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

10/20/2025

PEND OREILLE COUNTY PUBLIC HOSPITAL
RIVER MOUNTAIN VILLAGE ASSISTED LIVING
714 W Pine Street
NEWPORT, WA 99156-9046

RE: RIVER MOUNTAIN VILLAGE ASSISTED LIVING # 1613

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 67340 (Completion Date 10/20/2025) and 64229 (Completion Date 08/19/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/20/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

The Department staff who did the Off Site verification:
Stephanie Jenks, Community Field Manager

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

Sincerely,

Stephanie Jenks

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

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

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 follow-up on 08/15/2025 of:
RIVER MOUNTAIN VILLAGE ASSISTED LIVING
608 W 2nd St
Newport, WA 99156

This document references the following SOD dated: 08/19/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 79 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community 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

Statement of Deficiencies	License #: 1613	Compliance Determination # 64229
Plan of Correction	RIVER MOUNTAIN VILLAGE ASSISTED LIVING	Completion Date
Page 2 of 4	Licensee: PEND OREILLE COUNTY PUBLIC HOSPITAL	08/19/2025

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.

Laura Williams-Davis
Residential Care Services

08/28/2025
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.

Jenny Cooper
Administrator (or Representative)

9/5/2025
Date

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

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff had completed the mental illness specialty training for 2 of 4 staff (Staff C and D) and failed to ensure cardiopulmonary resuscitation with first aid training was obtained by 3 of 4 staff (Staff C, H, and I). These failures placed residents at risk of receiving care from untrained facility staff.

Findings included...

<Specialty Training>

Review of Staff C's, Nursing Assistant Certification (NAC), undated personnel records showed a hire date of 02/05/2025. Further review showed no documentation that mental illness specialty training had been completed.

Review of Staff D's, NAC, undated personnel records, showed a hire date of 01/24/2025.

Further review showed no documentation that mental illness specialty training had been completed.

In an interview on 08/15/2025 at 11:35 AM, Staff A, Director of Residential Care Services, stated that Staff C is in the process of working through the mental illness training but has not completed the course. Staff A further stated that Staff D was sent a link to sign up but has not done so.

<Cardiopulmonary resuscitation /First Aid training>

Review of Staff C's undated personnel records showed their cardiopulmonary resuscitation (CPR) certificate did not include first aid training.

In an interview on 08/15/2025 at 12:10 PM, Staff A stated that the facility provided the CPR and first aid trainings, however they were offered as separate courses. Staff A confirmed that Staff C had not completed the first aid training portion.

Review of Staff H's, NAC, undated personnel records showed a hire date of 11/10/2010. Record review showed no documentation on CPR or first aid training.

Review of Staff I's, NAC, undated personnel records showed a hire date of 11/21/2022. Record review showed no documentation on CPR or first aid training.

In an interview on 08/19/2025 at 8:50 AM, Staff A stated they were unsure if Staff H or Staff I had current CPR/first aid certifications. After further review of personnel files, Staff A was unable to provide documentation of any CPR or first aid training at the conclusion of the follow-up inspection.

This is an uncorrected deficiency cited on 06/27/2025.

Statement of Deficiencies	License #: 1613	Compliance Determination # 64229
Plan of Correction	RIVER MOUNTAIN VILLAGE ASSISTED LIVING	Completion Date
Page 4 of 4	Licensee: PEND OREILLE COUNTY PUBLIC HOSPITAL	08/19/2025

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, RIVER MOUNTAIN VILLAGE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 10/2/2025 10/2/25 10/3/2025

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

Jenny Cooper 9/5/2025

Administrator (or Representative) Date

River Mountain Village 2025 Plan of Correction Tool

Agency Name	**Citation Date**
River Mountain Village	August 29,2025
Submitted by	**Date of POC Submission**
Jenny Cooper, Director of Residential Care Services	September 5, 2025
☐ Complaint **Citation** ☐ Survey Inspection	

