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) 59657 (Completion Date 05/16/2025) and 56204 (Completion Date 04/02/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/16/2025 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-2450-2-e

The Department staff who did the on-site verification:
Amy Wright, NCI Complain Investigator

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Parkview Retirement & Assisted Living Residence
License/Cert.#: 2495
Compliance Determination #: 56204
Investigator: Amy Wright
Investigation Date(s): 03/12/2025 through 04/02/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 169463
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):

1. Uncredentialed staff providing resident care.
2. Medication errors.
3. Inaccurate care plans.
4. Resident needs a higher level of care.

Investigation Methods:

Sample:
Total residents: 42
Resident sample size: 2
Closed records sample size: 2

Observations:
Residents
Resident care equipment
Staff to resident interactions
Resident to resident interactions

Interviews:
Executive Director
Business Office Manager
Registered Nurse
Resident
Resident Representatives

Record Reviews:
*Disclosure of Services
*Characteristic roster
*Staff roster
*Resident face sheets
*Resident care plans
*Short term service plans
*Incident investigations
*Medication Delivery Policy
*Staff training records
*Staff background check
*Staff reference checks
*Staff CCRS determination
*Staff education
*Progress notes
*Lab results

*Weight documentation
*Nursing evaluation
*Medication administration records
*Hospital records

Investigation Summary:

1. Interview with facility management showed that one caregiver, who had not yet obtained their home care aide certification, continued to work beyond 200 days from their date of hire. Failed practice identified and cited under WAC 388-78A-2450 Staff (2) (e).
2. Interview with facility management showed that they were immediately notified of the medication error. Record review showed that the resident was sent to the hospital for monitoring, and no adverse effects were noted. Further record review showed that the staff member who made the medication error was re-educated to use the pharmacy scanner prior to administering resident medications. Interview with the resident's representative showed that they felt safe with the resident at the facility. Facility management was observed available to supervise medication technician compliance with scanner use. No failed facility practice.
3. The facility nurse was interviewed, and they reported that residents are assessed prior to moving in, again in 30 days, annually, and with changes in condition. The facility nurse reported that care plans are updated based on the assessment findings. Record review and interviews with a resident and resident representatives showed that the residents' plans of care matched the residents' needs and the assistance provided by staff. The facility nurse was observed available to address the residents' changing needs. No failed facility practice.
4. Interview with the facility nurse showed that the facility had only one resident who required the assistance of two staff with cares. The resident was interviewed, and they reported that they required the assistance of two staff on an intermittent basis. The resident denied having any unmet needs and stated that staff were responsive to their needs. Review of the resident's care plan showed that it reflected their intermittent need for the assistance of two staff with cares. Staff were observed available to assist with resident care. No failed facility practice.

Conclusion / Action:

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

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 an unannounced on-site complaint investigation on 03/13/2025 and 03/12/2025 of:

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

This document references the following complaint number(s): 169463, 170865

The following sample was selected for review during the unannounced on-site visit: 2 of 42 current residents and 2 former residents.

The department staff that investigated the Assisted Living Facility:

Amy Wright, NCI Complain 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

Statement of Deficiencies	License #: 2495	Compliance Determination # 56204
Plan of Correction	Parkview Retirement & Assisted Living Residence	Completion Date
Page 2 of 3	Licensee: Parkview Operations LLC	04/02/2025

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 — 04/08/2025 (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.

Administrator (or Representative) — 4/8/2025 (Date)

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a staff person, who was providing care and services to residents, had the required credentials for 1 of 1 staff (Staff A). This failed practice placed residents at increased risk for inadequate care and decreased quality of life.

Findings included...

Review of an undated employee roster showed that Staff A, Caregiver, was hired on 03/15/2024.

Review of a staff schedule for March of 2025 showed that Staff A was scheduled to work the evening shift 17 times that month.

In an interview on 03/12/2025 at 1:17 PM, Staff B, Business Office Manager, stated they were aware that new caregivers had 200 days to obtain their home care aide certifications from their date of hire. Staff B stated that caregivers should be taken off the schedule until they obtain their home care aide certifications if they are over 200 days from their date of hire. Staff B stated that the facility did have one caregiver who

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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.

Administrator (or Representative) _____ Date _____

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had worked at the facility for greater than 200 days and had not obtained their home care aide certification. Staff B stated that this staff member, Staff A, was still on the facility schedule due to the need for staff.

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, Parkview Retirement & Assisted Living Residence is or will be in compliance with this law and / or regulation on (Date) 4/13/2025.

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

Administrator (or Representative) Rhonda Dilles Date 4/14/2025

had worked at the facility for greater than 200 days and had not obtained their home care aide certification. Staff B stated that this staff member, Staff A, was still on the facility schedule due to the need for staff.

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, Parkview Retirement & Assisted Living Residence 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

Parkview Senior Living
240 S Silke Rd.
Colville, WA 99114
509-684-5677

Statement of Deficiency: 04/02/2025
Plan of Correction: 04/14/2025
License #2495

WAC 388-78A-2450 Staff :

(2) The assisted living facility must:

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a staff person, who was providing care and services to residents, had the required credentials for 1 of 1 staff (Staff A). This failed practice placed residents at increased risk for inadequate care and decreased quality of life.

What did you do to immediately correct the problem:

Took employee without certification off the floor. They may return as soon as they obtain their certification. Did an audit on all employees to insure all other staff had the appropriate credentials.

What other residents were at risk:

All residents are at risk.

What plan will be put in place to prevent this from happening again:

New hires certification, or lack of certification, will be tracked in employee audit form, which is accessible to ED, RSD, and BOM. Employee audit form will be updated as new information is acquired. Monthly review of upcoming renewals will take place with notification given to affected staff, RSD and ED. Follow through will be provided to ensure employees remain in compliance.

Who is going to be responsible to maintain compliance:

ED, RSD, RN and BOM will be responsible for insuring all employees have the appropriate required credentials and training.