STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

Riverview Sr Living LLC
Riverview Sr Living
7510 SE Evergreen Hwy
Vancouver, WA 98664

RE: Riverview Sr Living License # 755577

Dear Provider:

This letter addresses Compliance Determination(s) 12233 (Completion Date 08/09/2022) and 10240 (Completion Date 07/05/2022).

The Department completed a follow-up inspection of your Adult Family Home on 08/09/2022 and found no deficiencies. Your home meets the Adult Family Home licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10750-6-b, WAC 388-76-10750-6-c, WAC 388-76-10315-1-a, WAC 388-76-10315-1-g, WAC 388-76-10475-1, WAC 388-76-10475-2, WAC 388-76-10475-2-a, WAC 388-76-10475-2-b, WAC 388-76-10475-2-c, WAC 388-76-10475-2-d, WAC 388-76-10475-2-e, WAC 388-76-10475-3, WAC 388-76-10475-3-a, WAC 388-76-10475-3-b, WAC 388-76-10475-3-c, WAC 388-76-10475-3-c-i, WAC 388-76-10475-3-c-ii, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-3-c-iv, WAC 388-76-10455-2

The Department staff who did the on-site verification:
Hongyan Cluer, RN, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit F

Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

07/12/2022

CERTIFIED MAIL

70180680000011570033

Riverview Sr Living LLC
Riverview Sr Living
7510 SE Evergreen Hwy
Vancouver, WA 98664

RE: Riverview Sr Living # 755577

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 07/05/2022 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies deficiencies not listed on the enclosed report.

WAC 388-76-10895 Emergency evacuation drills-Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

The AFH did not conduct the required partial emergency evacuation drill since opening the business in May 2022. On 6/23/2022 at 10:54 AM, licensor received a fax from AFH provider stating: "The AFH conducted partial emergency evacuation drill with R1 and R2 participated from 11:50 AM to 11:52 AM on 6/21/2022".

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager

Region 3, Unit F
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to

rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave, Suite 200, Vancouver, WA 98684

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 06/21/2022 and 07/05/2022 of:
Riverview Sr Living
7510 SE Evergreen Hwy
Vancouver, WA 98664

The following sample was selected for review during the unannounced on-site visit: 2 of 2 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hongyan Cluer, RN, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit F
800 NE 136th Ave, Suite 200
Vancouver, WA 98684

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.

Residential Care Services

07/12/2022
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

07/25/22
Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the AFH failed to ensure an assessment for use of [redacted] and a signed consent explaining the safety risks and benefits of using [redacted] was obtained between residents, residents' representatives and the AFH provider for 2 of 2 residents (Resident 1 (R1) and Resident 2 (R2)) who were reviewed for medical device use. This failure placed the residents at risk for possible bodily injury and/or death due to entrapment, suffocation, or strangulation.

Findings included ...

During an unscheduled licensing visit on 6/21/2022 at 10:00 AM, [redacted] were observed attached to both sides of R1's bed.

Review of R1's medical record on 6/21/2022 at 10:41 AM, showed R1 moved into the AFH on [redacted]/2022 with diagnoses including [redacted]. There was no signed consent or assessment for the safe use of [redacted] found in R1's medical record.

During same visit on 6/21/2022 at 9:56 AM, [redacted] were observed attached to both sides of R2's bed.

Review of R2's medical record on 6/21/2022 at 11:01 AM showed R2 was admitted into the AFH on [redacted]/2022 with diagnoses which including [redacted]. There was no signed consent or assessment for the safe use of [redacted] found in R2's medical record.

During interview on 6/21/2022 at 10:01 AM, Staff A, a Provider, stated she did not know a signed consent and an assessment for use and safety needed to be obtained.

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, Riverview Sr Living is or will be in compliance with this law and / or regulation on (Date) 7/25/22 .

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

Provider (or Representative) — Date: 7/25/22

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(b) Showers; and

(c) Sinks;

This requirement was not met as evidenced by:

Based on observation and interview, the AFH failed to ensure water temperature is in the required range between 105- and 120-degrees Fahrenheit at all fixtures used by or accessible to 2 of 2 residents (R1 and R2). This failure placed residents at risk for cold water temperature and/or burns.

Findings included...

On 6/21/2022 at 9:50 AM and 9:55 AM, the bathroom sink water temperature in room 5 and room 6 were 96.2 and 96.4 degrees, respectively. On 6/21/2022 at 9:58AM, the water temperature in the main bathroom which is the primary bathroom used by residents for showers was 96.4 degrees.

During interview on 6/21/2022 at 10:01 AM, Staff A, Provider, stated that she will adjust the water temperature immediately.

On 6/21/2022 at 11:22 AM, the water temperature at the main bathroom was rechecked and it was 126.3 degrees Fahrenheit.

