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 # 2536

Dear Administrator:

This document references Compliance Determination 58176 (05/01/2025), which included complaint number(s) 175774, 175669, 177569.

The Department completed a complaint investigation of your Assisted Living Facility on 05/01/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Krista Connelly, Community Nurse Consultant

Consultation:

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(a) Maintain or enhance the quality of life for residents including resident decision-making rights;

Based on observation, interview and record review, the facility failed to follow their Intimacy assessment policy to determine each residents' ability to make an informed decision. This had the potential of placing residents at risk of abuse.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the facility to determine if you have corrected all deficiencies.

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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:
• Please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis, ALF 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: 175774
Compliance Determination #: 58176
Region/Unit #: RCS Region 1 / Unit G
Investigator: Krista Connelly
Investigation Date(s): 04/18/2025 through 05/01/2025
Complainant Contact Date(s):

Allegation(s):
The Identified Resident, (alleged victim, AV) alleged they touched inappropriately by another Identified Resident, (alleged perpetrator, AP) without consent.

Investigation Methods:

Sample:	Total residents: 34 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Activities Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	Medical records Hospital records Incident investigation Facility policies

Investigation Summary:
Interviews and record reviews showed the AP had behaviors requiring the facility staff to monitor them closely with behavioral interventions identified on their negotiated service plan. The AV denied being afraid of the AP and felt staff were able to keep them safe. The facility failed to follow their policy on intimacy assessments. Please refer Statement of Deficiency dated 05/01/2025 WAC 388-78A-2600 (1)(a) policies.

Conclusion / Action:

☐ Failed Provider Practice Identified / Citation(s) Written

☒ Failed Provider Practice Not Identified / No Citation Written

☐ N/A