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

Spokane AL, LLC
Avista Senior Living Spokane
7310 N Pine Rock St
Spokane, WA 99208

RE: Avista Senior Living Spokane License # 2678

Dear Administrator:

This letter addresses Compliance Determination(s) 50839 (Completion Date 11/27/2024) and 46271 (Completion Date 10/03/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/27/2024 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-2371-1, WAC 388-78A-2140-1-a-iii

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Avista Senior Living Spokane
License/Cert.#: 2678
Compliance Determination #: 46271
Investigator: Amy Wright
Provider Type: Assisted Living Facility
Intake ID: 142887
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 08/28/2024 through 10/03/2024
Complainant Contact Date(s): 09/13/2024, 09/23/2024

Allegation(s):

1. Residents experiencing increased anxiety.
2. Injuries of unknown origin.
3. Facility requesting unindicated medications.
4. Forceful medication administration.
5. Resident experiencing increased pain.
6. Falls with injuries.
7. Facility forcing resident to use alternative transfer equipment.
8. Inadequate care.

Investigation Methods:

Sample:
Total residents: 35
Resident sample size: 3
Closed records sample size: 0

Observations:
Alleged Victims
Residents
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Reporter
Alleged Victims' Representatives
Alleged Victim
Executive Director
Vice President of Clinical Operations
Health Services Director
Resident Representative
Resident Care Coordinator

Record Reviews:
-Disclosure of Services
-Characteristic roster
-Staff roster
-Resident face sheets
-Resident care plans

-Incident reports
-Progress notes
-Hospice notes
-Provider orders
-Medication Management/Administration Program Policies and Procedures
-Fall Prevention & Fall Recovery Program Policy
-Medication administration records
-Hoyer/Sit-to-Stand Lift Policy
-Alert charting
-Staff in-service education

Investigation Summary:

1. The facility attempted to manage the Alleged Victims' signs of increased anxiety by administering medications per physician order. Medication orders were changed appropriately when signs of over-sedation were noted. The Alleged Victims were observed, and both appeared alert and without signs of distress. Staff were observed available to respond to resident care concerns. Interview with Alleged Victim showed that they felt safe in the facility. No failed facility practice.
2. First aid was provided, and appropriate parties were notified. Investigations were completed, and the likely causes of the injuries were identified. The facility implemented new interventions to prevent reinjury. The Alleged Victims were observed, and the interventions were observed in place. An Alleged Victim was interviewed, and they reported feeling safe in the facility. Staff were observed available to supervise resident safety. No failed facility practice.
3. The facility nurse requested medications for residents that the hospice provider did not feel were indicated. The hospice provider declined to write orders for the requested medication, so the medications were not given. Interview with facility staff showed that they were aware that medications could not be administered without an order. The Alleged Victim was interviewed, and they voiced no concerns about their medication management at the facility. No failed facility practice.
4. No Alleged Victim was identified. Residents, staff, and resident representatives were interviewed, and none voiced concerns about forceful administration of medication by staff. Staff were observed providing direct resident care, and they were respectful in their interactions with residents. A resident was interviewed, and they reported feeling safe in the facility. No failed facility practice.
5. The Alleged Victim's physician and family were made aware of the resident's increased pain. The physician increased the Alleged Victim's pain medication order. The Alleged Victim was observed, and no signs of pain or distress were noted. Interview with the Alleged Victim showed that they felt safe in the facility. Staff were observed available to address resident care concerns. No failed facility practice.
6. Review of facility records showed that no investigative actions and findings were identified or documented following a resident fall. Failed practice was identified and cited under WAC 388-78A-2371 Investigations (1).
7. The facility had concerns about the safety of transferring the Alleged Victim with their preferred transfer device. Other transfer devices were tried though declined by the resident. Modifications were made to the Alleged Victim's preferred transfer device and it's use was resumed. The Alleged Victim was interviewed, and they reported feeling safe in the facility. No failed facility practice.
8. The Alleged Victim was observed. Their clothes and hair appeared clean. Staff were observed offering the resident assistance with mobility, toileting, and transferring. The Alleged Victim was interviewed, they voiced no concerns relating to unmet needs, and reported feeling safe in the facility. No failed facility practice.