During interview on 6/21/2022 at 11: 23 AM, Staff A, stated she would continue to work on the temperature settings until the temperature met the requirement

Attestation Statement

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

Provider (or Representative) — Date: 7/25/22

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(a) Contain enough information so home can provide the needed care and services to each resident;

(g) Be available so that department staff may review them when requested; and

This requirement was not met as evidenced by:

Based on record review and interview, the AFH failed to maintain and keep resident's preliminary care plan and assessment in the resident's record for 1 of 2 residents (R2). This failure put the resident at risk for unassessed and unmet care needs. This failure also resulted in this AFH licensor not being able to review R2's assessment and care needs during inspection on 6/21/2022.

Findings included...

Review of R2's medical record on 6/21/2022 at 11:00 AM showed R2 was admitted into the AFH on [redacted]/2022 with diagnoses which included [redacted]. There was no assessment or preliminary care plan found in R2's medical record.

During interview on 6/21/2022 at 11:10 AM, Staff A, a Provider, stated R2's case manager completed the assessment, and she will "try to find it". This licensor requested Staff A to provide it to this licensor by 5PM on 6/23/2022.

On 6/23/2022, Staff A failed to provide the requested assessment.

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, Riverview Sr Living is or will be in compliance with this law and / or regulation on (Date) 7/25/22

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

Provider (or Representative) — Date: 7/25/22

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(a) Name of the resident;

(b) Name of all prescribed and over-the-counter medications;

(c) Dosage of the medication;

(d) Frequency which the medications are taken; and

(e) Approximate time the resident must take each medication.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

(b) If the medication was refused and the reason for the refusal; and

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

(iii) A logged call requesting written verification of the change; and

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

This requirement was not met as evidenced by:

Based on record review and interview, the AFH failed to create and keep an up-to-date medication log for 1 of 2 residents, Resident 2(R2). This failure placed the resident's safety at risk for not being able to evaluate the accuracy of medications administration and identifying the effectiveness of medications.

Findings included... .

Review of R2's medical record on 6/21/2022 at 11:00 AM showed R2 moved into the AFH on [redacted]/2022 with diagnoses which including [redacted]. There was no medication log found in R2's medical record.

During interview on 6/21/2022 at 11:10 AM, Staff A, Provider, stated that she has been administering medications to R2 according to Discovery Nursing &Rehab of Vancouver discharge order summary dated 5/31/2022. She was not aware that she needs to have a medication log for R2's medication administration.

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, Riverview Sr Living is or will be in compliance with this law and / or regulation on (Date) 7/21/22.

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

Provider (or Representative) _____ Date 7/5/22

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on interview and record review, the AFH failed to ensure care staff were properly delegated to administer medications by a qualified nurse delegator for 1 of 2 residents (R2). This failure placed the resident at risk of receiving mediations from unqualified care staff.

Findings included... .

Nurse Delegation (ND) is defined as a Registered Nurse (RN) transferring selected nursing tasks to care staff working at the AFH in selected situations.

Review of R2's medical record on 6/21/2022 at 11:00 AM showed R2 was admitted into the AFH on [redacted]/2022 with diagnoses including [redacted]. It also showed a signed consent for nurse delegation process for R2 dated 6/14/2022. This included nurse instruction and nurse visit on delegation for R2's oral medications, inhaler, eye drops, suppository, enema administration, prescribed fluoride toothpaste dated 6/14/2022.

During an interview on 6/21/2022 at 11:08 AM, Staff A, Provider, stated that R2's collateral contact (CC1) gave medications to R2 from [redacted]2022 to 6/14/2022. Staff A stated that she then had been administering medications to R2 since 6/14/2022.

During an interview on 7/5/2022 at 3:23 PM, CC1 stated that he occasionally gave some of medications to R2 when he visited her prior to 6/14/2022, not on daily basis.

During interview on 7/5/2022 at 4:01 PM, Staff A, stated that she did administer medications to R2 prior to nurse delegation on 6/14/2022.

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, Riverview Sr Living is or will be in compliance with this law and / or regulation on (Date) 7/25/22

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

Provider (or Representative)

7/25/22
Date

Riverview Senior Living
7510 SE Evergreen Hwy
Vancouver, WA. 98664

Plan Of Correction (POC)

WAC 388-76-10895 Emergency Evacuation Drills

Riverview will complete a partial emergency evacuation drill at a minimum of every other month on a random basis with whatever staff is on at the date and time of the fire drill with no more than 60 days in between fire drills. Each resident will participate at a minimum of once a calendar year. Each practice of the fire drills will be documented on our online documenting system.

