



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) 42291 (Completion Date 06/05/2024) and 39364 (Completion Date 04/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/05/2024 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-2450-2-b, WAC 388-78A-2450-3-d-iii, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1

The Department staff who did the on-site verification:

Sylvia Chauvin, Complaint Investigator

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

Sincerely,

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 #: 39364

Investigator: Sylvia Chauvin

Investigation Date(s): 04/05/2024 through 04/15/2024

Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 125710

Region/Unit #: RCS Region 1 / Unit B

Allegation(s):

1 - Sexual assault of a resident/alleged victim (AV)

Investigation Methods:

Sample:	Total residents: 15 Resident sample size: 3 Closed records sample size: 1
Observations:	Residents' safety and well-being Any injuries/signs of distress Staff's care and treatment of residents Resident and staff interactions
Interviews:	Three residents Representative of AV Two facility caregivers Director of Nursing Administrator
Record Reviews:	Sampled residents' Face Sheets, assessments, and care plans Medication record of AV Hospital record pertaining to AV Facility investigation documents Staffing schedules - February through April 2024 Facility policies - Abuse, Management of Aggression Sampled two staff's credentials

Investigation Summary:

1 - Staff was observed caring for and interacting with residents in a respectful, gentle manner. Residents that were interviewed had no concerns about the manner in which staff cared for and treated them. The AV no longer resided in the facility therefore was not observed and interviewed. In an interview with the AV's representative, they were concerned about an allegation that the AV was sexually abused in the facility, but had no details that supported it. Hospital records pertaining to the AV showed they were treated for an infection, and did not support the allegation. Interview with the Administrator and review of the facility's investigation documents showed the facility

took steps to protect residents from abuse; and investigated and was unable to substantiate the allegation. Review of two sampled staff's credentials showed the facility failed to complete Washington name and date of birth background and reference checks for them. The failed practices were documented in a Statement of Deficiencies under Washington Administrative Code (WAC) 388-78-2466(1)(a-b) Background checks-Washington state name and date of birth background check-valid for two years-National fingerprint background check-valid indefinitely, and WAC 388-78a-2450(2)(b)(3)(d)(iii) Staff.

Conclusion / Action:

- ☒ 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 #39364
Plan of Correction	Riverview Retirement Community	Completion Date
Page 1 of 4	Licensee: Riverview Lutheran Retirement Community of Spokane	04/15/2024

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 04/05/2024, 04/05/2024 and 04/15/2024 of.

Riverview Retirement Community
 1952 N Granite St
 Spokane, WA 99207

This document references the following complaint number(s): 125710

The following sample was selected for review during the unannounced on-site visit: 3 of 15 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Sylvia Shauvin, 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

04/19/2024

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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Statement of Deficiencies	License #: 2469	Compliance Determination # 39364
Plan of Correction	Riverview Retirement Community	Completion Date
Page 1 of 4	Licensee: Riverview Lutheran Retirement Community of Spokane	04/15/2024

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Statement of Deficiencies	License #: 2469	Compliance Determination # 39364
Plan of Correction	Riverview Retirement Community	Completion Date
Page 2 of 4	Licensee: Riverview Lutheran Retirement Community of Spokane	04/15/2024

Jura L. Samuel
Administrator (or Representative)

4/19/2024
Date

WAC 388-78A-2450 Staff.

- (2) The assisted living facility must
 - (b) Verify staff persons' work references prior to hiring;
 - (3) The assisted living facility must
 - (d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:
 - (iii) Documentation of contacting work references and professional licensing and certification boards as required by subsection (2) of this section.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete reference checks for 2 of 2 sampled staff (Staff B and C). This failure placed residents at risk of receiving care from unqualified staff.

Findings included...

Review of the New Employee Onboarding Checklist for Staff B, Caregiver, showed the facility hired the caregiver on 09/09/2019, and indicated with a checkmark that satisfactory reference checks were completed on Staff B.

Review of the New Employee Onboarding Checklist for Staff C, Caregiver, showed the facility hired the caregiver on 01/25/2021. This document showed the facility did not complete satisfactory reference checks on Staff C.

Review of the February 2024 and March 2024 staff schedules showed Staff B and Staff C were actively employed in the facility as caregivers.