Conclusion / Action:

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Avista Senior Living Spokane
License/Cert.#: 2678
Compliance Determination #: 46271
Investigator: Amy Wright
Investigation Date(s): 08/28/2024 through 10/03/2024
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 142295
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):
Fall with minor injury.

Investigation Methods:

Sample:
Total residents: 35
Resident sample size: 3
Closed records sample size: 0

Observations:
Alleged Victim
Residents
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Resident Representatives
Executive Director
Vice President of Clinical Operations
Resident
Health Services Director
Alleged Victim's Representative
Resident Care Coordinator

Record Reviews:
-Disclosure of Services
-Characteristic roster
-Staff roster
-Resident face sheets
-Resident care plans
-Incident reports
-Progress notes
-Hospice notes
-Provider orders
-Medication Management/Administration Program Policies and Procedures
-Fall Prevention & Fall Recovery Program Policy
-Medication administration records

-Hoyer/Sit-to-Stand Lift Policy
-Alert charting
-Staff in-service education

Investigation Summary:

Review of the Alleged Victim's negotiated service agreement showed that it failed to indicate that the resident had a history of falls. Additionally, it failed to identify assistive devices in use. Failed facility practice identified and cited under WAC 388-78A-2140 Negotiated service agreement contents (1)(a)(iii).

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

Statement of Deficiencies	License #: 2678	Compliance Determination # 46271
Plan of Correction	Avista Senior Living Spokane	Completion Date
Page 1 of 4	Licensee: Spokane AL, LLC	10/03/2024

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 an unannounced on-site complaint investigation on 08/28/2024, 08/28/2024 and 08/28/2024 of:

Avista Senior Living Spokane
7310 N Pine Rock St
Spokane, WA 99208

This document references the following complaint number(s): 143228, 142936, 142887, 142931, 142295, 145981

The following sample was selected for review during the unannounced on-site visit: 3 of 35 current residents and 0 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

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 — 10/10/2024 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.

Statement of Deficiencies	License #: 2678	Compliance Determination # 46271
Plan of Correction	Avista Senior Living Spokane	Completion Date
Page 2 of 4	Licensee: Spokane AL, LLC	10/03/2024

Administrator (or Representative) 10.18.24 Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document investigative actions and findings following a fall for 1 of 2 residents (Resident 2). This failed practice placed Resident 2 at increased risk for repeated falls with potential for injury, and placed facility residents at risk for falls with injury.

Finding included...

Review of an incident report for Resident 2, dated 08/19/2024, showed that the resident was found on the floor that day. The incident report showed that Resident 1 obtained skin tears and an abrasion to the back of their head. The incident report failed to identify where the fall occurred or any possible causes for the fall.

In an interview on 08/28/2024 at 11:47 AM, Staff B, Health Services Director, stated that Resident 1 had a recent fall.

Review of Resident 2's August 2024 progress notes showed that there was no mention of the resident's fall on 08/19/2024.

Review of facility records showed no documentation of investigative actions or findings for Resident 2's fall on 08/19/2024.

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, Avista Senior Living Spokane is or will be in compliance with this law and / or regulation on (Date) 11.17.2024 .

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

Statement of Deficiencies	License #: 2678	Compliance Determination # 46271
Plan of Correction	Avista Senior Living Spokane	Completion Date
Page 3 of 4	Licensee: Spokane AL, LLC	10/03/2024

Hailah Dieterle — Administrator (or Representative)

10.18.2024 — Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(iii) On-going assessments of the resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document, in the resident's negotiated service agreement, interventions to address the resident's known history of falls for 1 of 2 residents (Resident 1). This failed practice contributed to a fall with injury for Resident 1, placed them at increased risk for additional falls with injury, and placed facility residents at increased risk for falls with injury.

