



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

March 27, 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 FINE, AND  
STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Administrator:

On March 14, 2024, the Department of Social and Health Services (DSHS), Residential Care Services completed a Complaint Investigation at your facility. This letter constitutes formal notice of a civil fine and stop placement order prohibiting admissions 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 and 18.20.520.

The civil fine and 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 **March 14, 2024**.

**Civil Fine**

**WAC 388-78A-2040(1)(2) Other requirements.**

**\$1,000.00**

**The licensee failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the facility failed their Fire and Life Safety Inspections (LSI). This placed 57 residents, staff, and visitors' safety at risk in the event of a fire.**

**This is a recurring citation previously cited on March 13, 2023, and February 23, 2022.**

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**Stop Placement order prohibiting admissions.**

**WAC 388-78A-2040(1)(2) Other requirements.**

**The licensee failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the facility failed their Fire and Life Safety Inspections (LSI). This placed 57 residents, staff, and visitors' safety at risk in the event of a fire.**

**This is a recurring citation previously cited on March 13, 2023, and February 23, 2022.**

The stop placement order prohibiting admissions to your assisted living facility is effective immediately upon notice to you on **March 27, 2024**, and electronic facsimile receipt of this letter and the attached Statement of Deficiencies report. The 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 stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the 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 stop placement unless you obtain advance approval from the department. You may request such approval by contacting Jamie Singer, Field Manager, at (253) 312-1446.

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 stop placement of admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the 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 fine, and 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;

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- 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 52<sup>nd</sup> 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 10<sup>th</sup> 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

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Formal Administrative Hearing

You may contest the civil fine and stop placement order prohibiting admissions by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the civil fine.

**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 fine is 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.

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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

**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**