STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Caring Places Management, LLC
Riverside Place
1649 Broadway Ave
Hoquiam, WA 98550

RE: Riverside Place # 2363

Dear Administrator:

This document references Compliance Determination 46200 (08/28/2024), which included complaint number(s) 142673, 142565.
The Department completed a complaint investigation of your Assisted Living Facility on 08/28/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Celeste Vashey, ALF LTC Licensor

Consultation:

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

Based on interview and record review the facility failed to promptly notify CRU of an incident that occured for 2 of 2 reported and investigated incidents.

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 (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Riverside Place
Provider Type: Assisted Living Facility
License/Cert.#: 2363
Compliance Determination #: 46200
Intake ID: 142673
Investigator: Celeste Vashey
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 08/27/2024 through 08/28/2024
Complainant Contact Date(s):

Allegation(s):
1) Facility reported resident to resident physical altercation.

Investigation Methods:

Sample:
Total residents: 28
Resident sample size: 3
Closed records sample size: 0

Observations:
Identified resident
Residents
Activities
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Identified resident
Residents
Family members
Housekeeping staff

Record Reviews:
State reporting log
Incident investigation
Facility policies

Investigation Summary:
1) Based on interview and record review the facility was consulted on WAC 388 78A 2630 1A, 2 of 2 incidents reviewed had delayed reporting to CRU.

Conclusion / Action:

☐ Failed Provider Practice Identified / Citation(s) Written

☒ Failed Provider Practice Not Identified / No Citation Written

☐ N/A