Findings included...

Review of a facility policy, titled, "Fall Prevention and Fall Recovery Program," dated July 2023, showed that the care team was to analyze information obtained from assessments and observations to identify any specific accident hazards or risks for the individual residents. The policy further stated that the care team was to implement and document interventions to reduce accident risks and hazards.

<Resident 1>

Review of an undated face sheet for Resident 1 showed they had diagnoses including [redacted] ([redacted]) and [redacted].

Review of an incident report for Resident 1, dated 08/09/2024, showed that the resident fell that day. The incident report showed that Resident 1 fell because they were ambulating without their walker. The incident report showed that the fall resulted in right hip pain, swelling and bruising to the resident's left hand, and a skin tear to their right arm.

Statement of Deficiencies	License #: 2678	Compliance Determination # 46271
Plan of Correction	Avista Senior Living Spokane	Completion Date
Page 4 of 4	Licensee: Spokane AL, LLC	10/03/2024

In an interview on 08/28/2024 at 11:47 AM, Staff B, Health Services Director, stated that Resident 1 had a fall and that the resident had a history of falls. Staff B stated that Resident 1's history of falls was reflected in their care plan. During the same interview, Staff A, Executive Director, stated that Resident 1's fall was on 08/09/2024. Staff A stated Resident 1 fell because they were ambulating without their walker.

In an interview on 09/13/2024 at 9:52 AM, Collateral Contact 1 (CC1), Resident Representative, stated that Resident 1 had a fall on 08/09/2024. CC1 stated that they believed Resident 1 had at least one other fall at the facility. CC1 stated that Resident 1 had several falls before moving into the facility, including one in which the resident broke their hip.

Review of an undated negotiated service agreement for Resident 1 showed that it failed to reflect the resident's history of falls. The NSA stated that staff were to do routine safety checks and ensure that fall interventions were in place, though it did not indicate what the fall interventions were. The NSA did not indicate that Resident 1 used a walker.

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, Avista Senior Living Spokane is or will be in compliance with this law and / or regulation on (Date) 11.17.2024 .

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

Hamish DeAtley — Administrator (or Representative)

10.18.2024 — Date

Plan of Correction

Facility: Avista Senior Living Spokane 2678
Deficiencies:
WAC 338-78A-2371 Investigations
Date of Correction Plan Submission: 10.18.2024
Compliance Date: 11.23.2024

Havilah Dieterle Executive Director Avista Senior Living	Signature	Havilah Dieterle
	Date	10.18.2024

Disclaimer:
Preparation and implementation of this Plan of Correction does not constitute admission or agreement by Avista Senior Living with the facts, findings, or other statements as alleged in the survey findings dated 10.3.2024. Submission of the Plan of Correction is required by law and does not evidence the truth of any of the findings. Avista Senior Living specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal, or administrative action.

Statement of Deficiency:
WAC 388-78A 2371 Investigations
(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life.

WAC 388-78A 2371 Investigations

Corrective Action Plan:

1. **Immediate Action Taken**:
   - While previous incident reports are locked and will not be reopened, a thorough review of recent and future documentation practices has been conducted to ensure proper procedures are followed.
   - [redacted], Health Services Director, who was previously responsible for oversight in this area, is no longer with Avista Senior Living. This leadership change reflects our commitment to improving compliance and investigation processes.
   - All staff members were re-educated on the importance of timely and complete documentation for future investigations.
2. **Investigation Process Going Forward**:
   - A standardized investigation process will be implemented, ensuring that all new incidents involving alleged or suspected abuse, neglect, financial exploitation, or incidents affecting a resident's health are thoroughly investigated and documented. This process includes:
     - **Immediate reporting** of any suspected or alleged abuse, neglect, or incidents.

