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

12/12/2024

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) 51072 (Completion Date 12/12/2024) and 48924 (Completion Date 11/05/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/12/2024 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

The Department staff who did the On Site verification:
Raul Gatchalian, Community Complaint 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: RIVER MOUNTAIN VILLAGE ASSISTED LIVING
License/Cert.#: 1613
Compliance Determination #: 48924
Investigator: Raul Gatchalian
Investigation Date(s): 10/17/2024 through 11/05/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 149816
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):

1. Residents are not getting their medications in accordance with practitioner orders.
2. Delegations are not accurate, not updated and falsified.
3. Residents not being monitored for changes in condition.
4. Residents are not getting the care they need, showers, hygiene and meals.

Investigation Methods:

Sample:	Total residents: 57 Resident sample size: 6 Closed records sample size: 0
Observations:	Residents Dining Resident care equipment Resident rooms Staff to resident interactions Medication administration Dining
Interviews:	Nursing staff Residents Family members Nurse Nurse Delegator Administrator
Record Reviews:	Medical records State reporting log Incident investigation Nurse delegation records Facility policies Personnel files Staff training records Staff patterns

Investigation Summary:

1. No Alleged Victim (AV) was identified. All sampled residents were interviewed and had no safety concerns related to medication service. Med tech was observed using 5 rights of giving medication to residents. Staff was observed using electronic charting to document in the medication administrative records (MAR). All sampled staff completed training to effectively provide medication. No facility failed practice.
2. The Nurse delegator failed to check 4 of 19 medication aides' competency. These failures placed residents at risk for receiving care from untrained staff. Failed facility practice cited under WAC 388-78A-2320 (1), (b), RCW 18.79.260 (3), (a), and (i).
3. All sampled residents felt safe living in the facility and had no concerns related to health monitoring. Staff were observed available and checking on residents needs. Sampled residents were observed having necklace call pendant and able to used to call pendant to get help. Facility followed the residents' individual care plan to effectively care for their residents. Staff were trained to identify any changes in the resident's condition and notify the nurse. Residents with acute change were monitored and frequently check for 72 hours until resolved. Facility coordinated with primary care physician and residents' representative. No facility failed practice.
4. All sampled residents were satisfied and happy with the care they received from the facility. Staff were trained to follow the residents' individual care plan. Staff were trained to respect and work with residents care preference. Staff were trained to follow shower schedules and when a resident refused, staff reapproached and reschedule shower with the resident. Multiple caregivers were observed going around the dining room and assisting residents with meals and other care requested by the residents. The staff was observed offering the resident to toilet before and after a meal. No facility failed practice.

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 #: 1613	Compliance Determination # 48924
Plan of Correction	RIVER MOUNTAIN VILLAGE ASSISTED LIVING	Completion Date
Page 1 of 3	Licensee: PEND OREILLE COUNTY PUBLIC HOSPITAL	11/05/2024

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 10/17/2024, 10/17/2024 and 10/17/2024 of:

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

This document references the following complaint number(s): 149816, 150662

The following sample was selected for review during the unannounced on-site visit: 6 of 57 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Raul Gatchalian, 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.

J. Salquist
Residential Care Services

11/13/2024
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.

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Statement of Deficiencies	License #: 1613	Compliance Determination # 48924
Plan of Correction	RIVER MOUNTAIN VILLAGE ASSISTED LIVING	Completion Date
Page 2 of 3	Licensee: PEND OREILLE COUNTY PUBLIC HOSPITAL	11/05/2024

Jenny Cordle DRCS
Administrator (or Representative)

11/22/2024
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to determine the competency of 19 out of 19 Medication aides (Staff A, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T) to perform the delegated nursing tasks. These failures placed residents at risk for receiving care from untrained staff.

Findings included...

Review of Resident 2's Nurse delegation nursing visit dated 09/04/2024, showed that Staff C, Medication tech performed nursing delegated task without completing competency and proper training from the nurse delegator.

Review of Resident 1's Medication administration records, dated 09/01/2024 to 10/17/2024, showed that staff documented checking blood sugar and giving insulin three times a day to Resident 1.

Observation on 10/17/2024 at 02:35 PM, showed nurse delegation binders dated 2020 in the nurse delegator workspace. Review of the binder at that time showed all staff delegation competency checklists were blank.

Review of nurse delegation records on 10/17/2024 at 02:36 PM, showed Staff D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T Medication techs, showed no nurse delegated competency.

In an interview on 10/17/2024 at 02:50 PM, Staff B, Facility Nurse Delegator, stated that since the pandemic they stopped doing medication aide competency.

In an interview on 10/23/2024 at 01:41 PM, Staff A, Medication tech, stated that since hire, they had not received training, or a competency check with the nurse delegator.

In an interview on 10/23/2024 at 03:21 PM, Staff B, Facility Nurse Delegator, stated "I have no excuse why, I didn't have the competency, I dropped the ball on that."

Plan/Attestation Statement

Administrator (or Representative) Date

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Page 3 of 3	Licensee: PEND OREILLE COUNTY PUBLIC HOSPITAL	11/05/2024

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) 11/13/2024

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

Jenny Cooper LPCS — 11/18/2024

Administrator (or Representative) — Date

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)_____ .

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

_____ _____

Administrator (or Representative) Date

River Mountain Village Advanced Care

PLAN OF CORRECTION NOVEMBER 2024

Deficiency: WAC 388-78A-2320 Intermittent Nursing Services Systems

The facility failed to determine the competency of 19/19 medication aids to perform the delegated nursing tasks placing the residents at risk of receiving care from untrained staff.

How the Assisted Living Facility will correct the deficiencies as it relates to the residents:

The RN Nurse Delegator will perform competency checks (Medication administration, orientation, and observation) every 90 days for each Medication Aid.

How the Assisted Living Facility will act to protect residents in similar situations:

The RN Nurse Delegator will perform competency checks (medication pass audits) every 90 days for each Medication Aid.

Measures the Assisted Living Facility will take or systems it will alter to ensure that the problem does not reoccur:

The RN Nurse Delegator (Terri Rugo) will complete Medication administration, orientation, and observation competency audits for each medication technician every 90 days or less. This process will be audited monthly by the Director of Residential Care Services.

How the Assisted Living Facility plans to monitor its performance to make sure that the solution is sustained:

DRCS to audit competencies monthly via the Delegation Competency Tracker (see attached).

Date when corrective action will be completed:

November 13th, 2024

Title of person responsible to ensure correction:

Jenny Cooper DRCS and Terri Rugo, RN Nurse Delegator