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 License # 1613

Dear Administrator:

This letter addresses Compliance Determination(s) 42693 (Completion Date 06/13/2024) and 40361 (Completion Date 05/10/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/13/2024 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-2650-3

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: RIVER MOUNTAIN VILLAGE ASSISTED LIVING
License/Cert.#: 1613
Compliance Determination #: 40361
Investigator: Sandra Fast
Investigation Date(s): 04/25/2024 through 05/10/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 128332
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):
1. Outbreak of respiratory illness 20 out of 38 residents.

Investigation Methods:

Sample:	Total residents: 95 Resident sample size: 4 Closed records sample size: 0
Observations:	Residents Staff Common Area Entrance
Interviews:	Administration Staff Infection control Quality Improvement Housekeeping
Record Reviews:	Disclosure of Services Characteristic Roster Staff List House Policies Infection tracking

Investigation Summary:
The facility had 20 residents who had contracted a communicable disease with the first case manifesting on April 9, 2024, and the last case manifesting on April 17, 2024. The facility failed to report the disease outbreak to the complaint resolution unit for resulting in a finding of failed facility practice. A citation was issued related to the facility's lack of reporting the disease outbreak according to WAC 388-78A-2650 (3).

Conclusion / Action:

☒ 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 #:40361
Plan of Correction	RIVER MOUNTAIN VILLAGE ASSISTED LIVING	Completion Date
Page 1 of 3	Licensee: PEND OREILLE COUNTY PUBLIC HOSPITAL	05/10/2024

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 04/25/2024 and 04/25/2024 of:

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

This document references the following complaint number(s): 125351, 128332

The following sample was selected for review during the unannounced on-site visit: 4 of 95 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 8
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.

S. [illegible]
Residential Care Services

05/15/2024
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.

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

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Residential Care Services

Date

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Statement of Deficiencies	License #: 1613	Compliance Determination # 40361
Plan of Correction	RIVER MOUNTAIN VILLAGE ASSISTED LIVING	Completion Date
Page 2 of 3	Licensee: PEND OREILLE COUNTY PUBLIC HOSPITAL	05/10/2024

Jenny Cooper Interim DRCS
Administrator (or Representative)

5/24/24
Date

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(3) Circumstances which threaten the assisted living facility's ability to ensure continuation of services to residents.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to report a communicable disease outbreak to the department's Complaint Resolution Unit for 20 of 39 residents (Resident 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20) sampled for infection control. This failed practice precluded the department from immediately investigating and placed residents at risk of contracting the illness.

Finding included...

Review of a Dear Provider letter, dated January 22, 2022, showed providers were responsible to report two or more of probable or confirmed Covid among residents, with epi-linkage OR two or more cases of suspect, probable or confirmed Covid among healthcare practitioners AND one or more case of probable or confirmed Covid among residents, with epi-linkage AND no other more likely sources of exposure for at least one of the cases to the local health jurisdiction AND to Residential Care Services (RCS).

Observation on 04/25/2024 at 10:30 AM showed residents and staff all wore masks. A sign observed at the front entrance of the building stated that masks must be worn by visitors.

In an interview on 04/25/2024 at 10:40 AM, Staff A, Director, stated that several assisted living residents had been quarantined because they had tested positive for Covid and that 04/25/2024 was the first day that the last of the residents were taken off quarantine. Staff A stated that the assistant manager was on vacation, and they were unclear on why the outbreak had not been reported. Staff A stated that Staff B, Infection Prevention and Control Nurse, had been tracking and handling the cases.

In an interview on 04/25/2024 at 2:03 PM, Staff B stated that they had not reported the Covid outbreak.

Review of the facility's undated COVID Outbreak Investigation, showed that 20 residents had tested positive for Covid between 04/09/2024 and 04/17/2024. Review of the

Administrator (or Representative) Date

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Page 3 of 3	Licensee: PEND OREILLE COUNTY PUBLIC HOSPITAL	05/10/2024

facility's REDCap Facility Outbreak Notification Tool: Healthcare Settings, that was submitted to the local health jurisdiction on April 25, 2024, showed that the notification tool, "does not replace reporting requirements to other entities."

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) 4/26/24.

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

Jenny Cooper Interim DRS — 5/24/24

Administrator (or Representative) — Date

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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

Pend Orielle County Public Hospital
River Mountain Village Assisted Living (license #1613)
Plan of Correction for
WA DSHS Complaint Investigation
Date on site- (4/25/24)

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure; Target for Compliance
None - WAC 388-78A-2650	On April 12th, an outbreak of COVID was noted at River Mountain Village Assisted Living facility. On April 25, the outbreak was reported to RedCap/DOH and LHJ. The required reported in within 24 hours, The resource material sent by the confirmation of reporting e-mail and the DOH reporting web site were reviewed. Reports will be completed within the appropriate time frame as referenced by DSHS regulations and WAC 388-78A-2650.	Infection Prevention Supervisor	4/25/24	All cases of COVID will be investigated by the Infection Control RN and reporting will be completed within 24 hours of identification at the point 2 or more within the facility are suspected of respiratory illness.