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

Parkview Operations LLC
Parkview Retirement & Assisted Living Residence
240 South Silke Road
Colville, WA 99114

RE: Parkview Retirement & Assisted Living Residence License # 2495

Dear Administrator:

This letter addresses Compliance Determination(s) 46325 (Completion Date 08/27/2024) and 43027 (Completion Date 07/01/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/27/2024 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-2150-1

The Department staff who did the on-site verification:
Carla Rose, NCI Community Licensor

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

Sincerely,

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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Parkview Operations LLC
Parkview Retirement & Assisted Living Residence
240 South Silke Road
Colville, WA 99114

RE: Parkview Retirement & Assisted Living Residence # 2495

Dear Administrator:

This document references the following complaint numbers 133358.

The Department completed a full inspection of your Assisted Living Facility on 07/01/2024 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

A resident's cat was not current with their vaccinations. The facility had agreed to ensure the animal would be vaccinated as soon as possible and a system had been put in place to monitor pet records to ensure pets remained current with checkups and vaccinations.

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)993-7821.

Sincerely,

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

Enclosure

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

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 and complaint investigation on 06/25/2024, 06/26/2024, 06/27/2024 and 06/28/2024 of:

Parkview Retirement & Assisted Living Residence
240 South Silke Road
Colville, WA 99114

This document references the following complaint numbers: 133358.

The following sample was selected for review during the unannounced on-site visit: 7 of 42 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tethra Wales, Assisted Living Facility Licensor
Veronica Jackson, Assisted Living Facility 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.

Residential Care Services — 07/03/2024 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.

Administrator (or Representative) — Date: 7/8/24

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that the negotiated service agreement was signed by the resident, or resident representative, for 3 of 7 sampled residents (Residents 1, 3, and 5). This failure placed residents at risk of unmet care needs related to not signing and acknowledging their own plan of care.

Findings included...

Review of Resident 1's Individual Service Plan (the facility's' titled negotiated service agreement, NSA), dated 02/06/2024, showed the plan did not contain signature(s) by the resident or their representative to indicate agreement to the plan.

Review of Resident 3's NSA, dated 06/05/2024, showed the plan did not contain signature(s) by the resident or their representative to indicate agreement to the plan.

Review of Resident 5's NSA, showed the plan was updated on 01/19/2024. Further review showed it did not contain signature(s) by the resident or their representative to indicate agreement to the plan.

In an interview on 06/27/2024 at 9:35 AM, Staff E, Resident Services Director, stated that they sent an email to Resident 1's representative the day prior requesting their signature on the NSA and had not yet received it back. Staff E further stated that they were not aware that they needed it.

In an interview on 06/27/2024 at 9:50 AM, Staff E stated that they did not have a signature by the resident or the resident's representative for Resident 3 or Resident 5's NSA.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2495	Compliance Determination # 43027
Plan of Correction	Parkview Retirement & Assisted Living Residence	Completion Date
Page 6 of 6	Licensee: Parkview Operations LLC	07/01/2024

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, Parkview Retirement & Assisted Living Residence is or will be in compliance with this law and / or regulation on (Date) 8/14/2024. Currently working on Correcting.

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

W Faulkner

Administrator (or Representative)

7/8/24

Date