



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

September 5, 2023

ELECTRONIC-FACSIMILE

Administrator
Ocean Shores Assisted Living
c/o 4441 W. Airport FWY Ste 160
Irving, TX 75062

Assisted Living Facility License #**2615**
Licensee: Greenlake Management Ocean Shores, LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On August 22, 2023, the Department of Social and Health Services (DSHS), Residential Care Services completed a Full and Complaint Investigation at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **Ocean Shores Assisted Living**, located at **1020 Catala Avenue SE, Ocean Shores**, 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 August 22, 2023.

Civil Fines

WAC 388-78A-2610(1)(2)(a)(c)(d)(f) Infection control.

\$300.00

The licensee failed to ensure all staff were fit tested for an N95 respirator (a device worn over the mouth and nose or entire face that prevents inhalation of dust, smoke, and other substances) for 13 staff. The facility failed to ensure necessary infection control supplies were available for one resident that was on aerosol precautions positive with COVID-19 virus (Corona Virus Disease 2019- a respiratory illness). The facility failed to ensure the staff washed their hands per the recommended guidance for two staff members observed. The facility also failed to report a communicable disease to the Departments Complaint Resolution Unit (CRU) Hotline for one resident. These failures resulted in staff and residents not having necessary infection control supplies and training that placed all 52 residents, 26 staff, and all visitors that came into the facility at

risk of being infected and spreading communicable diseases during a COVID-19 outbreak.

This is a recurring deficiency previously cited on January 23, 2023, and November 22, 2022.

WAC 388-78A-2371(1)(2)(3)(4) Investigations. **\$300.00**

The licensee facility failed to investigate and document actions and findings for incidents jeopardizing residents' health for seven residents. These failures resulted in residents not being protected from potential abuse, neglect, and theft.

This is a recurring deficiency previously cited on April 26, 2023.

WAC 388-78A-2660(4) Resident rights. **\$300.00**

The licensee failed to address and resolve nine residents' grievances. These failures resulted in residents having unresolved concerns, and placed the residents at risk for decreased quality of life.

WAC 388-78A-2140(1)(a)(ii)(iii)(c)(d)(2)(a)(b)(3)(4)(5) Negotiated service agreement contents. **\$100.00**

The licensee failed to ensure necessary information was documented in needs and services plan (facility's version of the negotiated services agreement) for seven residents. This failure placed the residents at risk for unmet care needs.

This is a recurring deficiency previously cited on April 26, 2023.

WAC 388-78A-2640(1)(a) Reporting significant change in a resident's condition. **\$100.00**

The licensee failed to notify the residents physician and/or residents responsible party for seven residents when the residents had an incident or change in condition. This failure resulted in the resident's physician and or representative not being able to make an informed decision about the resident's care and placed residents at risk of unmet care needs.

This is a recurring deficiency previously cited on December 22, 2022.

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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:

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

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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 **\$1,100.00** 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 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
HP