In an interview on 04/10/2024 at 10:20 AM, Staff A, Administrator, stated Staff B and Staff C had worked at the facility for many years.

During an interview on 04/10/2024 at 10:20 AM, the department investigator asked Staff A, Administrator, to provide documentation of contacts the facility made regarding the reference checks on Staff B and Staff C. Staff A stated that the facility Human Resources department had not been diligent about maintaining reference check documents. Staff A

Administrator (or Representative)

Date

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Review of the New Employee Onboarding Checklist for Staff C, Caregiver, showed the facility hired the caregiver on 01/25/2021. This document showed the facility did not complete satisfactory reference checks on Staff C.

Review of the February 2024 and March 2024 staff schedules showed Staff B and Staff C were actively employed in the facility as caregivers.

In an interview on 04/10/2024 at 10:20 AM, Staff A, Administrator, stated Staff B and Staff C had worked at the facility for many years.

During an interview on 04/10/2024 at 10:20 AM, the department investigator asked Staff A, Administrator, to provide documentation of contacts the facility made regarding the reference checks on Staff B and Staff C. Staff A stated that the facility Human Resources department had not been diligent about maintaining reference check documents. Staff A

Statement of Deficiencies	License #: 2469	Compliance Determination #39384
Plan of Correction	Riverview Retirement Community	Completion Date
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further stated they would check to see if the facility had reference check documents for Staff B and Staff C, and if the facility had them, would provide them to the investigator.

In an email, dated 04/10/2024 at 6:14 PM, Staff A informed the department investigator that the facility did not have reference check documents for Staff B and Staff C.

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) 5/30/2024 TS

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

Jura L. Samuel
Administrator (or Representative)

4/29/2024
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete Washington state name and date of birth background checks as required, for 2 of 2 sampled staff (Staff B and C). This failure placed residents at risk of receiving care from unqualified staff.

Findings included...

Review of the New Employee Onboarding Checklist for Staff B, Caregiver, showed they were hired on 09/09/2018.

further stated they would check to see if the facility had reference check documents for Staff B and Staff C, and if the facility had them, would provide them to the investigator.

In an email, dated 04/10/2024 at 6:14 PM, Staff A informed the department investigator that the facility did not have reference check documents for Staff B and Staff C.

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Findings included...

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Plan of Correction	Riverview Retirement Community	Completion Date
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Review of the New Employee Onboarding Checklist for Staff C, Caregiver, showed they were hired on 01/25/2021.

Review of credentials for Staff B showed the most recent name and date of birth background check was complete on 10/30/2020 (one year and seven months overdue).

Review of credentials for Staff C showed the facility did not complete a name and date of birth background check on Staff C.

Review of the February 2024 and March 2024 staff schedules showed Staff B and Staff C were actively employed in the facility as caregivers.

In an interview with Staff A, Administrator, on 04/19/2024 at 10:20 AM, they stated they would check to see if the facility had current name and date of birth background checks on Staff B and Staff C and provide them to the department investigator if the facility had them.

In an email dated 04/10/2024 at 6:14 PM, Staff A informed the department investigator that the facility did not have current named and date of birth background checks for Staff B and Staff C.

Plan/Attestation Statement

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(Date) 06/30/2024 4/29/2024

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

Jana L. Samuel
Administrator (or Representative)

04/29/2024
Date

Review of the New Employee Onboarding Checklist for Staff C, Caregiver, showed they were hired on 01/25/2021.

Review of credentials for Staff B showed the most recent name and date of birth background check was complete on 10/30/2020 (one year and seven months overdue).

Review of credentials for Staff C showed the facility did not complete a name and date of birth background check on Staff C.

Review of the February 2024 and March 2024 staff schedules showed Staff B and Staff C were actively employed in the facility as caregivers.

In an interview with Staff A, Administrator, on 04/10/2024 at 10:20 AM, they stated they would check to see if the facility had current name and date of birth background checks on Staff B and Staff C and provide them to the department investigator if the facility had them.

In an email dated 04/10/2024 at 6:14 PM, Staff A informed the department investigator that the facility did not have current named and date of birth background checks for Staff B and Staff C.

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