Citation: (list WAC)	
What *initial or immediate actions* were taken to address concerns affecting clients?	**Describe the *initial or immediate actions* taken:** To achieve compliance with WAC 388-78A-2474 (Training and home care aide certification requirements) all staff training was audited and those identified were registered for First Aid and given the Mental Health link for completion.
How will you apply the correction to all clients you support?	**System or Operational Changes:** Monthly auditing of educational requirements (Mental Health, DDA, CPR/First Aid, and Dementia) x 3 months, and then quarterly. Staff identified during the facility wide audit were registered for First Aid and given the Mental Health link for completion. In addition, a "hands-on" training will be completed on three separate dates to ensure everyone cycles through during the month of September.
Who will be responsible for implementing changes and monitoring the corrections to ensure the problems do not reoccur?	Educational data for auditing to be provided by Adam Wiltse (Organizational Development Manager) monthly x 3 months, then quarterly. Jenny Cooper, Director of Residential Care Services, to complete auditing as scheduled and Michelle Knight, LPN Nurse Manager, to assist and audit as a backup.
Date by which lasting correction will be achieved	10/3/2025
Additional Information	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

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 the unannounced on-site full inspection on 06/24/2025, 06/25/2025, 06/26/2025 and 06/27/2025 of:

RIVER MOUNTAIN VILLAGE ASSISTED LIVING
608 W 2nd St
Newport, WA 99156

The following sample was selected for review during the unannounced on-site visit: 17 of 78 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Lee, Assisted Living Facility Licensor
Patricia Eddy, Community Licensor
Joy Pipgras, LTC Surveyor
Carla Rose, NCI Community 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

Statement of Deficiencies	License #: 1613	Compliance Determination # 61806
Plan of Correction	RIVER MOUNTAIN VILLAGE ASSISTED LIVING	Completion Date
Page 2 of 3	Licensee: PEND OREILLE COUNTY PUBLIC HOSPITAL	06/27/2025

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

07/08/2025
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) 7/8/25 Date

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

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure specialty training for mental health and dementia was completed by 2 of 6 staff (Staff C and D), and failed to ensure cardiopulmonary resuscitation and first aid training was obtained by 3 of 6 staff (Staff B, C and E). These failures placed residents at risk of harm due to receiving care from untrained facility staff.

Findings included...

Review of Staff B's, Nursing Assistant Certified (NAC), undated personnel records showed a hire date of 10/21/2024. Further review showed no documentation of cardiopulmonary resuscitation (CPR) and first aid training.

Review of Staff C's, NAC, undated personnel records showed a hire date of 02/05/2025. Further review showed no documentation of mental health specialty training, dementia training, or current CPR and first aid training.

Review of Staff D's, NAC, undated personnel records showed a hire date of 01/24/2025. Further review showed no documentation of mental health specialty training or dementia training.

Review of Staff E's, NAC, undated personnel records showed a hire date of 04/12/2021. Further review showed no documentation of current CPR and first aid training.

In an interview on 06/26/2025 at 2:55 PM, Staff G, Human Resources Manager, confirmed that staff C and D were caregivers, and they had not taken the mental health and dementia specialty training classes. Staff G further stated that staff B, C, and E were caregivers, and they did not have current CPR and first aid training completed.

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, RIVER MOUNTAIN VILLAGE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) 8/11/2025

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

Jenny Cooper DRCS — 7/8/2025

Administrator (or Representative) — Date

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

PEND OREILLE COUNTY PUBLIC HOSPITAL
RIVER MOUNTAIN VILLAGE ASSISTED LIVING
714 W Pine Street
NEWPORT, WA 99156-9046

RE: RIVER MOUNTAIN VILLAGE ASSISTED LIVING # 1613

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/27/2025 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 many deficiency listed on the enclosed report; and
- May inspect your program 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 Return the Plan/Attestation Statement and report with signatures to:

Stephanie Jenks, Community Field Manager
Residential Care Services
Region 1, Unit B
Preferred methods:

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
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-2100 On-going assessments. The assisted living facility must:

(1) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(2) Complete an assessment specifically focused on a resident's identified problems and related issues:

(a) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

The facility contained many resident beds that had a bed cane/side rail combination attachment and had safety assessments completed upon admission. The staff were unaware of the need to annually assess each resident using the device for need and safe usage. Before the end of the inspection the facility had numerous safety assessments updated and had a plan in place for the remaining residents who needed to be assessed.

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

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

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

Sincerely,

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

Enclosure