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 991569046

RE: RIVER MOUNTAIN VILLAGE ASSISTED LIVING # 1613

Dear Administrator:

This document references Compliance Determination 27602 (08/08/2023), which included complaint number(s) 90821.
The Department completed a complaint investigation of your Assisted Living Facility on 08/08/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Carla Rose, NCI Community Licensor
Veronica Jackson, Assisted Living Facility Licensor

Consultation:

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

The facility had a resident with a pattern of aggressive behaviors that was observed sitting next to another resident. The facility had a temporary service plan in place to keep the resident at a safe distance from others. Resident manager agreed to provide additional training to staff to follow the temporary service plan.

You Must:
- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:
- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
- Inspect the facility to determine if you have corrected all deficiencies.

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:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: RIVER MOUNTAIN VILLAGE ASSISTED LIVING
License/Cert.#: 1613
Compliance Determination #: 27602
Investigator: Carla Rose
Investigation Date(s): 08/04/2023 through 08/08/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 90821
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):
1. Resident to resident altercation without injury

Investigation Methods:

Sample:	Total residents: 93 Resident sample size: 3 Closed records sample size: 0
Observations:	sunroom where incident occured resident wellbeing named residents wellbeing staff availability and responsiveness posted CRU signs activity calendar
Interviews:	staff residents named residents named resident guardians
Record Reviews:	named resident careplans and facesheets staff schedule disclosure of services characteristic roster incident reports

Investigation Summary:
1. Observations showed alleged perpetrator sitting within arms reach of another resident for 30 minutes. Review of temporary care plan showed an intervention to keep the AP at a safe distance from others. Failed practice identified with a consultation for WAC 388-78A-2160 Implementation of Negotiated Service Agreement.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A