



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

May 3, 2018

Region: 1 / Yakima County
Vendor#: 4113668 / Fed#: 505265
AEM # WA0M9O

Administrator  
Emerald Care  
209 North Ahtanum Avenue  
Wapato, WA 98951

**IMPOSITION OF CIVIL FINES**

Dear Administrator:

On April 23, 2018 the Department of Social and Health Services (DSHS), Residential Care Services conducted an unannounced full standard Health survey and complaint investigation at your facility to determine compliance with state licensing requirements and Federal requirements for nursing homes participating in the Medicare and/or Medicaid programs.

The Washington State Patrol, Office of the State Fire Marshal (OSFM) completed a **Life Safety Code (LSC) survey** at your facility to determine compliance with state fire safety standards for nursing homes and the Medicare/Medicaid life safety code certification requirements. The results of the **LSC survey** will be delivered to you separately.

The most serious deficiencies related to the **health** survey were found to be level; **(G); isolated deficiencies that constitute actual harm that is not immediate jeopardy.**

**Electronic Plan of Correction (ePOC)**

You must submit an acceptable, electronic Plan of Correction (ePOC) for the citations dated April 23, 2018, no later than 10 calendar days after you receive it to:

Robert Gutierrez, Field Manager  
Region 1

Your ePOC must address these issues:

- How the nursing home will correct the deficiency as it relates to the resident;
- How the nursing home will act to protect residents in similar situations;
- Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur;

- How the nursing home plans to monitor its performance to make sure that solutions are sustained;
- Dates when corrective action will be completed (no more than 45 days from the last day of the inspection); and
- The title of the person responsible to ensure correction.

Failure to submit an acceptable POC by the 10th calendar day may result in the imposition of remedies. You are required to display the state licensure survey report, the CMS Form 2567L for public review.

If you modify your ePOC, you must immediately notify the DSHS regional office. You should address each modified "F" tag number and provide details about any modifications.

### **Remedies for Continued Non-Compliance**

DSHS will use the ePOC as the basis for verifying whether the deficiencies have been corrected (by letter or post survey revisit). It will also serve as the Plan of Correction for the corresponding state survey report deficiencies.

If your facility fails to achieve substantial compliance by correcting the deficiencies on the Health survey by June 23, 2018 (2 calendar months after the last day of the survey identifying noncompliance) DSHS is authorized to impose

### **State Monitoring [42 CFR 488.422].**

If you do not achieve substantial compliance within 3 months after the last day of the survey identifying noncompliance, the CMS Regional Office and the Department must deny payments for new admissions. We are also recommending to the CMS Regional Office that they consider imposing a Civil Monetary Penalty (CMP).

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare and Medicaid Services determine that termination or any other remedy is warranted, such as denial of payment, it will provide you with a separate formal notification of that determination.**

Informal dispute resolution for the cited deficiencies will not delay the imposition of the recommended remedies. A change in the seriousness of the deficiencies on revisit may result in a change in the remedies recommended. When this occurs, you will be advised of any change in remedy.

### **State Remedies** [RCW 18.51.060 and WAC 388-97-4460]

In addition to the above, the remedy of Civil Fines under the state's licensing authority is imposed as follows:

**WAC 388-97- 1060(3)(g)**

**Quality of care**

**\$1,000.00**

The facility failed to ensure necessary supervision for one resident resulting in a fall with injury. The specific facts of the citation are found in the April 23, 2018 Statement of Deficiencies at F-tag 689. A \$1,000.00 fine is assessed under WAC 388-97-4480(2)(b) and WAC 388-97-4500 (2)(b)(ii)(4)(a).

**Appeal Rights**

You have the following appeal rights:

**Informal Dispute Resolution (IDR)**

[42 CFR 488.331 and WAC 388-97-4420]

You have an opportunity to question cited deficiencies and/or state actions initiated in response to them, through the state's informal review and dispute resolution process. Unless you become entitled to a federal administrative hearing following imposition of a federal remedy, this will be your only opportunity to challenge the deficiencies described on CMS Form 2567L.

To request an informal dispute resolution (IDR) meeting, please send your written request to:

Nursing Home IDR Program Manager  
PO Box 45600  
Olympia, Washington 98504-5600

If you request an IDR, you must still submit a POC within the time limits described above.

The written request should:

- Identify the specific deficiencies that are disputed;
- Explain why you are disputing the deficiencies;
- Indicate the type of dispute resolution process you prefer (face-to-face, telephone conference or documentation review);and
- Be sent during the same 10 calendar days you have for submitting a POC for the cited deficiencies.

During the informal process you have the right to present written and/or oral evidence refuting the deficiencies. An incomplete review and dispute resolution process will not delay the effective date of any enforcement action.

**Administrative Hearing**

[RCW 18.51.065 and WAC 388-97-4440]

You have the right to request a state administrative hearing to contest the state licensing deficiencies described on the state survey report. (The deficiencies described on the CMS 2567L may only be appealed through the federal administrative hearing process if a federal remedy is imposed).

A request for a state administrative hearing must be submitted to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, WA 98504-2489

The hearing request must be received within 20 calendar days of the receipt of this letter. A request for an IDR will not delay this deadline. Further, a request for an administrative hearing does not suspend or delay the effective date of any enforcement action.

If no hearing is requested, the fine is due twenty **20 calendar days** after receipt of this notice. Please remit a check for **\$1,000.00** payable to the Department of Social and Health Services, marked as "payment for state civil fine". The check should be sent to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, WA 98507-9501

If payment has not been received within twenty **20 calendar days** after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty (20) calendar days, the balance due to the department will be recovered from current billings until the principal and interest are paid in full.

You may have already requested an informal dispute resolution review of the violations identified in the state survey report and the CMS Form 2567L, Statement of Deficiencies report. Such a request will not change the request for you to change the deadline for you to request an administrative hearing to appeal the civil fine. Informal dispute resolution review by the Department is not binding in an administrative hearing.

If you have any questions concerning the instructions contained in this letter, please contact Robert Gutierrez at (509) 225-2813.

Sincerely,

Dina Longen-Grimes, RN, MSN  
Compliance Specialist  
Residential Care Services

cc: Chief Deputy State Fire Marshal  
Dina Longen-Grimes, Compliance Specialist  
Field Manager – Region 1  
Region Administrator – RCS Region 1  
Regional Administrator – HCS Region 1  
LTC Ombudsman  
Nursing Home Rates

Administrator  
May 3, 2018  
Page 5

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All references to regulatory requirements contained in this letter are found in:  
Title 42, Code of Federal Regulations (CFR); Chapter 7 of the State Operations Manual (SOM)  
Chapter 18.51 of the Revised Code of Washington (RCW); and  
Chapter 388-97 of the Washington Administrative Code (WAC).