Plan of Correction

Facility: Avista Senior Living Spokane 2678
Deficiencies:
WAC 388-78A-2140 Negotiated Service Agreement Contents
Date of Correction Plan Submission: 10.18.2024
Compliance Date: 11.17.2024

Havilah Dieterle Executive Director Avista Senior Living	Signature	Havilah Dieterle
	Date	10.18.2024

Disclaimer:
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Statement of Deficiency:
WAC 388-78A 2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed-upon plan to address and support each resident's assessed capabilities, needs, and preferences, including the following:
(1) The care and services necessary to meet the resident's needs, including:
(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in on or more of the following:
(iii) On-going assessments of the resident.

WAC 388-78A 2140 Negotiated service agreement contents

Root Cause Analysis (RCA):

- Upon reviewing the processes leading to the deficiency, it was identified that the previous oversight and management of resident assessments and NSAs fell under [redacted], who was responsible for ensuring the accuracy and completeness of these documents.
- **Contributing Factors:**
  - **Inconsistent Oversight:** [redacted] did not ensure that assessments were completed regularly and thoroughly documented, which led to gaps in the NSAs, especially in addressing health and safety risks.
  - **Lack of Timely Updates**: Some NSAs were not updated based on ongoing assessments, resulting in outdated care plans that did not reflect current resident conditions.
  - **Transition in Leadership**: Since [redacted] is no longer with Avista Senior Living, Amanda Pope has now assumed responsibility for overseeing assessments and the development of NSAs. This leadership change is aimed at ensuring stricter oversight and compliance with regulatory standards.

Immediate Action Taken:

- A comprehensive review of all current residents' NSAs has been initiated to ensure they reflect the resident's assessed capabilities, needs, preferences, and ongoing risks.
- NSAs will be updated for residents whose plans do not include specific monitoring and interventions for identified health or safety risks based on their ongoing assessments.
- All updates will be documented in the resident's record.

Improved Development of NSAs:

Amanda Pope, as Health Services Director, will oversee that our Regional Clinical Director RN completes the assessments and ensures that each NSA:

- Reflects the most up-to-date assessment of the resident's health, safety, and personal preferences.
- Includes a comprehensive plan to monitor the resident and address interventions for any identified risks.
- Identifies clear goals for managing risks related to health and safety and outlines the specific care and services necessary to meet those needs.

NSAs will be individualized to ensure that all risks, especially those noted in ongoing assessments, are appropriately addressed in collaboration with the resident and their family.

Enhanced Documentation Process:

- Staff responsible for updating the NSAs will be re-educated on the importance of incorporating ongoing assessment results and risk interventions into the service agreements.
- A checklist will be implemented to ensure all components of WAC 388-78A 2140 are addressed when developing or updating NSAs, with special focus on:
    - Current resident needs and preferences.
    - Monitoring plans for risks to health and safety.
    - Specific interventions for risk management based on the most recent assessments.
- NSAs will be documented in the EMR (PCC) system for timely updates and accessible review.

Ongoing Assessments and Monitoring:

- Amanda Pope will oversee the completion of all resident assessments by Verna Allen (Regional Clinical Director and RN) to ensure that:
- Residents are reassessed regularly as required by Washington state regulations.
- Care plans are updated based on the results of ongoing assessments.
- Any significant changes in the resident's condition will trigger an immediate reassessment and revision of their NSA.

The care team will meet regularly (weekly or as needed) to review residents' ongoing needs, risks, and care plans, ensuring compliance with WAC 388-78A 2140.

Staff Training:

- All staff involved in creating, updating, and implementing NSAs will receive comprehensive training on:
  - The development of negotiated service agreements, including the documentation of care and service needs.
  - Integrating ongoing assessments and risk interventions into the NSAs.
  - The importance of person-centered care and ensuring resident preferences are honored.
- Quarterly training sessions will be provided to reinforce the process and ensure continued compliance.

