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

Rivers Walk Assisted Living Facility LLC
Rivers Walk Assisted Living Facility LLC
912 S 3rd St
Dayton, WA 99328

RE: Rivers Walk Assisted Living Facility LLC License # 2647

Dear Administrator:

This letter addresses Compliance Determination(s) 41077 (Completion Date 05/10/2024) and 37913 (Completion Date 03/19/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/10/2024 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-2305-1, WAC 388-78A-2305-2, WAC 388-78A-2100-2-a, WAC 388-78A-2150-1

The Department staff who did the on-site verification:
Patty Ford, LTC Surveyor

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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Rivers Walk Assisted Living Facility LLC
Rivers Walk Assisted Living Facility LLC
912 S 3rd St
Dayton, WA 99328

RE: Rivers Walk Assisted Living Facility LLC # 2647

Dear Administrator:

This document references the following complaint numbers 121620.

The Department completed a full inspection of your Assisted Living Facility on 03/19/2024 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-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

The facility failed to ensure the administrator had a national fingerprint background check on file. Prior to the conclusion of the inspection, the administrator started the process of fingerprinting.

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

Statement of Deficiencies	License #: 2647	Compliance Determination # 37913
Plan of Correction	Rivers Walk Assisted Living Facility LLC	Completion Date
Page 4 of 11	Licensee: Rivers Walk Assisted Living Facility LLC	03/19/2024

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 and complaint investigation on 03/08/2024, 03/11/2024, 03/12/2024, 03/14/2024 and 03/15/2024 of:

Rivers Walk Assisted Living Facility LLC
912 S 3rd St
Dayton, WA 99328

This document references the following complaint numbers: 121620.

The following sample was selected for review during the unannounced on-site visit: 5 of 28 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Patty Ford, LTC Surveyor
Antonietta Lettieri-Parkin, Long Term Care Surveyor

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 — 03/22/2024 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.

Stephanie Carpenter
Administrator (or Representative)

3/26/2024
Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure staff maintained on-site food service in compliance with Washington State Retail Food Code WAC 246-215 related to hand hygiene/glove use and cross contamination of ready to eat foods for 4 of 4 caregivers preparing resident food (Staff C, E, F, and G) and failed to ensure a food worker card was obtained for 1 of 2 staff (Staff C) sampled for food worker requirements. This failure placed residents at increased risk of foodborne illness.

Findings included....

Per the Washington State Retail Food Code 246-215-02310 (9), food workers shall clean their hands after engaging in other activities that contaminate the hands or gloves.

Review of the facility's menu on 03/11/2024, showed a lunch entrée of marinated pork cubes, potatoes and onions, sautéed cabbage, and hot spiced apples. The alternative entrée was beef ragout, potato mashed, and herbed green beans.

<Cottage C>

Observation of lunch service on 03/11/2024 from 11:45 AM through 12:20 PM showed the following:

-Staff C, Caregiver, put on gloves without washing their hands.

-With the same gloved hands, Staff C turned on the faucet at the kitchen sink and opened a drawer for a utensil.

-With the same gloved hands, Staff C obtained bread from a bag, opened a drawer, obtained peanut butter, used the paging system control attached to their shirt, and opened packets of peanut butter and jelly. Staff C folded the slice of bread for a half peanut butter and jelly sandwich with the same gloved hands.

-With gloved hands, Staff C opened a drawer for peanut butter and pulled two slices of toasted bread out of the toaster.

-With the same gloved hands, Staff C opened the refrigerator door, opened a container of juice, pulled out two slices of bread from the bread bag, opened a drawer, opened a packet of peanut butter, a packet of jelly, and assembled another peanut butter and jelly sandwich with the same gloved hands.

Review of the facility's menu on 03/12/2024 showed a breakfast entrée of eggs and potatoes, breakfast wrap, cereal, toast, hash browns, bacon, and sausage.

<Cottage B>

Observation of breakfast service on 03/12/2024, from 7:40 AM through 8:30 AM showed the following:

-With gloved hands, Staff E, Caregiver, opened cabinet drawers, opened the refrigerator doors, and touched countertops. Staff E scooped oatmeal with a utensil and packed the oatmeal with their gloved hand into a bowl.

Review of the facility's menu on 03/14/2024, showed a lunch entrée of French chicken, parslied potatoes, dilled baby carrots, and starburst cake. The alternative meal was marinated pork cubes, potato mashed, and Harvard beets.

<Cottage A>

Observation of lunch preparation and service on 03/14/2024, from 11:20 AM through 12:30 PM showed the following:

-Staff F, Caregiver, discarded their gloves. Without washing their hands, Staff F put on new gloves.

- With gloved hands, Staff F opened cabinet drawers, touched the refrigerator and microwave handles and the button settings on the microwave.

-With the same gloved hands, Staff F scooped dessert off the utensil with one gloved hand onto residents' plates.

-Staff F discarded their gloves without washing their hands and put on new gloves.

-With gloved hands, Staff F touched cabinet drawers, refrigerator and microwave handles, and the button settings on microwave.

-With the same gloved hands, Staff F scooped the dessert off the utensil with a gloved hand onto a resident's plate.

