STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

PARK PLACE RHF HOUSING
PARK PLACE
6900 37TH AVENUE SOUTH
SEATTLE, WA 98118

RE: PARK PLACE License # 1532

Dear Administrator:

This letter addresses Compliance Determination(s) 59233 (Completion Date 05/05/2025) and 58084 (Completion Date 04/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/05/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2660-1

The Department staff who did the on-site verification:
Karri Hernandez, Community Complaint Investigator

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 2, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: PARK PLACE
Provider Type: Assisted Living Facility
License/Cert.#: 1532
Compliance Determination #: 58084
Intake ID: 172314
Investigator: Karri Hernandez
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 03/28/2025 through 04/16/2025
Complainant Contact Date(s):

Allegation(s):
Resident to resident alteration with injury resulting in resident's improper discharge

Investigation Methods:

Sample:	Total residents: 140 Resident sample size: 1 Closed records sample size:
Observations:	Residents Activities Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified staff Nursing staff Administrator Residents Social services staff
Record Reviews:	State reporting log Incident investigation Facility policies

Investigation Summary:
Reviewed intake, facility documents. Interviewed relevant parties. Observed facility, residents and staff. Named Resident (NR) involved in an altercation with injury to another resident which resulted in arrest of NR for assault. NR spent three nights in jail. Upon return to the facility, NR became aggressive. Designated Crisis Responders (DCR) called and reported to facility to provide assistance. DCR staff deferred NR for discharge and removal from facility for aggression to others. Discharge notice provided to NR and family by facility administration. Discharge notice did not meet the criteria of the Washington Administrative Code 388-78A-2665, and Revised Code of Washington 70-129-110. Citation issued on CD 58084.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 03/28/2025 of:

PARK PLACE
6900 37TH AVENUE SOUTH
SEATTLE, WA 98118

This document references the following complaint number(s): 172314

The following sample was selected for review during the unannounced on-site visit: 1 of 140 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Karri Hernandez, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Laurie Anderson
Residential Care Services

04/17/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Maura Brice
Administrator (or Representative)

4/18/2025
Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide 1 of 1 resident (Resident 1) an appropriate written notice of discharge. This failure placed Resident 1 at risk of not being able to obtain proper housing.

Findings included...

NOTE: Revised Code of Washington (RCW) 70.129.110 showed the disclosure, transfer, and discharge requirements as follows: Subsection 1) showed that the facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless: (a) the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (c) the health of individuals in the facility would otherwise be endangered; (d) the resident has failed to make the required payment for his or her stay. Subsection (3) showed that before a long-term care facility transfers or discharges a resident, the facility must: (a) first attempt through reasonable accommodations to avoid the transfer or discharge, unless agreed to by the resident; (b) notify the resident and resident representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; and (c) record the reasons in the resident's record, and (d) include in the notice the items described in subsection (5) of this section. Subsection (5) showed that the written notice specified in subsection (3) of this section must include the following: (b) the effective date of transfer or discharge; (c) the location to which the resident is transferred or discharged; and (d) the name, address, and telephone number of the state long-term care ombuds.

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Laurie Anderson
Residential Care Services

04/17/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to provide 1 of 1 resident (Resident 1) an appropriate written notice of discharge. This failure placed Resident 1 at risk of not being able to obtain proper housing.

Findings included...

NOTE: Revised Code of Washington (RCW) 70.129.110 showed the disclosure, transfer, and discharge requirements as follows: Subsection 1) showed that the facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless: (a) the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (c) the health of individuals in the facility would otherwise be endangered; (d) the resident has failed to make the required payment for his or her stay. Subsection (3) showed that before a long-term care facility transfers or discharges a resident, the facility must: (a) first attempt through reasonable accommodations to avoid the transfer or discharge, unless agreed to by the resident; (b) notify the resident and resident representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; and (c) record the reasons in the resident's record, and (d) Include in the notice the items described in subsection (5) of this section. Subsection (5) showed that the written notice specified in subsection (3) of this section must include the following: (b) the effective date of transfer or discharge; (c) the location to which the resident is transferred or discharged; and (d) the name, address, and telephone number of the state long-term care ombuds.

Review of the facility Discharge Notice, dated [redacted]/2025, issued to Resident 1 and their family, showed the notice was issued due to Resident 1's unsafe behaviors that placed other residents at risk of harm. The notice did not include the required elements as outlined in the RCW. The notice did not include the name, address, and telephone number of the long-term care ombuds, as required.

During an interview on 03/28/2025 at 12:40 PM, Staff A stated that an immediate discharge notice was issued to Resident 1 and their family members effective on [redacted]2025.

During an interview on 04/18/2025 at 12:00 PM, Staff A stated that they were unaware of the requirement to include the name, address and telephone number of the long-term care ombuds in a discharge notice.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, PARK PLACE is or will be in compliance with this law and / or regulation on (Date) 5/1/2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — Date: 4/18/2025

Review of the facility Discharge Notice, dated [redacted]/2025, issued to Resident 1 and their family, showed the notice was issued due to Resident 1's unsafe behaviors that placed other residents at risk of harm. The notice did not include the required elements as outlined in the RCW. The notice did not include the name, address, and telephone number of the long-term care ombuds, as required.

During an interview on 03/28/2025 at 12:40 PM, Staff A stated that an immediate discharge notice was issued to Resident 1 and their family members effective on [redacted]/2025.

During an interview on 04/16/2025 at 12:00 PM, Staff A stated that they were unaware of the requirement to include the name, address and telephone number of the long-term care ombuds in a discharge notice.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, PARK PLACE is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Administrator (or Representative) Date