



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

November 4, 2024

**ELECTRONIC-FACSIMILE**

Administrator  
Allegiance Supported Living  
N 413 Kruger St  
Chewelah, WA 99109

Assisted Living Facility License # **2175**  
Licensee: Rural Resources Community Action

**IMPOSITION OF CIVIL FINES**

Dear Administrator:

On October 22, 2024, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **Allegiance Supported Living**, located at **N 413 Kruger St, Chewelah**, 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 October 22, 2024.

**Civil Fines**

**WAC 388-78A-2100 (2)(a) Ongoing assessments.**

**\$200.00**

**The licensee failed to complete annual assessments for two residents. This failure resulted in both residents not being assessed to ensure their care and service needs were being met.**

**This is an uncorrected deficiency previously cited on August 23, 2024.**

**WAC 388-78A-2484 (1)(2) Tuberculosis—Two step skin testing.**

**\$200.00**

**The licensee failed to ensure staff were tested for tuberculosis within three days of employment and failed to ensure a second tuberculosis test was completed within one to three weeks after the first test for one staff member. This failure placed residents at risk of exposure to tuberculosis.**

**This is an uncorrected deficiency previously cited on August 23, 2024.**

***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:

Stephanie Jenks, Field Manager  
Region 1, Unit B  
8517 E Trent Ave, Suite 102  
Spokane Valley, WA 99212-2329  
Phone: (509) 993-7821/ Fax: 509-921-2426  
**[rcsregion1email@dshs.wa.gov](mailto: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 10<sup>th</sup> working day from receipt of this letter.**

Administrator  
Allegiance Supported Living  
License # 2175  
November 4, 2024  
Page 3

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.

**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 **\$400.00** 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](mailto:OFRMMISVendor@dshs.wa.gov)

Administrator  
Allegiance Supported Living  
License # 2175  
November 4, 2024  
Page 4

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.

If you have any questions, please contact Stephanie Jenks, Field Manager, at (509) 993-7821.

Sincerely,



For: Matt Hauser  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit B  
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  
SN