



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

June 2, 2023

ELECTRONIC-FACSIMILE

Administrator
Tri-Cities Assisted Living
2000 N 22nd Ave
Pasco, WA 99301

Assisted Living Facility License #**2549**
Licensee: Greenlake Management Pasco, LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On May 22, 2023, the Department of Social and Health Services (DSHS), Residential Care Services completed a Complaint Investigation at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **Tri-Cities Assisted Living**, located at **2000 N 22nd Ave, Pasco**, 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 **May 22, 2023**.

Civil Fines

<u>WAC 388-78A-2120 (3)(a)(b)(4) Monitoring residents' well-being.</u>	<u>\$1,000.00</u>
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The licensee failed to monitor and provide pain relief interventions when a resident exhibited pain for one resident. This failure resulted in the resident experiencing prolonged pain and psychological distress due to a fractured shoulder.

<u>WAC 388-78A-2160 Implementation of negotiated service agreement.</u>	<u>\$1,500.00</u>
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The licensee failed to ensure mechanical lift equipment (Hoyer) with two or more staff was used as agreed upon in the resident's Negotiated Service Agreement (NSA) for one resident. This failure resulted in the resident experiencing pain after sustaining a left humeral fracture (a break in the bone in the upper arm).

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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:

Gwin Kaercher, Field Manager
Region 1, Unit G
1200 Alder Street
Union Gap, WA 98903
Phone: (509) 225-2823/ Fax: (509) 454-4160

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

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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 **\$2,500.00** 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, 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 Gwin Kaercher, Field Manager, at (509) 225-2823.

Sincerely,



Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit G
RCS Regional Administrator, Region 1
HCS Regional Administrator, Region 1
DDA Regional Administrator, Region 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP