



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

January 25, 2024

ELECTRONIC-FACSIMILE

Administrator
Community Pride Sunnyside LLC
906 North Ave
Sunnyside, WA 98944

Assisted Living Facility License #2632
Licensee: Community Pride Sunnyside LLC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On January 11, 2024, 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 **Community Pride Sunnyside LLC**, located at **906 North Ave, Sunnyside**, 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 11, 2024.

Civil Fines

WAC 388-78A-2100(2)(b)(i)(ii) Ongoing assessments.

\$400.00

The licensee failed to complete an assessment for residents who sustained an injury or experienced a change in their condition for three residents. This failure contributed to a delay of treatment for the residents and placed the residents at risk of unmet care needs and decline in chronic medical conditions.

This a recurring deficiency previously cited on June 27, 2023.

WAC 388-78A-2120(3)(a)(b)(4) Monitoring residents' well-being. **\$400.00**

The licensee failed to evaluate and take actions when changes in conditions occur for two residents. These failures contributed to delayed treatment for both residents and contributed to one resident experiencing pain and hospitalization.

WAC 388-78A-2140(1)(a)(ii)(iii)(b)(c)(2)(a) Negotiated service agreement contents. **\$200.00**

The licensee failed to develop a Negotiated Service Agreement (NSA) that addressed the resident's needs and interventions for risks which included diagnoses, activities of daily living, and intermittent nursing services for six residents. This failure placed the residents at risk of unmet needs and complications from their chronic medical conditions.

WAC 388-78A-2210(1)(b)(2)(a)(b) Medication services. **\$500.00**

The licensee failed to ensure medication orders were followed as prescribed for two residents, failed to ensure medications were documented as given for five residents, and failed to ensure medications were only administered to themselves as labeled for one resident. These failures resulted in five residents not receiving their medications as ordered and contributed to one resident's falls and hospitalizations, and placed all residents at risk for further complications due to medications not being given as ordered.

WAC 388-78A-2300(1)(g)(3)(a) Food and nutrition services. **\$400.00**

The licensee failed to provide a modified diet for one resident reviewed for nutrition services. This failure resulted in the resident not receiving their prescribed modified diet and placed the resident at risk of choking and aspiration (accidentally inhaling food or other particles into the lungs).

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.

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Community Pride Sunnyside LLC
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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
rcsregion1email@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.

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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 **\$1,900.00** 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