Monitoring and Quality Assurance:

- Amanda Pope, Health Services Director, will lead monthly audits of resident records to ensure:
  - All NSAs are complete, accurate, and reflect current assessments and risk interventions.
  - All plans are updated in a timely manner, particularly when new risks are identified.
- Havilah Dieterle, Executive Director, will monitor compliance through regular oversight and leadership meetings, where audit findings will be reviewed, and additional corrective actions will be implemented if needed.

Completion Date:

- All corrective actions, including NSA reviews and updates, will be completed by 11.17.2024

Havilah Dieterle Executive Director Avista Senior Living	Signature	Havilah Dieterle
	Date	10.18.2024

Amanda Pope Health Services Director Avista Senior Living	Signature	Apope
	Date	10/18/24

Plan of Correction

Facility: Avista Senior Living Spokane 2678
Deficiencies:
WAC 338-78A-2371 Investigations
Date of Correction Plan Submission: 10.18.2024
Compliance Date: 11.17.2024

Havilah Dieterle Executive Director Avista Senior Living	Signature	Havilah Dieterle
	Date	10.18.2024

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Statement of Deficiency:
WAC 388-78A 2371 Investigations
(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life.

WAC 388-78A 2371 Investigations

Corrective Action Plan:

1. **Immediate Action Taken:**
   - While previous incident reports are locked and will not be reopened, a thorough review of recent and future documentation practices has been conducted to ensure proper procedures are followed.
   - [redacted], Health Services Director, who was previously responsible for oversight in this area, is no longer with Avista Senior Living. This leadership change reflects our commitment to improving compliance and investigation processes.
   - All staff members were re-educated on the importance of timely and complete documentation for future investigations.
2. **Investigation Process Going Forward:**
   - A standardized investigation process will be implemented, ensuring that all new incidents involving alleged or suspected abuse, neglect, financial exploitation, or incidents affecting a resident's health are thoroughly investigated and documented. This process includes:
     - **Immediate reporting** of any suspected or alleged abuse, neglect, or incidents.

- **Assignment of an investigator** (Amanda Pope, Health Services Director) to lead the investigation.
- **Director oversight**: Havilah Dieterle, Executive Director, will oversee the entire investigation process to ensure accountability and full compliance.
- **Interviews and evidence collection** from all involved parties.
- **Thorough documentation** of findings using a standardized form that includes:
  - Date, time, and description of the incident.
  - Involved individuals and witness statements.
  - Actions taken, findings, and conclusions.
  - Preventive measures to avoid recurrence.
- **Submission of the completed investigative report** in the EMR (PCC) within 24 hours of incident resolution.

3. **Documentation Process**:
   - Moving forward, all incident reports will be documented in the EMR system (PCC), ensuring:
     - Comprehensive documentation of the investigation process.
     - Timely and accurate entry of findings and actions taken.
     - Use of a standardized template to ensure consistency.
4. **Staff Training**:
   - All staff will receive updated training on investigative procedures and documentation protocols, focusing on:
     - Recognizing and reporting incidents.
     - Timely and thorough documentation of investigative actions.
     - Proper completion and submission of investigation reports in PCC.
   - Refresher trainings will be provided quarterly to reinforce investigative and reporting protocols.
5. **Monitoring and Quality Assurance**:
   - Amanda Pope, Health Services Director, will lead regular audits of all new incident reports to ensure compliance with WAC 388-78A 2371.
   - Havilah Dieterle, Executive Director, will monitor the overall process and ensure full accountability, reviewing audit results during monthly leadership meetings to ensure continuous improvement.
   - Any deficiencies identified in future investigations will be addressed promptly through additional training or corrective action.
6. **Completion Date**:
   - All corrective actions, including staff training and process improvements, will be completed by 11.17.2024

Havilah Dieterle Executive Director Avista Senior Living	Signature	Havilah Dieterle
	Date	10.18.2024

Amanda Pope Health Services Director Avista Senior Living	Signature	Apope
	Date	10/18/24