



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

Valley Residential Care Inc
Valley Residential Care Inc
14106 E 3rd Ave
Spokane Valley, WA 99216

RE: Valley Residential Care Inc # 2379

Dear Administrator:

This document references the following complaint numbers 107019.

The Department completed a full inspection of your Assisted Living Facility on 12/13/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

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 Mail the Plan/Attestation Statement and report with original signatures to:

Stephanie Jenks, Field Manager
Residential Care Services

Region 1, Unit B

8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

- 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.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

The facility had been assisting residents with diabetic care including taking resident blood sugars without having a current medical test site waiver license. They have applied for the medical test site waiver license which provides oversight in keeping testing methods reliable.

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

- (a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;
- (b) Complete an assessment specifically focused on a resident's identified problems and related issues:
 - (i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;
 - (iii) When the resident has an injury requiring the intervention of a practitioner.

The facility had been using the Comprehensive Assessment Reporting Evaluation assessment (CARES), completed by the case manager, as their annual resident assessment. The facility had not completed resident assessments annually or for changes in condition. The facility Administrator stated they were creating an electronic document to enable the facility to perform the resident's annual assessments.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

12/13/2023

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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 (509)993-7821.

Sincerely,



Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

Enclosure