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

January 22, 2025

ELECTRONIC-FACSIMILE

Administrator
Avamere at Port Townsend
1201 Hancock St
Port Townsend, WA 98368

Assisted Living Facility License #**2408**
Licensee: NorthWest HC Seaport Landing (WA) Operator NT-HCI LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On January 8, 2025, 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 a civil fines on the license for your assisted living facility, also known as **Avamere at Port Townsend,** located at **1201 Hancock St, 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.

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 January 8, 2025**.**

Civil Fines

WAC 388-78A-2610 (1)(2)(c)(d) Infection control. **$500.00**

The licensee failed to provide necessary handwashing supplies to six resident's rooms. This failure placed all 58 residents, staff, and visitors at risk for spread of disease or illness.

This is an uncorrected deficiency previously cited on October 24, 2024.

WAC 388-78A-2462 (2)(a)(b) Background checks—Who is required to have. **$300.00**

The licensee failed to have a Washington State name and Date of Birth background check completed for one contracted agency caregivers prior to them working at the facility. The facility failed to ensure that the one contracted agency staff had their national fingerprint background check results within the required time. These failures placed all 58 residents at risk for being cared for by a staff member with a potentially disqualifying history.

This is an uncorrected deficiency previously cited on October 24, 2024.

WAC 388-78A-2130 (1)(a)(b)(c)(2) Service agreement planning. **$300.00**

The licensee failed to implement and develop a 30-day negotiated resident service plan for one new resident. This failure placed the resident at risk for staff untrained on the care and services required and unmet care needs.

This is an uncorrected deficiency previously cited on October 24, 2024, for subsection 2.

WAC 388-78A-2210 (2)(b) Medication services. **$400.00**

The licensee failed to ensure residents were administered their medications as ordered for one resident. This failure placed the resident at risk for medical complications due to not receiving their medications as prescribed.

This is an uncorrected deficiency previously cited on October 24, 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:

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 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 **$1,500.00** 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
SN