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) 49704 (Completion Date 11/07/2024) and 45894 (Completion Date 09/03/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/07/2024 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-2371-1, WAC 388-78A-2371-2, WAC 388-78A-2371-3

The Department staff who did the on-site verification:
Amy Wright, NCI Complain Investigator

If you have any questions, please contact me at (509)323-7315.

Sincerely,

J Salquist

Jessica Salquist, 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 #: 45894
Intake ID: 142591
Investigator: Stephanie Jenks
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 08/20/2024 through 09/03/2024
Complainant Contact Date(s):

Allegation(s):
Elopement.

Investigation Methods:

Sample:
Total residents: 66
Resident sample size: 2
Closed records sample size: 1

Observations:
Residents
Activities
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Administrative Assistant
Resident
Resident Representatives

Record Reviews:
*Disclosure of Services
*Characteristic roster
*Staff roster
*Resident face sheets
*Resident care plans
*Resident Behavior Intervention & Crisis Plans
*Progress notes
*Incident investigations
*Resident Absence/Missing Resident Policy
*Abuse and Exploitation of Resident Policy

Investigation Summary:
The Alleged Victim eloped two times within a week. The facility investigation failed to identify the circumstances for either elopement and failed to institute appropriate measures to prevent reoccurrence. Record review showed that the facility failed to assess the Alleged Victim's ability to leave the facility unsupervised and failed to indicate their assessment findings in the resident's negotiated service agreement.

Failed facility practice identified and cited under WAC 388-78A-2371 Investigations (1)(2)(3). Failed practice identified and consultation provided under WAC 388-78A-2140 Negotiated service agreement contents (7) and WAC 388-78A-2090 Full assessment topics (6)(d).

Conclusion / Action:

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

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Statement of Deficiencies	License #: 1552	Compliance Determination # 45894
Plan of Correction	BETHANY PLACE INC	Completion Date
Page 1 of 3	Licensee: BETHANY PLACE INC	09/03/2024

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 08/20/2024, 08/20/2024 and 08/20/2024 of:

BETHANY PLACE INC
9111 E Upriver Dr
Spokane, WA 99206

This document references the following complaint number(s): 141867, 142591

The following sample was selected for review during the unannounced on-site visit: 2 of 66 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Amy Wright, NCI Complain Investigator
Stephanie Jenks, Community Field Manager

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 — Date: 09/20/2024

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 # 45894
Plan of Correction	BETHANY PLACE INC	Completion Date
Page 2 of 3	Licensee: BETHANY PLACE INC	09/03/2024

Administrator (or Representative) 9/23/24 Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to thoroughly investigate a resident elopement, determine the circumstances surrounding the elopement, and institute measures to prevent reoccurrence for 1 of 1 resident (Resident 1). This failure contributed to a second elopement for Resident 1, placed them at increased risk for physical harm and unmet needs and placed facility residents at increased risk for repeated adverse events resulting in potential physical harm, psychosocial harm, and unmet needs.

Findings included...

Review of a progress note for Resident 1, dated 08/12/2024 at 3:51 PM, showed that on [redacted]/2024, Resident 1 could not be found during the 11:00 PM bed checks, and a missing person report was filed. The note showed that on [redacted]/2024 at 8:50 PM, Resident 1 was returned to the facility by law enforcement.

Review of a progress note for Resident 1, dated 08/19/2024 at 1:02 PM, showed that on 08/16/2024 at 10:30 AM, another missing person report was filed because Resident 1 had not been seen since 2:00 AM that day. The note showed that Resident 1 returned to the facility at 7:50 PM on 08/16/2024.

In an interview on 08/20/2024 at 1:37 PM, Staff A, Administrative Assistant, stated that Resident 1's elopement was investigated.

Review of an incident and accident investigation report, dated 08/11/2024, showed there was no documentation to show that the circumstances surrounding the elopements were determined or that measures to prevent reoccurrence were instituted.

Statement of Deficiencies	License #: 1552	Compliance Determination # 45894
Plan of Correction	BETHANY PLACE INC	Completion Date
Page 3 of 3	Licensee: BETHANY PLACE INC	09/03/2024

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) 10/18/24 .

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

Administrator (or Representative) — Date 9/23/24

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

AMENDED

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

RE: BETHANY PLACE INC # 1552

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 09/03/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:
- Wrote the enclosed report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Stephanie Jenks, Field Manager
Residential Care Services

Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• 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 not listed on the enclosed report.

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(7) The resident's ability to leave the assisted living facility premises unsupervised; and

The facility failed to identify, in a resident's care plan, whether or not the resident was able to leave the facility unsupervised. The Alleged Victim returned to the facility and no signs of harm were identified. The facility agreed to update their process to assess a resident's ability to to leave the facility unsupervised.

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:

(d) Individual's ability to leave the assisted living facility unsupervised; and

The facility failed to address, in the Alleged Victim's full assessment, whether or not the resident was able to leave the facility unsupervised. The Alleged Victim returned to the facility and no signs of harm were identified. The facility agreed to update their process to assess a resident's ability to to leave the facility unsupervised.

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

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days

after you receive this letter. Your IDR request **must** include:

- What specific deficiency or deficiencies you disagree with;
- Why you disagree with each deficiency; and
- Whether you want an IDR to occur in-person, by telephone or as a paper review.
- Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (509)993-7821.

Sincerely,

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

Enclosure