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) 29901 (Completion Date 09/21/2023) and 26696 (Completion Date 07/28/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/21/2023 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-2120-3-b, WAC 388-78A-2120-4

The Department staff who did the on-site verification:
Anne Sinclair, NCI Community Complaint Investigator
Sandra Fast, Community Complaint Investigator

If you have any questions, please contact me at (509)993-7821.

Sincerely,

S.J.M

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Riverview Retirement Community
License/Cert.#: 2469
Compliance Determination #: 26696
Investigator: Anne Sinclair
Investigation Date(s): 07/18/2023 through 07/28/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 88876
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):
1. Resident fall.

Investigation Methods:

Sample:	Total residents: 17 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Staff to resident interactions Resident rooms Activities Dining Resident to resident interactions
Interviews:	Administrator Medtech Family
Record Reviews:	Sample residents face sheet/care plan Facility incident report Disclosure of services Facility fall policy Characteristic roster Staff roster Sample staff fingerprint background check

Investigation Summary:
1. A resident had a fall in their apartment and were found by facility staff. Facility staff failed to follow their facility fall protocol and resident had delayed medical evaluation and monitoring related to fall. Failed facility practice 388-78A-2120(3)(b)(4) Monitoring residents' well-being.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2469	Compliance Determination # 26696
Plan of Correction	Riverview Retirement Community	Completion Date
Page 1 of 3	Licensee: Riverview Lutheran Retirement Community of Spokane	07/28/2023

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 07/18/2023, 07/18/2023 and 07/18/2023 of:

Riverview Retirement Community
1952 N Granite St
Spokane, WA 99207

This document references the following complaint number(s): 88876, 89190

The following sample was selected for review during the unannounced on-site visit: 3 of 17 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anne Sinclair, NCI Community Complaint Investigator
Sandra Fast, Community Complaint Investigator

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.

Residential Care Services — 08/11/2023 (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.

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Residential Care Services _____ Date _____

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Jura L. Samuel
Administrator (or Representative)

August 21, 2023
Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(3) Evaluate, in order to determine if there is a need for further action:

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Findings included...

Review of the facility's undated fall response policy showed that staff are to fill out an incident report at time of resident fall that includes date/time of fall along with resident description of fall. Staff are to also measure resident's vitals and level of consciousness at time of fall. Additionally, policy states staff are to place resident on alert charting related to incident, notify resident representative if any, and notify facility administrator and nurse of fall.

Review of Resident 1's negotiated service plan, dated 07/21/2022, showed the resident was diagnosed with vascula[redacted] and [redacted], and needed staff assistance with transfers and toileting.
A written statement on 07/10/2023 from Staff F, Agency Nurse, to Staff A, Administrator, showed they had not been notified of a fall by Staff B, Medication Tech, Staff C, Caregiver, or Staff D, Caregiver, for Resident 1 on the evening of 07/08/2023.

Review of a facility summary investigation, dated 07/11/2023, showed Staff A had noted several discrepancies in statements made by Staff B, C, D, and F, related to Resident 1's fall during their facility investigation.

Review of a staff statement, dated 07/11/2023, showed Staff E, Nurse, had been notified on the morning of 07/08/2023 by Staff B that Resident 1 was in severe pain and had bruising to their left side.

Administrator (or Representative) Date

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Review of Resident 1's negotiated service plan, dated 07/21/2022, showed the resident was diagnosed with [redacted] and [redacted], and needed staff assistance with transfers and toileting.
A written statement on 07/10/2023 from Staff F, Agency Nurse, to Staff A, Administrator, showed they had not been notified of a fall by Staff B, Medication Tech, Staff C, Caregiver, or Staff D, Caregiver, for Resident 1 on the evening of 07/06/2023.

Review of a facility summary investigation, dated 07/11/2023, showed Staff A had noted several discrepancies in statements made by Staff B, C, D, and F, related to Resident 1's fall during their facility investigation.

Review of a staff statement, dated 07/11/2023, showed Staff E, Nurse, had been notified on the morning of 07/08/2023 by Staff B that Resident 1 was in severe pain and had bruising to their left side.

Facility investigation, dated [redacted]/2023, showed Staff E evaluated Resident 1 on [redacted]/2023, contacted Collateral Contact 1 (CC1) due to Resident 1's increasing pain, and Resident 1 was then sent out for hospital evaluation. Investigation further stated that Staff E was notified by hospital later that day that Resident 1 had sustained five rib fractures and would be admitted to the hospital for approximately three to five days for treatment.
Review of Resident 1's progress note, dated [redacted]2023, showed that the resident returned to the facility on [redacted]/2023 at 12:46pm by ambulance with multiple right side rib fractures.

Facility investigation summary, dated [redacted]2023, showed that Staff B, C, D, and F received written disciplinary action for failing to follow the fall response protocol for Resident 1.

In an interview on 07/18/2023 at 12:05pm, Staff A stated Staff B, Staff C, Staff D, and Staff F had failed to follow the facility fall protocol for Resident 1's fall on the evening of 07/06/2023. Staff A stated that no monitoring, to include documentation, had been initiated related to Resident 1's fall on the evening of 07/06/2023. Staff A further stated they were first made aware of Resident 1's fall on [redacted]/2023 by Staff E when the resident was sent out for hospital evaluation.

In an interview on 07/28/23 at 4:04pm, CC1 stated they were first informed of Resident 1's fall on [redacted]/2023, when contacted by Staff E related to Resident 1's increasing pain.

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) ~~9/15/2023~~ 9/11/2023 (RS)

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

Tara L. Samuel
Administrator (or Representative)

August 21, 2023
Date

Facility Investigation, dated [redacted]/2023, showed Staff E evaluated Resident 1 on [redacted]/2023, contacted Collateral Contact 1 (CC1) due to Resident 1's increasing pain, and Resident 1 was then sent out for hospital evaluation. Investigation further stated that Staff E was notified by hospital later that day that Resident 1 had sustained five rib fractures and would be admitted to the hospital for approximately three to five days for treatment.
Review of Resident 1's progress note, dated [redacted]/2023, showed that the resident returned to the facility on [redacted]/2023 at 12:46pm by ambulance with multiple right side rib fractures.

Facility investigation summary, dated [redacted]/2023, showed that Staff B, C, D, and F received written disciplinary action for failing to follow the fall response protocol for Resident 1.

In an interview on 07/18/2023 at 12:05pm, Staff A stated Staff B, Staff C, Staff D, and Staff F had failed to follow the facility fall protocol for Resident 1's fall on the evening of 07/06/2023. Staff A stated that no monitoring, to include documentation, had been initiated related to Resident 1's fall on the evening of 07/06/2023. Staff A further stated they were first made aware of Resident 1's fall on [redacted]/2023 by Staff E when the resident was sent out for hospital evaluation.

In an interview on 07/28/23 at 4:04pm, CC1 stated they were first informed of Resident 1's fall on [redacted]/2023, when contacted by Staff E related to Resident 1's increasing pain.

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