10/22/2024 at 12:50PM in the MCU, a resident was observed entering the unstaffed common bathroom.

In interview, on 10/21/2024 at 10:50 AM, Staff A (Executive Director) stated residents typically use the bathroom in their apartments and did not use the common bathroom. Staff A confirmed the bathroom door connecting to the shower room should be locked at all times.

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, Brookdale Monroe is or will be in compliance with this law and / or regulation on (Date) 12/9/24 .

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

Administrator (or Representative) 10/31/24 Date

WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to coordinate care with the physician for 1 of 1 sampled resident (Resident 7) on high and low blood sugar (BS) readings. This placed Resident 7 at risk for compromised safety and health complications.

Findings included...

Record review of a Face Sheet showed the ALF admitted Resident 7 on [redacted]/2024 with multiple health conditions including dementia (a group of thinking and social symptoms that interferes with daily functioning), type 2 diabetes mellitus (a condition characterized by high BS levels caused by either a lack of insulin or the body's inability to use insulin efficiently).

Record review of a Personal Service Plan (equivalent to Negotiated Service Agreement), dated 04/23/2024, showed the ALF would provide coordination of services to collaborate care with providers including primary care physician.

Record review of Medication Administration Records (MARs) for August, September, and October 1-21, 2024, showed the prescribed instructions, "Check blood sugar daily, notify MD via fax if BS is less than 80 or greater than 250."

Record review of the August 2024 MAR showed Resident 7's BS was less than 80 or greater than 250 on four occasions. Review of the September 2024 MAR showed Resident 7's BS was less than 80 or greater than 250 on two occasions.

In interview, on 10/23/2024 at 12:17pm, Staff H (Health and Wellness Director) confirmed the ALF staff did not notify Resident 7's physician when BS was less than 80 or greater than 250.

This deficiency was previously cited on 07/13/2023.

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, Brookdale Monroe is or will be in compliance with this law and / or regulation on (Date) 12/9/24 .

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

Administrator (or Representative) — Date: 10/31/24

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

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure the water temperatures in the ALF were between 105 degrees Fahrenheit (F) and 120 degrees F. This failure placed 55 of 55 residents at risk for burns and injury.

Findings included...

Record review of an undated Characteristic Roster showed the ALF provided care and services for 53 residents, 11 of the residents resided on the Memory Care Unit (MCU).

Observation, during the environmental tour with Staff A (Executive Director) and Staff G (Maintenance Director) on 10/21/2024 at 10:29 AM, showed the following hot water temperatures were taken in the MCU: the common bathroom sink was 70 F; apartment #308 sink was 124.5 F.

On 10/21/2024 at 10:50 AM, the common bathroom sink hot water temperature was retaken and showed 121.6 F after Staff G reported he adjusted the hot water heater. The common laundry room sink on the first floor was 125 F; the common bathroom sink near apartment #204 was 125.2 F.

Observation, on 10/22/2024 at 2:11 PM, Resident 5's bathroom sink showed the hot water temperature was 103 F.

Observation, on 10/22/2024 at 3:20 PM, the common bathroom sink near apartment #115 showed the hot water temperature was 122 F.

In interview, on 10/21/2024 at 10:47 AM, Staff A stated the water temperature should be around 117 degrees F and adjustments needed to be made.

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, Brookdale Monroe is or will be in compliance with this law and / or regulation on (Date) 12/9/24 .

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

Administrator (or Representative) 10/31/24 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure a medication was administered as ordered for 1 of 7 sampled residents (Resident 7). This failure placed Resident 7 at risk for compromised health conditions when medication service was not delivered safely and as prescribed.

Finding Included...

Record review of a Face Sheet showed the ALF admitted Resident 7 on [redacted]/2024 with multiple health conditions including dementia (a group of thinking and social symptoms that interferes with daily functioning) and chronic atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat).

Record review of an Assessment, dated 04/23/2024, showed Resident 7 required facility assistance and support with medication management services.

Record review of MARs for August, September, and October 1-21, 2024, showed the prescribed high blood pressure (BP) medication instructions, "Losartan Potassium Oral Tablet 25 Milligram (MG). Give 1 tablet by mouth one time a day (HOLD FOR BP Systolic < 100 or Diastolic < 70)."

Record review of the September 2024 MAR showed the ALF administered Resident 7's Losartan Potassium medication when BP Diastolic was less than 70 on one occasion. Review of the October 2024 MAR showed the ALF administered Resident 7's Losartan Potassium medication when BP Diastolic was less than 70 on one occasion.

Record review of MARs for August, September, and October 1-21, 2024, showed the prescribed high BP medication instructions, "Metoprolol Succinate Tablet Extended Release 24 Hour 25 MG. Give 1 tablet by mouth one time a day (Hold for BP less than 100 and/or BP less than 70)."

Record review of the August 2024 MAR showed the ALF administered Resident 7's Metoprolol Succinate medication when BP Systolic was less than 100 and Diastolic was less than 70 on one occasion. Review of the September 2024 MAR showed the ALF administered Resident 7's Metoprolol Succinate medication when BP Diastolic was less than 70 on one occasion. Review of the October 2024 MAR showed the ALF administered Resident 7's Metoprolol Succinate medication when BP Systolic was less than 100 and/or Diastolic was less than 70 on three occasions.

In interview on10/23/2024 at 12:17pm, Staff H (Health and Wellness Director) confirmed Resident 7 should not had received BP medications when BP Systolic was less than 100 and/or Diastolic was less than 70.

This is deficiency was previously cited on 07/27/2023.

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, Brookdale Monroe is or will be in compliance with this law and / or regulation on (Date) 12/9/24 .

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

Administrator (or Representative) — Date: 10/31/24

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff

persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the Washington State name and date of birth background inquiry (BGI) for 1 of 6 sampled staff (Staff E) was renewed before the two-year expiration. This placed 53 residents at risk for receiving care from staff whose criminal background history was unknown.

Findings included...

Review of records for Staff E (Medication Technician), hired on 06/02/2022, showed their BGI expired as of 06/30/2024.

In an interview, on 10/21/2024 at 10:30 AM, Staff I (Business Office Manager) stated Staff E's BGI renewal had expired and would get it renewed.

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, Brookdale Monroe is or will be in compliance with this law and / or regulation on (Date) 12/9/24 .

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

Administrator (or Representative) 10/31/24 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

EMERITUS CORPORATION
Brookdale Monroe
15465 179TH AVE SE
MONROE, WA 98272

RE: Brookdale Monroe # 2284

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/25/2024 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:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

The Assisted Living Facility (ALF) failed to ensure pets who lived on the premises of the ALF were certified by a veterinarian to be free of diseases transmittable to humans. This placed all residents at risk of disease transmission.

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.

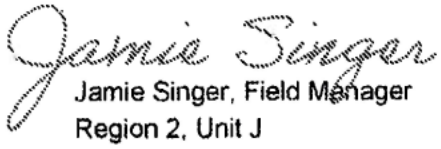
In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want 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 (253)312-1446.

Sincerely,



Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

Enclosure