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

Riverview Lutheran Retirement Community of Spokane
Riverview Retirement Community
1952 N Granite St
Spokane, WA 99207

RE: Riverview Retirement Community License # 2469

Dear Administrator:

This letter addresses Compliance Determination(s) 55984 (Completion Date 03/07/2025) and 52960 (Completion Date 01/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/07/2025 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-2474-2-e, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484

The Department staff who did the on-site verification:
Veronica Jackson, Assisted Living Facility Licensor
Jennifer Lee, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Regional Administrator
Region 1, Unit B
Residential Care Services

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

Statement of Deficiencies	License #: 2469	Compliance Determination # 52960
Plan of Correction	Riverview Retirement Community	Completion Date
Page 1 of 4	Licensee: Riverview Lutheran Retirement Community of Spokane	01/15/2025

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 the unannounced on-site full inspection on 01/13/2025, 01/14/2025 and 01/15/2025 of:
Riverview Retirement Community
1952 N Granite St
Spokane, WA 99207

The following sample was selected for review during the unannounced on-site visit: 6 of 25 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility Licensor
Jennifer Lee, Assisted Living Facility Licensor
Carla Rose, NCI Community Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
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.

J Salquist
Residential Care Services

01/21/2025
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

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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 _____ 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.

Jova L. Samuel
Administrator (or Representative)

1/28/2025
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that continuing education requirements were met for 2 of 6 sampled staff (Staff B and E). This failure placed residents at risk of receiving care from staff without the required professional development.

Findings included...

Review of 388-112A-0611 (1)(a)(iii) states that certified nursing assistants working in long term care assisted living facilities must complete 12 hours of continuing education by their birthday each year.

Review of Staff B's, Nursing Assistant Certified, undated personnel file showed a hire date of 01/24/2022. Further review showed that no continuing education credits were completed during the 12 months leading up to their most recent birthday.

Review of the facility's staff schedules showed that Staff B was assigned to resident care on the following days: 01/02/2025, 01/03/2025, 01/09/2025, 01/10/2025.

Review of Staff E's, Nursing Assistant Certified, undated personnel file showed a hire date of 03/07/2016. Further review showed that no continuing education credits were completed during the 12 months leading up to their most recent birthday.

Review of the facility's staff schedules showed that Staff E was assigned to resident care on the following days: 01/01/2025, 01/02/2025, 01/07/2025, 01/08/2025, 01/09/2025.

In an interview on 01/15/2025 at 11:55 AM, Staff A, Administrator, stated that they did

Administrator (or Representative) Date

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Based on interview and record review, the facility failed to ensure that continuing education requirements were met for 2 of 6 sampled staff (Staff B and E). This failure placed residents at risk of receiving care from staff without the required professional development.

Findings included…

Review of 388-112A-0611 (1)(a)(iii) states that certified nursing assistants working in long term care assisted living facilities must complete 12 hours of continuing education by their birthday each year.

Review of Staff B's, Nursing Assistant Certified, undated personnel file showed a hire date of 01/24/2022. Further review showed that no continuing education credits were completed during the 12 months leading up to their most recent birthday.

Review of the facility's staff schedules showed that Staff B, was assigned to resident care on the following days: 01/02/2025, 01/03/2025, 01/09/2025, 01/10/2025.

Review of Staff E's, Nursing Assistant Certified, undated personnel file showed a hire date of 03/07/2016. Further review showed that no continuing education credits were completed during the 12 months leading up to their most recent birthday.

Review of the facility's staff schedules showed that Staff E was assigned to resident care on the following days: 01/01/2025, 01/02/2025, 01/07/2025, 01/08/2025, 01/09/2025.

In an interview on 01/15/2025 at 11:55 AM, Staff A, Administrator, stated that they did

not have any records of continuing education hours for Staff B and Staff E.

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, Riverview Retirement Community is or will be in compliance with this law and / or regulation on (Date) 3/1/2025.

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

Tina L. Samuel — Administrator (or Representative)

1/28/2025 — Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff received the first step tuberculosis test within three days of employment, and the second step tuberculosis test within one to three weeks after the first test for 1 of 6 sampled staff (Staff C). This failure placed residents at risk for exposure to tuberculosis infection.

Findings included...

Review of the facility's staff list showed that Staff C, Nursing Assistant Certified, was hired on 08/19/2024.

Review of Staff C's undated personnel file showed it did not contain any documentation of tuberculosis (TB, a communicable respiratory disease) testing completed upon hire, or within twelve months prior to employment.

In an interview on 01/14/2025 at 2:10 PM, Staff A, Administrator, stated that they were unable to provide any documentation of TB tests for Staff C.

not have any records of continuing education hours for Staff B and Staff E.

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, Riverview Retirement Community 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

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Based on interview and record review, the facility failed to ensure that staff received the first step tuberculosis test within three days of employment, and the second step tuberculosis test within one to three weeks after the first test for 1 of 6 sampled staff (Staff C). This failure placed residents at risk for exposure to tuberculosis infection.

Findings included…

Review of the facility's staff list showed that Staff C, Nursing Assistant Certified, was hired on 08/19/2024.

