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) 27425 (Completion Date 07/31/2023) and 22963 (Completion Date 05/11/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/31/2023 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-2462-2, WAC 388-78A-2462-2-a, WAC 388-78A-2462-2-b

The Department staff who did the on-site verification:
Carol Gijima, Community Compaint Investigator (NCI)

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: 77301
Compliance Determination #: 22963
Region/Unit #: RCS Region 3 / Unit D
Investigator: Carol Gijima
Investigation Date(s): 04/24/2023 through 05/11/2023
Complainant Contact Date(s):

Allegation(s):
Staff to resident abuse

Investigation Methods:

Sample:	Total residents: Resident sample size: 4 Closed records sample size:
Observations:	General environment Residents in their rooms/ common areas Staff-to-resident interactions
Interviews:	Resident representatives Staff
Record Reviews:	Resident Characteristic Roster Resident assessments and negotiated service agreements including the records of the named resident Staff records Staff progress notes Incident log / reports, Facility P & P Abuse/Neglect

Investigation Summary:
1. Per record review, interviews with resident's representative and staff, the facility investigated, substantiated allegation and terminated the staff involved. Deficiencies related to the original complaint were identified during the investigation. Facility failed to ensure that staff completed a background check prior to working with vulnerable residents. The facility demonstrated failed provider practice as documented in a Statement of deficiency dated 05/11/2023.

Conclusion / Action:

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

☐ N/A

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2160	Compliance Determination # 22963
Plan of Correction	Spring Ridge Retirement, LLC	Completion Date
Page 1 of 3	Licensee: Spring Ridge Retirement, LLC	05/11/2023

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 04/24/2023 and 05/04/2023 of:

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

This document references the following complaint number(s): 79359, 79076, 77301

The following sample was selected for review during the unannounced on-site visit: 4 of 0 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Carol Gijima, Community Compaint Investigator (NCI)

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

5/16/2023
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.

Statement of Deficiencies	License #: 2160	Compliance Determination # 22963
Plan of Correction	Spring Ridge Retirement, LLC	Completion Date
Page 2 of 3	Licensee: Spring Ridge Retirement, LLC	05/11/2023

[redacted] 5/16/23

Administrator (or Representative) Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

(b) A national fingerprint background check

This requirement was not met as evidenced by:

Based on interviews and record review, the Assisted Living Facility (ALF) failed to complete background checks for 2 of 4 sample staff, prior to working with vulnerable residents. This failure placed all resident in the facility at risk for abuse and neglect from staff with potential disqualifying crimes.

Findings Included...

Record review on 04/24/2023 showed that Staff C started working with residents on 02/04/2023 as an agency caregiver, Staff D started working with residents on 02/12/2023 as an agency caregiver. Review of staff records provided by the facility showed that they did not have the required State background and fingerprint check on file.

During an interview on 04/24/2023 at 10:40am, Staff A, Administrator stated background checks were conducted pre-hire before being offered a position and according to regulation. When asked when the agency staff got their background checks completed, Administrator stated she didn't run them and asked Staff B, Business Office Manager.

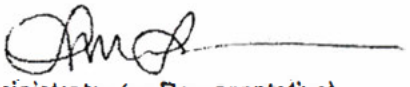
During an interview on 04/24/2023 at 11:02am, Staff B, Business office manager stated that new employees' background checks were completed after they had been offered a job. Staff B stated the fingerprint appointment was scheduled after staff had their orientation. Staff was asked if there was any reason staff would be allowed to work with residents without a completed background check, Staff B stated that there was not. When asked what the process was for agency staff, Staff B stated that the ALF used information provided by the Agency and did not complete the required State background and fingerprint check for agency staff.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2160	Compliance Determination # 22963
Plan of Correction	Spring Ridge Retirement, LLC	Completion Date
Page 3 of 3	Licensee: Spring Ridge Retirement, LLC	05/11/2023

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) 4/30/2023.

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



Administrator (or Representative) 5/16/2023 Date