STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

BETHANY PLACE INC
BETHANY PLACE INC
9111 E Upriver Dr
Spokane, WA 99206

RE: BETHANY PLACE INC License # 1552

Dear Administrator:

This letter addresses Compliance Determination(s) 26900 (Completion Date 07/19/2023) and 24942 (Completion Date 06/22/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/19/2023 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-2630-1-a

The Department staff who did the on-site verification:
Sylvia Shauvin, Complaint Investigator

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: BETHANY PLACE INC
Provider Type: Assisted Living Facility
License/Cert.#: 1552
Compliance Determination #: 24942
Intake ID: 83708
Investigator: Sylvia Shauvin
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 06/06/2023 through 06/22/2023
Complainant Contact Date(s): 06/01/2023, 06/07/2023

Allegation(s):

1 - A resident threatened to kill another resident
2 - Staff disregarded alleged resident victim's concern about Issue 1

Investigation Methods:

Sample:	Total residents: 63 Resident sample size: 2 Closed records sample size: 1
Observations:	Residents' safety and well-being Availability of staff to address residents' needs/concerns Staff's response to residents needs/concerns
Interviews:	Four residents Facility caregiver Counselor Facility Administrative Assistant/Administrator Designee Facility Chief of Operations/Administrator Designee
Record Reviews:	Sample residents' Face Sheets, assessments, care plans, and Progress Notes Facility incident document(s) Facility's policies and procedures - Management of Aggression, Mandatory Reporting Sample three staff's credentials

Investigation Summary:

1 - Interviews with named resident (alleged victim), staff, and counselor showed named resident informed staff and counselor about feeling threatened by another resident's remarks. Also, counselor informed facility about resident's allegation. Per interviews with staff, they did not make reports to the department abuse/neglect hotline about the allegations. Failed facility practice was found, and documented under Washington Administrative Code 388-78a-2630(1) Reporting abuse and neglect.
2 - Per alleged victim, they felt staff disregarded/dismissed their concerns, as mentioned under Issue 1, above. Interviews with staff showed the facility did address the alleged victim's concerns e.g. discussing concern with named residents, monitoring residents. Investigation findings did not support failed facility practices related to

allegation.

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
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 1562	Compliance Determination #24942
Plan of Correction	BETHANY PLACE INC	Completion Date
Page 1 of 3	Licensee: BETHANY PLACE INC	06/22/2023

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 06/06/2023, 06/06/2023 and 06/06/2023 of:

BETHANY PLACE INC
9111 E Upriver Dr
Spokane, WA 99208

This document references the following complaint number(s): 83496, 83708

The following sample was selected for review during the unannounced on-site visit: 2 of 63 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Sylvia Shauvin, Complaint Investigator

RECEIVED
JUN 30 2023
DSHS ALTSA RCS
SPOKANE VALLEY WA

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 — 06/27/2023 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.

Statement of Deficiencies	License #: 1552	Compliance Determination # 24942
Plan of Correction	BETHANY PLACE INC	Completion Date
Page 2 of 3	Licensee: BETHANY PLACE INC	06/22/2023

Administrator (or Representative) 6/30/2023 Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to report allegations of mental abuse to the Complaint Resolution Unit for 1 of 3 residents (Resident 1). This failed reporting practice precluded the department from having immediate knowledge to conduct an investigation and placed the resident at risk of mental abuse.

Findings included...

As defined in Chapter 74.34.020(2)(c) Revised Code of Washington, "Mental abuse" means an intentional, willful, or reckless verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.

Review of the undated content of Staff A, Administrative Assistant, orientation showed staff received training about abuse reporting procedures. Per the orientation information, staff should report to the department hotline any willful action or inaction of mental or verbal abuse that included intimidating and swearing.

In an interview on 06/01/2023 at 9:46 AM Collateral Contact 1 (CC1), stated on 05/25/2023 at around 3:00 PM, Resident 1 told them they felt threatened and fearful of Resident 2 "because (Resident 2) wants to kill me". Resident 1 also told them they were afraid to come out of their room and be in the common areas of the facility because of feeling threatened. CC1 stated they notified Staff A on 05/25/2023 at 4:00 PM about Resident 1's allegation.

In an interview on 06/06/2023 at 2:10 PM Resident 1 stated, "I'm not treated very well" in the facility. When asked to elaborate, Resident 1 stated they voiced their concerns to Staff A about being threatened by Resident 2, the previous week. Resident 1 further stated that "two weeks ago", Resident 2 threatened to hurt them if they came back inside the facility after leaving to go outside

Statement of Deficiencies	License #: 1552	Compliance Determination # 24942
Plan of Correction	BETHANY PLACE INC	Completion Date
Page 3 of 3	Licensee: BETHANY PLACE INC	06/22/2023

In an interview on 06/06/2023 at 2:35 PM, Staff A stated that Resident 1 reported to them that they felt threatened by Resident 2. Staff A stated that Resident 1 reported that Resident 2 threatened to kill them. Staff A further stated they did not report Resident 1's allegation to the Complaint Resolution unit.

In an interview on 06/22/2023 at 8:00 AM, Staff B, Chief of Operations, stated it was not necessary to report Resident 1's allegation of Resident 2 threating them, due to Resident 1 and 2's mental health behaviors.

Review of department May 2023 and June 2023 abuse/neglect hot-line calls showed the facility did not make any reports pertaining to allegation of mental abuse of Resident 1 by Resident 2.

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, BETHANY PLACE INC is or will be in compliance with this law and / or regulation on (Date) 6/30/2023 .

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

Administrator (or Representative) — Date: 6/30/2023

Plan of Correction

Bethany Place will ensure that a report is made to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with Chapter 74.34 RCW in all cases where the staff person has a reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred.

6/30/2023