WAC 388-76-10650 Medical Devices -Side Rails and Alternatives Available

Riverview will strongly discourage all residents from utilizing [redacted] on a regular and ongoing basis. We will encourage families and residents to consider other alternatives first. Suggestions we will offer families in lieu of [redacted] are as follows:

A. The resident and family will be given a safety brochure explaining the risk associated with the use of [redacted] to help educate them of the risks/benefits of [redacted] use and alternatives available to them.
B. We will encourage the use of pool noodles to be placed under the bottom fitted sheet to act as a barrier to remind the resident that they are getting too close to the edge of the bed.
C. We could position the bed next to a wall & place a small end table by the bed to be used for balance.
D. A transfer pole may be appropriate if PT deems necessary.
E. We may lower the bed as far as possible and place a thick padded mat by the side of the bed to act as a "crash mat" in the event a resident does fall from the bed for safety of the resident.
F. We could place the mattress directly on the floor as a last resort if a resident has a history of falling out of bed as documented in their Initial Qualified Assessment to minimize and adverse results from falling out of bed.
G. In the event a resident/family still wants a half [redacted], the Qualified Assessor and/or PT must evaluate the safe use of the medical devise for that resident and the resident and family members must sign an attestation form stating they understand the risk/benefit and still want the use of the [redacted] if the Qualified Assessor/PT first signed off on the use. If the Qualified Assessor/PT refuse to sign off on the use then we will revert to one of the first five options for resident safety. The [redacted] will only be used on the upper portion of the bed, for mobility and safety purposes. A pillow or other device will be placed between the bed and the [redacted] to minimize the potential of getting caught in the [redacted].

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, Riverview Sr Living is or will be in compliance with this law and/or regulation on (Date) 25 July 2022.

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

[redacted] 7/25/22

Provider (or Representative) Date

WAC 388-76-10750 Safety and Maintenance – Water Temperature

Riverview will do daily tests of the water temperature in all sinks and showers where the residents have access to the hot water until we can get the water heater dialed into the correct range. We will adjust the water heater little by little over a period of time to ensure that the water temperature is maintained within those parameters. Once we get things dialed in we will continue to monitor on a weekly basis for at least another month. After that we will continue test every other month to ensure compliance with the WAC. We will ensure that the water is a minimum of 105 degrees and a maximum not to exceed 120 degrees. Our ideal target temperature will be 115 degrees.

Attestation Statement

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

Provider (or Representative)

7/25/22

Date

WAC 388-76-10315 Resident Records – Initial Assessment and Preliminary Care Plans

Riverview will not allow any resident to move in without the appropriate records in hand prior to physical move in. Records include Initial Assessment and Preliminary Care Plan (PCP) by a Qualified Assessor or the Departments Qualified Assessors. This Assessment and PCP will then be the basis of the Negotiated Care Plan (NCP). These records will be stored immediately in the new residents binder that will be in a locked storage cabinet that all staff and Department Personnel that has a need to know will have access to.

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, Riverview Sr Living is or will be in compliance with this law and/or regulation on (Date) 25 July 2022.

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

Provider (or Representative)

7/25/22

Date

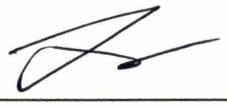
WAC 388-76-10475 Medication Log - Medications

As a resident moves into the AFH we will enter all medications into the online eMAR that Riverview uses to monitor medication delivery. All medications, prescribed and OTC as well as PRN medications will be entered into the eMAR. Each day per Doctors Orders medications will be dispensed to the correct resident, in the correct dosages, at the prescribed times, and ensure the resident takes them by way of the correct route. Staff will not leave the resident until all medications have been consumed. The staff will then immediately log those medications as taken or refused as appropriate. All changes of the medication will be updated per Doctors orders and dispensed as follows. As medications run low either the AFH will reorder or we will notify the residents family if that is their choice.

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, Riverview Sr Living is or will be in compliance with this law and/or regulation on (Date) 25 July 2022.

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



Provider (or Representative)

7/25/22

Date

WAC 388-76-10455 Medication Administration – Nurse Delegation

Riverview will ensure that if a resident has a task that requires Nurse Delegation (ND) as outlined in the Initial Assessment by a Qualified Nurse Delegator, the delegation forms MUST be completed prior to move in or immediately after the need first arises and all documents will be immediately filed in the resident's binder that will be in a locked storage cabinet that all staff and Department Personnel that has a need to know will have access to. Riverview will, in the case of private pay residents, contact the Qualified Assessor that did the Initial Assessment and set up Nurse Delegation Services. In the case of a Medicaid resident we will utilize the Qualified Assessor that the Department, resident or family chooses to use for those services. On an ongoing basis the eMAR system that Riverview uses has a Compliance Section that warns us of potential Compliance Issues. This will be monitored monthly for ongoing compliance.

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, Riverview Sr Living is or will be in compliance with this law and/or regulation on (Date) 25 July 2022.

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

Provider (or Representative)

7/25/22

Date