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) 40541 (Completion Date 05/09/2024) and 38641 (Completion Date 03/27/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/09/2024 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-2474-4

The Department staff who did the on-site verification:
Sandra Fast, Community 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 #: 38641
Intake ID: 122760
Investigator: Sandra Fast
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 03/21/2024 through 03/27/2024
Complainant Contact Date(s): 03/27/2024

Allegation(s):

1. Medication errors occurred.
2. Medication Aids were not nurse delegated.
3. No Home-Care Aid trainings were happening in facility.
4. Medication Aids were not licensed.

Investigation Methods:

Sample:
Total residents: 64
Resident sample size: 4
Closed records sample size: 0

Observations:
Medication Aid
Medication room
Medication assistance
Residents
Staff
Resident rooms
Common areas
Hallways
Dining room

Interviews:
Administrator
Medication aids
Residents

Record Reviews:
Disclosure of services
Characteristic roster
Staff list
Staff credentials
House Policy Medication Service
House Policy, Medication Errors
Face sheets
Negotiated service plans

Investigation Summary:

1. The facility had a process for tracking and investigating medication errors. Medication errors were written up, the resident's physician was notified, and residents

were monitored for adverse effects. The sampled residents stated that they had not been given the wrong medication. The residents stated that they were aware of what their medications looked like and would say something if they did not look like the right medications. No failed facility practice was identified. 2. The facility had a policy for medication services. The medication aids were performing medication tasks that did not require nurse delegation. A diabetic resident was observed taking their own blood sugar and administering their own diabetic related injections. Medications were observed being given to residents unaltered. A diabetic resident stated they self-administered their injectable diabetic medication. The medication aid was observed watching the residents and assuring the resident's' medications were ingested/injected by the resident. A medication aide stated that they were not nurse delegated because the facility was a non-nurse delegated facility. No failed facility was identified. 3. The Medication aids stated that the facility's was offering Home-Care Aid (HCA) training and that a Human Resources staff conducted the training every Wednesday. A medication aid was able to accurately explain the process that needed to happen in order to obtain and maintain an HCA certification. No failed facility practice was identified. 4. A medication aid's HCA certification was not in ACTIVE status by to the specified deadline set forth in HCA waiver guidelines. Failed facility practice was identified, and a citation was issued according to WAC 388-78A-2474(4).

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 # 38641
Plan of Correction	BETHANY PLACE INC	Completion Date
Page 1 of 2	Licensee: BETHANY PLACE INC	03/27/2024

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 03/21/2024 and 03/21/2024 of:

BETHANY PLACE INC
9111 E Upriver Dr
Spokane, WA 99206

This document references the following complaint number(s): 122760

The following sample was selected for review during the unannounced on-site visit: 4 of 64 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Sandra Fast, Community Complaint Investigator

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 — 04/04/2024 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.

Administrator (or Representative) 4-8-24 Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that home-care aid certification was obtained for 1 out of 4 sampled staff (Staff A). This failure placed residents at risk for harm by receiving services from an uncertified staff.

Findings included...

In an interview on 03/23/2024 at 11:00 AM, Staff A, Medication Aid, stated that they had worked at the facility for three and a half years and was the lead Medication Aid for two of those years.

A review of Staff A's home-care aid (HCA) certification showed the status of pending on 03/21/2024. Staff A's hire date was 09/22/2020 which had a certification deadline of 01/31/2024.

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) 4-8-24 .

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

Administrator (or Representative) 4-8-24 Date