



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

November 27, 2024

ELECTRONIC-FACSIMILE

Administrator
Memory Care At The Lodges
1530 Carpenter Rd SE
Lacey, WA 98503

Assisted Living Facility License # **2600**
Licensee: Greenlake Management Lacey, LLC

IMPOSITION OF CIVIL FINE

Dear Administrator:

On November 18, 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 on the license for your assisted living facility, also known as **Memory Care At The Lodges**, located at **1530 Carpenter Rd SE, Lacey**, 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 fine on the license is based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated November 18, 2024.

Civil Fine

WAC 388-78A-2120(1)(2)(a)(b)(3(a)(b)(4) Monitoring residents' well-being. **\$1,000.00**

The licensee failed to monitor and evaluate changes in residents' conditions after the facility was made aware of a skin rash and failed to take appropriate action in response to the rashes for five residents. These failures resulted in the residents experiencing ongoing discomfort from a rash, the rash going unidentified and untreated, and placed the residents at risk of unmet care needs and lack of response to address changes in resident conditions.

This is a recurring deficiency previously cited on April 27, 2023, January 10, 2023, and August 25, 2022.

Administrator
Memory Care At The Lodges
License # 2600
November 27, 2024
Page 2

NOTE: This is the violation, which resulted in the fine; 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

Administrator
Memory Care At The Lodges
License # 2600
November 27, 2024
Page 3

Formal Administrative Hearing

You may contest the civil fine by requesting a formal administrative hearing to challenge the deficiency, 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, 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.

Administrator
Memory Care At The Lodges
License # 2600
November 27, 2024
Page 4

If you have any questions, please contact Cory Cisneros, Field Manager, at (253) 254-3190.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Matt Hauser', with a long horizontal flourish extending to the right.

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
HP