Review of Staff C's undated personnel file showed it did not contain any documentation of tuberculosis (TB, a communicable respiratory disease) testing completed upon hire, or within twelve months prior to employment.

In an interview on 01/14/2025 at 2:10 PM, Staff A, Administrator, stated that they were unable to provide any documentation of TB tests for Staff C.

Review of the staff schedules showed Staff C, was assigned to resident care on the following days: 12/27/2024, 12/28/2024, 01/02/2025, 01/03/2025, 01/08/2025, 01/10/2025.

Plan/Attestation Statement

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

Jura L. Samuel
Administrator (or Representative)

1/28/2025
Date

Review of the staff schedules showed Staff C, was assigned to resident care on the following days: 12/27/2024, 12/28/2024, 01/02/2025, 01/03/2025, 01/08/2025, 01/10/2025.

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, Riverview Retirement Community 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
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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Riverview Lutheran Retirement Community of Spokane
Riverview Retirement Community
1952 N Granite St
Spokane, WA 99207

RE: Riverview Retirement Community # 2469

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/15/2025 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:

Jessica Salquist, 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 did not have a current Medical Test Site Waiver (MTSW) license at the beginning of the survey. Prior to the conclusion of the inspection, the facility completed the steps required to reinstate their MTSW license.

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.

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)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Field Manager
Region 1, Unit B
Residential Care Services

Enclosure

Jessica Salquist, Field Manager
Region 1, Unit B
Residential Care Services

Enclosure

Plan of Correction

Agency Name	Citation Date
Riverview Retirement Community #2469	January 15, 2025
Submitted by	**Date of POC Submission**
Tara Samuel, Campus Administrator	February 28, 2025
☐ **Complaint Citation** XX **Certification Citation**	

Citation: WAC 388-78A-2474 (2)(e) Training and home care aide certification requirements.	
What initial or immediate actions were taken to address concerns affecting clients?	Campus Administrator collaborated with Human Resources Director, Generalist, and Staffing Coordinator to inform of citation received. Generalist and Staffing immediately sent information to CNA/HCA staff to inform them of carelearnwa.com website where CEU's can be taken without cost. The facility offers Dementia Specialty Training and Mental Health Specialty Training that are eligible for CEU's. Clinical Training Coordinator is working with DSHS toward CEUs for Transfer Training.
How will you apply the correction to all clients you support?	**Human Resources Department is requiring that copies of certificates or transcripts be provide prior to license renewal. These are tracked on a spreadsheet by HR Generalist and copies placed in staff member's HR file. HR Generalist sends reminders to staff members one month prior to their birthday reminding them that CEU's are required to be completed prior to birthday.**
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Becky Davis and Kaylee Boyd, Human Resources Department, will maintain tracking spreadsheet. If employees do not provide copies of certificates or transcripts from CEUs earned, they will be removed from the schedule until such proof is provided.
Date by which lasting correction will be achieved	Enter the date when you expect the lasting correction (including system to prevent future problems) to be complete. This must be within 45 days of the citation. 3/1/2025
Additional Information	Enter any additional information you believe is pertinent such as intent to submit an IDR

Submit to RCS within 10 calendar days of receipt of letter to:

rcsregion1email@dshs.wa.gov

Jessica Salquist, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

Plan of Correction

Agency Name	Citation Date
Riverview Retirement Community #2469	January 15, 2025
Submitted by	**Date of POC Submission**
Tara Samuel, Campus Administrator	February 28, 2025
☐ **Complaint Citation** XX **Certification Citation**	

Citation: WAC 388-78A-2484 Tuberculosis two step skin testing.	
What initial or immediate actions were taken to address concerns affecting clients?	Campus Administrator collaborated with Human Resources Director, Generalist, and Staffing Coordinator to inform of citation received. Staff C was contacted regarding TB testing and reported that she had completed a two step TB test upon hire. Staff C's file was searched again, and documentation of two step TB testing was located. The staffing Coordinator immediately began scheduling two step tests on daily/weekly schedule. First step/date to be read are scheduled, followed by second step/date to be read within required timelines.
How will you apply the correction to all clients you support?	HR Generalist and Staffing Coordinator send text messages to staff to remind them of their scheduled days to have TB placed/read. HR Generalist checks binder in Nurses' station to ensure that all testing remains on track and follows up with HR Director, Staffing Coordinator as needed. In TB binder, there are two sheets per step for each employee. One form stays in the binder, the other form goes with the staff member, so they have a physical, visual reminder of the dates for placing/reading of tests.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Becky Davis, Kaylee Boyd, and Brandy Stiffler, Human Resources Department, have implemented a scheduling/tracking system to ensure that all newly hired staff complete TB testing within the required time frame. Kaylee Boyd, HR Generalist, checks TB binder weekly to ensure that all testing remains on track.
Date by which lasting correction will be achieved	Enter the date when you expect the lasting correction (including system to prevent future problems) to be complete. This must be within 45 days of the citation. 3/1/2025
Additional Information	Enter any additional information you believe is pertinent such as intent to submit an IDR

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