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

Community Pride Ritzville LLC

Community Pride Ritzville LLC
PO Box 59
Saint John, WA 99171

RE: Community Pride Ritzville LLC License # 2631

Dear Administrator:

This letter addresses Compliance Determination(s) 50895 (Completion Date 11/26/2024) and 49219 (Completion Date 10/24/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/26/2024 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-3040-3, WAC 388-78A-3040, WAC 388-78A-2710-3, WAC 388-78A-2710-3-a, WAC 388-78A-2650-1, WAC 388-78A-2650

The Department staff who did the on-site verification:
Veronica Jackson, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Field Manager
Region 1, Unit B
Residential Care Services

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

Statement of Deficiencies	License #: 2631	Compliance Determination # 49219
Plan of Correction	Community Pride Ritzville LLC	Completion Date
Page 1 of 5	Licensee: Community Pride Ritzville LLC	10/24/2024

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 the unannounced on-site full inspection on 10/21/2024, 10/22/2024 and 10/23/2024 of:
Community Pride Ritzville LLC
406 S Cascade St
Ritzville, WA 99169

The following sample was selected for review during the unannounced on-site visit: 4 of 11 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility Licensor
Laura Williams-Davis, ALF Field Manager
Stephanie Jenks, Community Field Manager

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.

Stephanie Jenks
Residential Care Services

10/31/2024
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.

SANDRA DAVIS
Administrator (or Representative)

11/12/2024
Date

WAC 388-78A-3040 Laundry.

(3) The assisted living facility must use washing machines that have a continuous supply of hot water with a temperature of 140 F measured at the washing machine intake, that automatically dispenses a chemical sanitizer as specified by the manufacturer, or that employs alternate sanitization methods recommended by the manufacturer.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide laundry services with the required methods to sanitize linens for 11 of 11 residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11). This failed practice placed residents at risk of health conditions related to using un-sanitized linen.

Findings Included...

Review of the facility's disclosure of services form, dated as revised 03/2017, stated that the facility must provide laundry services and would provide residents with or ensure resident towels, washcloths, and bed linens were washed at least once per week.

Observation on 10/21/2024 at 10:15 AM during the facility environmental tour showed multiple large linen closets on the first floor close to the laundry rooms that stored shared linens, bedding and towels and other fabric supplies. Observation showed two laundry rooms, the first had one washer and one dryer, the second had two washers and two dryers. Further observation showed that the washers had no chemical sanitation devices connected to any of them.

In an interview on 10/22/2024 at 8:55 AM with Staff E, Maintenance/PRN, stated the facility laundry was washed in the larger laundry room that had two washers and two dryers and that the facility did not use chemical sanitation other than residential laundry soap.

Observation on 10/22/2024 at 2:15 PM with Staff E, showed the hottest washing machine water temperature that was used for facility laundry measured 133.5 degrees Fahrenheit. This reading was obtained at the hot water/washing machine hose inlet detached from the washing machine that ran directly from the hot water heater. Staff E stated that they had turned up the water heater that supplied the laundry room as high as it would go and had given it a couple of hours to rise to the hottest temperature

Statement of Deficiencies	License #: 2631	Compliance Determination # 49219
Plan of Correction	Community Pride Ritzville LLC	Completion Date
Page 3 of 5	Licensee: Community Pride Ritzville LLC	10/24/2024

possible.

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, Community Pride Ritzville LLC is or will be in compliance with this law and / or regulation on (Date) 11/18/2024 .

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

Sandra Davis — Administrator (or Representative)

11/12/2024 — Date

WAC 388-78A-2710 Disclosure of services.

(3) The assisted living facility must provide a minimum of thirty days written notice to the residents and the residents' representatives, if any:

(a) Before the effective date of any decrease in the scope of care or services provided by the assisted living facility, due to circumstances beyond the assisted living facility's control; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to update 1 of 1 document (disclosure of services) after a decrease in services. This failure resulted in residents and representatives not being aware of or informed of decreased services.

Findings included...

Review of the facility's disclosure of services, dated revised 03/2017, showed that the facility had a registered nurse in the building two days per week totaling 8 hours per week. Further review showed that the facility offered the residents scenic drives as an activity.

In an interview on 10/21/2024 at 2:25 PM, CC1, Registered Nurse Delegator, stated the maximum visits they had made to the facility per month was three. CC1 stated that they had only visited the facility 15 to 12 hours a month.

In an interview on 10/22/2024 at 3:05 PM, Staff A, Manager/Caregiver PRN, stated they were not offering scenic drives as the resident van had not been useable and they did not know when or if it would be fixed or replaced. Staff A further stated that they had

Statement of Deficiencies	License #: 2631	Compliance Determination # 49219
Plan of Correction	Community Pride Ritzville LLC	Completion Date
Page 4 of 5	Licensee: Community Pride Ritzville LLC	10/24/2024

not been aware that they were required to notify residents and or their representatives 30 days prior to or as soon as possible when disclosed services would not be provided.

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, Community Pride Ritzville LLC is or will be in compliance with this law and / or regulation on (Date) 11/7/2024.

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

Sandra Davis
Administrator (or Representative)

11/12/2024
Date

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(1) Any accidental or unintended fire, or any deliberately set but improper fire, such as arson, in the assisted living facility;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to report 1 of 1 incident (facility fire in Resident 1's room) to the Complaint Resolution Unit as required. This failure precluded the department from a timely investigation to ensure resident safety.

Observation on 10/21/2024 at 10:08 AM, during the exterior environmental tour, showed a room on the first floor with the window removed/open to air and edges of a large hole that previously supported the window that were unnaturally blackened, a large hole in the exterior wall just below the window area that appeared to previously hold an air-conditioning type unit that was also blackened, and the unit that was removed was on the ground nearby. Observation showed the walls that were visible inside from the view of the window hole, had drywall missing. Further observation showed fans blowing air around the room. Black soot was observed on the ceiling and around the large holes in the walls where the window and the air conditioning unit had been previously.

In an interview on 10/21/2024 at 10:25 AM, Staff F, Caregiver/Office Manager, stated that there had been a fire a few weeks ago that started in Resident 1's room. Staff F also stated that the whole building had been evacuated safely and the room was now not useable due to smoke and water damage.

Review of the department's reporting database showed the fire was not reported by the

Statement of Deficiencies	License #: 2631	Compliance Determination # 49219
Plan of Correction	Community Pride Ritzville LLC	Completion Date
Page 5 of 5	Licensee: Community Pride Ritzville LLC	10/24/2024

facility.

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, Community Pride Ritzville LLC is or will be in compliance with this law and / or regulation on (Date) 11/7/2024.

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

Sandra Davis
Administrator (or Representative)

11/12/2024
Date

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

Community Pride Ritzville LLC
Community Pride Ritzville LLC
PO Box 59
Saint John, WA 99171

RE: Community Pride Ritzville LLC # 2631

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/24/2024 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-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

The facility was not aware that they were required to have a medical test site waiver license to perform blood glucose testing, urine dip testing or covid 19 rapid testing that had been conducted by facility staff. Before the conclusion of the department survey, the facility had completed all steps required to obtain a medical test site waiver license.

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

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

Enclosure