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

March 7, 2024

**CERTIFIED MAIL 9489 0090 0027 6383 3297 41**

Administrator
Renton Assisted Living
71 SW Victoria St
Renton, WA 98057

Assisted Living Facility License #**2614**
Licensee: Greenlake Management Renton, LLC

**IMPOSITION OF CIVIL FINE AND**
**IMPOSITION OF CONDITIONS ON A LICENSE**

Dear Administrator:

On February 26, 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 a civil fine and the imposition of conditions on the license for your assisted living facility, also known as **Renton Assisted Living,** located at **71 SW Victoria St, Renton,** 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 and 18.20.520.

The civil fine and conditions 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 **February 26, 2024.**

**Civil Fine**

**WAC 388-78A-2320 (1)(a)(b)(2)(c)(3)(a)(b)(c)(d)(e) Intermittent nursing services systems.** **$1,000.00**

**The licensee failed to ensure all staff completed and met the nurse delegation requirements for four residents. This failure placed the residents at risk for harm and compromised health from potential medication errors from undelegated staff.**

**This is a recurring deficiency previously cited on April 3, 2023, and an uncorrected deficiency previously cited on August 10, 2023, and December 8, 2023.**

**Conditions on License**

**WAC 388-78A-2320 (1)(a)(b)(2)(c)(3)(a)(b)(c)(d)(e) Intermittent nursing services systems.**

**The licensee failed to ensure all staff completed and met the nurse delegation requirements for four residents. This failure placed the residents at risk for harm and compromised health from potential medication errors from undelegated staff.**

**This is a recurring deficiency previously cited on April 3, 2023, and an uncorrected deficiency previously cited on August 10, 2023, and December 8, 2023.**

The department has determined that the following conditions shall be placed on your assisted living facility license:

- ***The licensee must hire, at their own expense, by March 22, 2024, a registered nurse consultant (RNC) familiar with assisted living facility regulations and nursing medication delegation, not currently or previously affiliated with the facility, to assist with the following:***
    - ***Ensure ALL staff providing nursing delegation services have completed credential verification, DSHS Nurse Delegation certifications, and Nurse Delegation training to include weekly RND supervision and evaluation no later than April 19, 2024.***
    - ***Ensure only staff with current necessary qualifications provide delegated tasks to any resident assessed to need the service.***
    - ***Ensure ALL staff providing nursing delegation services have completed credential verification, DSHS Nurse Delegation certifications, and Nurse Delegation training to include weekly RND supervision and evaluation no later than April 19, 2024.***
    - ***Develop and implement processes for staff providing nurse delegation tasks do not pass medications until they are delegated to do so.***

- ***The licensee will provide the RCS Field Manager with the RNC contact information as soon as the RNC is hired.***

- ***The RNC will be available to the Department to answer questions.***

- ***The licensee will give the consultant a copy of the Statement of Deficiencies dated February 26, 2024.***

- ***The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area accessible to residents and visitors.***

These conditions are effective on **March 7, 2024,** and remain in effect until lifted by formal Department of Social and Health Services notice.

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

Laurie Anderson, Field Manager
Region 2, Unit D
20425 72nd Ave S suite 400
Kent, WA 98032-2388
Phone: (253)234-6020 / Fax: (253) 395-5071
**rcsregion2email@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 fine and conditions by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fine and conditions. **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, 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.

If you have any questions, please contact Laurie Anderson, Field Manager, at (253) 234-6020.

Sincerely,

Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 2, Unit D
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP