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

March 28, 2024

ELECTRONIC-FACSIMILE

Administrator
Island House
7810 SE 30th St
Mercer Island, WA 98040

Assisted Living Facility License #**2375**
Licensee: CRP/CSH Mercer Island LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On March 19, 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 on the license for your assisted living facility, also known as **Island House,** located at **7810 SE 30th St, Mercer Island,** 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 March 19, 2024**.**

Civil Fines

WAC 388-78A-2810(1)(2)(3) Criteria for increasing licensed bed capacity. $300.00

The licensee failed to obtain department approval to increase bed capacity of 55 residents prior to admitting additional residents that exceeded licensure. This failure placed any residents, beyond the maximum of 55, at risk of receiving care and services in a facility not licensed for that number of residents.

This is an uncorrected deficiency previously cited on January 17, 2024.

WAC 388-78A-2474(1)(2)(c)(d)(e) Training and home care aide certification requirements. **$200.00**

The licensee failed to ensure that one staff completed in-person CPR training. This placed 57 residents at risk for harm from being in the care of staff who had not completed required training and certifications.

This is an uncorrected deficiency previously cited on January 17, 2024.

WAC 388-78A-2481(1)(a)(b)(2) Tuberculosis—Testing method—Required. **$300.00**

The licensee failed to ensure two staff received tuberculosis (TB) screening in the form of blood or skin testing or provided proof of a previous positive blood or skin test. This placed 57 residents at risk for receiving care from a staff person whose TB history was incomplete.

This is an uncorrected deficiency previously cited on January 17, 2024.

WAC 388-78A-2484(1)(2) Tuberculosis—Two step skin testing. **$200.00**

The licensee failed to ensure one staff received a second-step tuberculosis (TB) screening test one to three weeks after the first step. This placed 57 residents at risk for receiving care from a staff person whose TB history was incomplete.

This is an uncorrected deficiency previously cited on January 17, 2024.

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:

Jamie Singer, Field Manager
Region 2, Unit J
20311 52nd Avenue West Suite 100
Lynnwood, WA 98036
Phone: (253) 312-1446 / Fax: (206) 971-6971
rcsregion2email@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 **$1,000.00** 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

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 Jamie Singer, Field Manager, at (253) 312-1446.

Sincerely,

Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit J
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP