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) 29306 (Completion Date 09/11/2023) and 27422 (Completion Date 08/04/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/11/2023 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-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c

The Department staff who did the on-site verification:
Antonietta Lettieri-Parkin, Long Term Care Surveyor

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

Sincerely,

S. Jm

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 #: 27422
Intake ID: 91126
Investigator: Antonietta Lettieri-Parkin
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 08/01/2023 through 08/04/2023
Complainant Contact Date(s): 08/02/2023, 08/11/2023

Allegation(s):
Facility residents were using illicit substances, behaving inappropriately, and causing concern for other residents.

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 7 Closed records sample size: 0
Observations:	Facility environment. Staff and resident interactions. Sampled resident rooms, Facility meal service.
Interviews:	Sampled residents. Facility staff. Facility management. Three others not associated with the facility.
Record Reviews:	Sampled resident files. Facility polices. Facility incident reports and investigations.

Investigation Summary:
The facility served residents with dual diagnoses including residents who had substance abuse and legal issues. Through interviews, residents acknowledged substance use of some residents and residents who were believed to have legal histories. Observation of a named resident showed a urine analysis (UA) being obtained for suspected substance use. The UA was being obtained related to another allegation. The facility had polices and procedures in place to address resident substance use. Record review and interviews found the named resident did not have an assessment, behavioral interventions or safeguards in place to protect other residents from harm. Deficient practice identified. The facility was cited for WAC 388-78A-2090 (6) (a) (b) (c).

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: BETHANY PLACE INC
Provider Type: Assisted Living Facility
License/Cert.#: 1552
Compliance Determination #: 27422
Intake ID: 92063
Investigator: Antonietta Lettieri-Parkin
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 08/01/2023 through 08/04/2023
Complainant Contact Date(s):

Allegation(s):
Two residents were sexually abused by another resident.

Investigation Methods:

Sample:	Total residents: 65 Resident sample size: 7 Closed records sample size: 0
Observations:	Facility environment. Staff and resident interactions. Resident interactions. Resident rooms/living units.
Interviews:	Sampled residents. Facility staff. Facility management. Three others not associated with the facility.
Record Reviews:	Sampled resident files. Facility polices. Facility incident reports and investigations.

Investigation Summary:
The facility served residents with dual diagnoses including residents who had substance abuse and legal issues. Observation of a named resident showed a urine analysis (UA) being obtained for suspected substance use. The UA was being obtained related to another allegation, sexual abuse of two residents. Facility staff reported the allegation of sexual abuse to the appropriate entities and conducted an investigation. Record review and interviews found the named resident did not have an assessment, behavioral interventions or safeguards in place to protect other residents from harm. Deficient practice identified. The facility was cited for WAC 388-78A-2090 (6) (a) (b) (c).

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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

Statement of Deficiencies	License #: 1552	Compliance Determination # 27422
Plan of Correction	BETHANY PLACE INC	Completion Date
Page 1 of 4	Licensee: BETHANY PLACE INC	08/04/2023

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 08/01/2023 and 08/03/2023 of:

BETHANY PLACE INC
9111 E Upriver Dr
Spokane, WA 99206

This document references the following complaint number(s): 91126, 92063

The following sample was selected for review during the unannounced on-site visit: 7 of 65 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Antonietta Lettieri-Parkin, Long Term Care Surveyor
Mark Sedhom, Assisted Living Facility Licensor

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

08/14/2023

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 # 27422
Plan of Correction	BETHANY PLACE INC	Completion Date
Page 2 of 4	Licensee: BETHANY PLACE INC	08/04/2023

Administrator (or Representative)

8/11/2023
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to have safeguards in place and failed to assess for and develop behavioral interventions for substance abuse and to protect two residents (Residents 1 & 2) from sexual abuse by another resident (Resident 3). This failure resulted in Resident 3 exposing themselves to the residents and placed residents at risk of nonconsensual sexual conduct.

Findings included...

Per RCW 74.34.020 (2) (a) "Sexual abuse" means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, molestation, indecent liberties, sexual coercion, sexually explicit photographing or recording, voyeurism, indecent exposure, and sexual harassment.

Review of a department Dear Provider Letter (DPL), dated 11/17/2021 and Amended 03/18/2022, showed that facilities who served residents who were registered sex offenders, must complete an assessment for each resident. That assessment must contain information about the resident, including known behaviors, that were relevant to providing appropriate care to the resident while protecting the health and safety of the other residents.

Review of Resident 3's county of residence sheriff's office web page showed Resident 3 was a Level III Registered Sex offender for two felony sex offense convictions in 2002. Washington State Department of Corrections defines Level III as an offender that poses a potential high risk to the community and are a threat to reoffend if provided the opportunity.

Review of Resident 3's assessment, dated 05/30/2023, showed Resident 3 moved into the facility on [redacted]/2023. The assessment showed the resident "checks in with a parole officer weekly for a crime committed in 1994" with no other information documented.

Review of Resident 3's Care Plan, dated 05/30/2023, showed no behavioral interventions documented for inappropriate sexual behavior/conduct or substance abuse.

Review of a facility Incident and Accident Investigation Report (IR), dated 07/31/2023, showed that Resident 1 and Resident 2 reported to staff that Resident 3 invited them to "hang out" and when they got to Resident 3's room, Resident 3 pulled down their pants and exposed themselves. The IR showed Resident 3 asked Resident 1 and 2 if "they could handle this." The IR further showed that Resident 2 stated "no" to Resident 3 and walked out of Resident 3's room.

Observation on 08/01/2023 at 12:05 PM showed staff providing Resident 3 with urine cup for a urine sample.

In an interview on 08/01/2023 at 12:13 PM, Staff A, Administrative Assistant, stated staff were collecting a urine sample from Resident 3 as staff found a "bag with a white substance" in Resident 3's room.

In an interview on 08/01/2023 at 2:45 PM, Staff B, Administrator designee, stated two female residents came to staff the day prior to report that Resident 3 offered to sell "coffee and goodies" and while in Resident 3's room, Resident 3 dropped their pants. Staff B stated the residents reported that the incident occurred a week prior to the residents informing staff. Staff B implied the incident was a single occurrence.

In an interview on 08/03/2023 at 9:29 AM, Resident 1 stated that Resident 3 invited them to Resident 3's room to look at a puzzle. Resident 1 stated Resident 3 shut the door and turned around and faced Resident 1. Resident 1 observed that Resident 3's pants were down and unzipped, exposing their underwear, "but no flesh." Resident 1 stated they were in Resident 3's room alone when this occurred. Resident 1 further stated Resident 3 "did this to [Resident 2] too!" Resident 1 stated after having a conversation with Resident 2, they decided to tell staff. Resident 1 stated they didn't talk to Resident 3 anymore, avoided Resident 3, and does not give Resident 3 eye contact.

In an interview on 08/03/2023 at 9:47 AM, Resident 2 stated that the incident they had with Resident 3 occurred three weeks prior. Resident 2 was invited to Resident 3's room to look at a puzzle. Resident 2 stated they sat on Resident 3's bed at which time Resident 3 "touched my boob." Resident 2 stated Resident 3 then stood up, pulled their pants and underwear down, exposing their genitals, and asked "is this too much for you?" Resident 2 stated they stated "yes" and left the room. Resident 2 stated they talked to a few residents about the incident and when Resident 2 heard Resident 3 had a similar incident with Resident 1, they decided to report it.

Statement of Deficiencies	License #: 1552	Compliance Determination # 27422
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Review of Resident 3's assessment and care plan showed no information regarding their status as a registered sex offender, no behavioral interventions for addressing any potential safety concerns, and no safeguards to protect other residents. Further review showed no interventions or potential safety concerns for substance use.

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) 8/21/2023 .

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

Administrator (or Representative) — Date: 8/21/2023

Plan of Correction

Resident assessment updated to include safeguards and behavioral interventions in regards to the resident behaviors / actions reported.

Residents of Bethany Place were searched in public sex offender records to ensure all assessments reflect potential risks. No other residents are registered as a sex offender at this time.

All resident assessments will include the necessary topics as outlined in WAC 388-78A-2090.

8/21/2023