STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Geenlake Management Kennewick, LLC
Three Rivers Place Senior Living
1108 W 5th Ave
Kennewick, WA 99336

RE: Three Rivers Place Senior Living License # 2536

Dear Administrator:

This letter addresses Compliance Determination(s) 32632 (Completion Date 11/16/2023) and 30970 (Completion Date 10/17/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/16/2023 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-2320-2-b

The Department staff who did the on-site verification:
Laurel Knight, Community Complaint Investigator

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Three Rivers Place Senior Living
Provider Type: Assisted Living Facility
License/Cert.#: 2536
Intake ID: 100330
Compliance Determination #: 30970
Region/Unit #: RCS Region 1 / Unit G
Investigator: Laurel Knight
Investigation Date(s): 10/12/2023 through 10/17/2023
Complainant Contact Date(s): 10/12/2023, 10/18/2023

Allegation(s):

1. Identified resident is being harassed by another Identified resident and told a staff.
2. Identified staff did not give an Identified resident medication as ordered.
3. Identified staff has difficulty finding additional staff help on shift.

Investigation Methods:

Sample:	Total residents: 35 Resident sample size: 7 Closed records sample size: 0
Observations:	Identified resident Residents Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified resident Identified staff Nursing staff Residents
Record Reviews:	Medical records including negotiated service agreement, notes, medication administration records, incident reports and investigations Grievance log

Investigation Summary:

1. Identified resident interview stated the other resident's behavior continued to be a concern for them and staff. Facility staff interviews confirmed there was no intervention or preventative measures taken because they were not aware of the concern. Facility records did not show any logged information in the grievance log. Deficient practice not identified.
2. Identified resident stated they did not receive any of their ordered suppositories. Facility staff interview confirmed the Identified staff member was not delegated to provide the suppository to the resident and notified the facility nursing staff. Ordered suppositories were observed in the to be destroyed storage bin. Deficient practice

identified for failure to provide staff training to administer the medication. Please see the Statement of Deficiency dated 10/17/2023 for WAC 378-78a-2320 (2)(b).
3. Resident interviews confirmed they had not had any difficulty regarding timely response from staff. Facility staff interviews confirmed they had no concerns with staffing. No deficient practice identified.

Conclusion / Action:

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

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AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2536	Compliance Determination # 30970
Plan of Correction	Three Rivers Place Senior Living	Completion Date
Page 1 of 3	Licensee: Geenlake Management Kennewick, LLC	10/17/2023

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 10/12/2023 and 10/13/2023 of:

Three Rivers Place Senior Living
1108 W 5th Ave
Kennewick, WA 99336

This document references the following complaint number(s): 100330

The following sample was selected for review during the unannounced on-site visit: 7 of 35 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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.

Gwin Kaercher
Residential Care Services

10/30/2023
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.

Sonya Williams
Administrator (or Representative)

11/06/23
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure that 1 of 3 residents (Resident 3) received their nurse delegated medications as ordered. This failure caused the resident to miss their ordered medication for seven days and placed other residents at potential risk to not receive certain delegated medications.

Findings included...

Record Review of the facility's policy titled, "Medication Services," dated August 10, 2021, showed that the Executive Director and Health Services Director will ensure that medication related services required or requested by each resident are provided. The policy showed that nurse delegation was implemented to benefit residents and the community's ability to provide care. The registered nurse transfers the performance of selected tasks to competent unlicensed staff in selected situations in accordance with state regulations.

Observation on 10/12/2023 at 12:33 PM showed Staff F, Medication Technician (MT) on duty for dayshift. Medication and suppositories were observed in the medication room in the waiting for destruction section. A plastic bag labeled with Resident 3's information dated 09/20/2023 was observed with seven unopened suppositories in a bin labeled for destruction.

Record review showed an order dated 09/20/2023 for hydrocortisone/acetaminophen 25 milligram (mg) suppository (solid medication preparation that dissolves in the rectum) to be unwrapped and inserted for seven days to treat hemorrhoids. The Medication Administration Record, (MAR) showed that the medication was to begin 09/21/2023 and finish 09/27/2023. The MAR was marked that the medication was not available and not given on 09/21/2023 and 09/24/2023.

On 10/12/2023 at 12:57 PM Resident 3 stated that they had heart and breathing issues

and recently moved to the facility. Resident 3 stated that they required help with their activities of daily living and the facility also oversaw their medications. Resident 3 stated that they had not received any suppositories despite having been told they had been ordered. Resident 3 stated that they still had an enlarged area causing a sore bottom that the medication was ordered to treat.

On 10/12/2023 at 1:35 PM, Staff B, Licensed Nurse stated that Resident 3's suppositories had been in the medication cart, but Staff F had overlooked them on 09/21/2023. Staff B stated they were not aware the resident did not receive them at all.

On 10/12/2023 at 3:35 PM Staff D, MT stated that they had not been delegated to be able to give suppositories at the ALF. Staff D stated that they had let Staff B and Staff C, Resident Care Coordinator know they could not give Resident 3 their ordered suppository for pain and swelling because they were not delegated to perform the task.

On 10/17/2023 at 11:03 AM Staff B stated that none of the facility's MTs were delegated to give suppositories.

This is a recurring deficiency previously cited on 09/07/2022.

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, Three Rivers Place Senior Living is or will be in compliance with this law and / or regulation on (Date) 11/06/23 .

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

Tonya Williams — Administrator (or Representative)

11/06/23 — Date