-Staff F discarded their gloves without washing their hands and put on new gloves.

-With gloved hands, Staff F opened cabinet drawers, touched, and opened the refrigerator doors by the handles, and pulled out a Tupperware that contained tomato, ham, and cheese. Staff F then touched the handles and the button settings on the microwave.

-With the same gloved hands, Staff F pulled out two slices of bread, handled the bread, tomato, ham and cheese, and assembled the sandwich.

<Cottage C>

Observation of lunch preparation and service on 03/14/2024, from 11:25 AM through 11:55 AM showed the following;

-With gloved hands, Staff G, Caregiver, opened a drawer for a thermometer, temped the entrees with the thermometer, and opened drawers for utensils.

-With the same gloved hands, Staff G touched the dessert on the utensil.

-Staff G plated another entrée and touched a second dessert with their gloved thumb. Staff G was heard stating to another staff that the desert was "sticking" to the utensil.

-With gloved hands, Staff G opened and obtained bread from a bread bag, placed the bread in the toaster, opened the refrigerator door by the handle, opened a cabinet door for a plate, opened a drawer to obtain packets of peanut butter and jelly, opened the packets of peanut butter and jelly, and spooned the peanut butter and jelly on the toasted bread with the same gloved hands.

<Food worker card>

Review of Staff C, Caregiver, undated personnel file showed they did not have a current Washington state food worker card.

In an interview on 03/12/2024 at 10:09 AM, Staff C stated they would look to see if they had a food worker card. A food worker card was not provided by the conclusion of the inspection.

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, Rivers Walk Assisted Living Facility LLC is or will be in compliance with this law and / or regulation on (Date) 4/30/2024.

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

Stephanie Carpenter — Administrator (or Representative)

3/26/2024 — Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure annual smoking assessment were completed to assess a resident's ability to safely smoke for 1 of 5 sampled residents (Resident 2) and failed to ensure that medical device safety assessments were completed for 1 of 5 sampled residents (Resident 4). These failures placed Resident 2 at risk for injury from using a medical device they had not been assessed to safely use and presented a safety risk and fire hazard for Resident 4.

Findings included...

Per WAC 388-78A-2090 (6) (e), residents must be assessed for safety considerations that may pose a danger to the individual or others, such as the use of medical devices or an individual's ability to smoke unsupervised.

<Resident 2>

Review of the facility's undated characteristic roster showed Resident 2 was admitted to the facility on [redacted]/2023.

Review of Resident 2's untitled care plan (negotiated service agreement, NSA, as identified by the facility), dated 01/23/2024, showed Resident 2 used oxygen, smoked cigarettes, and smoked off campus. The NSA further showed Resident 2 was aware they were to shut off their oxygen tank and not have it near them while smoking.

Review of Resident 2's undated Senior Living Standard Level of Care and Service Plan (the facility's titled assessment) showed no information or assessment regarding Resident 2's ability to safely smoke.

Observation on 03/14/2024 at 12:23 PM, showed Resident 2 went to the facility's designated smoking area to smoke.

In an interview on 03/15/2024 at 10:03 AM, Staff A, Administrator, confirmed there were no smoking assessment for Resident 2. Staff A further stated they could not find any forms in their computer/program data base to show that a smoking assessment was ever completed for the resident.

<Resident 4>

Review of the facility's undated characteristic roster showed Resident 4 was admitted to the facility on [redacted]/2023.

Observation on 03/14/2024 at 11:20 AM, showed Resident 4 had a bed rail installed on one side of their bed.

Review of Resident 4's Senior Living Standard Level of Care and Service Plan, dated 02/01/2024, showed Resident 4 required staff assistance for mobility and transferring, including assistance with wheelchair mobility. The assessment did not show documentation to indicate that Resident 4's ability to safely use a bed rail had been assessed..

In an interview and record review on 03/15/2024 at 9:30 AM, Staff A was asked if Resident 4 was assessed to safely use their bed rail. Staff A provided Resident 4's Supportive Device Safety Assessment, dated 01/09/2024, that did not include an assessment for the bed rail. Staff A stated they were unaware Resident 4 had a bed rail.

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, Rivers Walk Assisted Living Facility LLC is or will be in compliance with this law and / or regulation on (Date) 4/30/2024 .

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

Stephanie Conpute — Administrator (or Representative)

3/26/2024 — Date

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 1 of 5 sampled residents (Resident 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 5's untitled care plan (negotiated service agreement, NSA, as identified by the facility), dated 02/02/2024, showed the plan was not signed by the resident or their representative to indicate agreement to the plan.

In an interview on 03/15/2024 at 9:30 AM, Staff A, Administrator, was asked if Resident 5's care plan was sent to their representative. Staff A stated they were unsure. Staff A reviewed the facility's computer/program data base and stated there was no documentation to support the plan was sent and agreed to by the representative.

Plan/Attestation Statement

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Page 11 of 11	Licensee: Rivers Walk Assisted Living Facility LLC	03/19/2024

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, Rivers Walk Assisted Living Facility LLC is or will be in compliance with this law and / or regulation on (Date) 4/30/2024.

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

Stephanie Carpenter 3/26/2024

Administrator (or Representative) Date