STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Spring Ridge Retirement, LLC

Spring Ridge Retirement, LLC
6856 E Portland Ave
Tacoma, WA 98404

RE: Spring Ridge Retirement, LLC License # 2160

Dear Administrator:

This letter addresses Compliance Determination(s) 31245 (Completion Date 10/10/2023) and 23146 (Completion Date 05/01/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/10/2023 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-2371-2

The Department staff who did the off-site verification:
Woodetta Maulana,

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Spring Ridge Retirement, LLC
Provider Type: Assisted Living Facility
License/Cert.#: 2160
Intake ID: 64481
Compliance Determination #: 23146
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 04/20/2023 through 05/01/2023
Complainant Contact Date(s):

Allegation(s):

1) Named resident did not receive his blood thinning medication for 3 days
2) Named resident's care plan was not updated and signed by POA.

Investigation Methods:

Sample:	Total residents: 100 Resident sample size: 2 Closed records sample size: 0
Observations:	staff to resident interaction residents general observation of the facility
Interviews:	staff residents
Record Reviews:	resident records

Investigation Summary:

1) This complaint was already in progress and being investigated by another investigator
2) Care Plans were reviewed and a citation has been issued. The facility was out of compliance for similar issue at time of this investigation.

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☒ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Spring Ridge Retirement, LLC
Provider Type: Assisted Living Facility
License/Cert. #: 2160
Intake ID: 65369
Compliance Determination #: 23146
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 04/20/2023 through 05/01/2023
Complainant Contact Date(s):

Allegation(s):
1) Injury of unknown source

Investigation Methods:

Sample:	Total residents: 100 Resident sample size: 2 Closed records sample size: 0
Observations:	staff to resident interaction residents general observation of the facility
Interviews:	staff residents
Record Reviews:	resident records facility incident report

Investigation Summary:
The assisted living facility failed to thoroughly investigate to determine the circumstances of the event for named resident.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2160	Compliance Determination # 23146
Plan of Correction	Spring Ridge Retirement, LLC	Completion Date
Page 1 of 3	Licensee: Spring Ridge Retirement, LLC	05/01/2023

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 04/20/2023 and 04/20/2023 of:

Spring Ridge Retirement, LLC
6856 E Portland Ave
Tacoma, WA 98404

This document references the following complaint number(s): 64481, 65369

The following sample was selected for review during the unannounced on-site visit: 2 of 100 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Woodetta Maulana

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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

5/1/2023
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) Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(2) Determine the circumstances of the event;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the assisted living facility (ALF) failed to thoroughly investigate to determine the circumstances of the event for 1 of 2 sample residents (Resident 1). This failure placed residents at risk for harm.

Findings included…

Review of the facility's incident report dated 01/09/2023 described the injury as "resident lips swollen and bottom lip had bruising…front bottom teeth loose, swelling." This same incident report documented "Resident top and bottom lips swollen with small bruising to bottom lip, both RCC and AM Medtech noticed around 8a.m. Resident had been up all-night wandering halls and in and out of door. Resident denied falling or hitting mouth of any sort when asked. Resident states she bites her lips when they are dry."

On 04/20/2023 at 11:20 a.m., Resident 1 (R 1), who resided in a memory care unit, was observed in their room. The resident was not a good historian and continued to talk of their past when asked if they remembered anything about the incident.

On 04/20/2023 at 11:40 a.m., during an interview, the Resident Care Coordinator (Staff B) stated, during shift change, it was reported that R 1 had an injury to their mouth. Staff B stated she did not get witness statements from the staff. Staff B confirmed she did not interview night shift and stated day shift staff did not know how the injury occurred.

On 04/20/2023 at 11:40 a.m., during an interview, the Corporate Nurse (Staff C) stated she was there when the incident was reported. Staff C confirmed she did not get witness statements from staff and stated the day shift staff was unaware of how the resident sustained the injury. When asked, Staff C stated she did not interview staff from the previous shift.

On 04/20/2023, at 11:50 a.m., during an interview, the Executive Director (Staff A) stated the incident report documented the resident stated they did not fall. Staff A was unable to show how the facility further investigated to determine the circumstances of the event.

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, Spring Ridge Retirement, LLC 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

05/01/2023

Licensee: Spring Ridge Retirement, LLC
Spring Ridge Retirement, LLC
6856 E Portland Ave
Tacoma, WA 98404

RE: Spring Ridge Retirement, LLC License # 2160

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 05/01/2023 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Manfay Chan, Field Manager
Residential Care Services
Region 3, Unit D
PO Box 99250
Lakewood, WA 98496

• 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.

You May:

• Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

InAddition, 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 (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Enclosure