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

Olympic Holdings - Riverview, LLC
Riverview Manor
555 E Goodlander Rd
Selah, WA 98942

RE: Riverview Manor License # 2701

Dear Administrator:

This letter addresses Compliance Determination(s) 56763 (Completion Date 03/21/2025) and 52689 (Completion Date 01/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/21/2025 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-2450-3-d-i-B, WAC 246-980-030-1-b, WAC 388-78A-2240, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-1, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210-2, WAC 388-78A-2210

The Department staff who did the on-site verification:
Anna Cairns, ALF Long Term Care Surveyor

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

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

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

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 01/08/2025, 01/09/2025, 01/10/2025, 01/13/2025 and 01/14/2025 of:

Riverview Manor
555 E Goodlander Rd
Selah, WA 98942

This document references the following complaint numbers: 161845, 161589, 162699, 162400.

The following sample was selected for review during the unannounced on-site visit: 7 of 60 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tracy Ramirez, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor
Tracy Ramirez, Assisted Living Facility Licensor

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.

Laura Williams-Davis
Residential Care Services

2/12/25
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.

Administrator (or Representative)

2/20/2025
Date

WAC 246-980-030 Can a nonexempt long-term care worker work before obtaining certification as a home care aide?

(1) A nonexempt long-term care worker may provide care before receiving certification as a home care aide if all the following conditions are met:

(b) The long-term care worker must submit an application for home care aide certification to the department within fourteen calendar days of hire. An application is considered to be submitted on the date it is post-marked or, for applications submitted in person or online, the date it is accepted by the department.

WAC 388-78A-2450 Staff.

(3) The assisted living facility must:

(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(B) Home care aide certification as required by this chapter and chapter 246-980 WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that a Home Care Aide (HCA) application was sent to the department within 14 days of hire for 2 of 2 staff (Staff A and B). This failure placed residents at risk of being cared for by unqualified staff and disabled the department

Review of personnel file for Staff C, Care Aide, showed that they were hired on 04/26/2024. Staff C's file showed that they had a credential that had expired on 06/30/2019. Additionally, Staff C's file did not include an HCA application that was sent to the department, which was required 248 days prior. Further record review of Staff C's

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 | 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.

Administrator (or Representative) | Date

WAC 246-980-030 Can a nonexempt long-term care worker work before obtaining certification as a home care aide?

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WAC 388-78A-2450 Staff.

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(d) Maintain the following documentation on the assisted living facility premises, during employment, and at least two years following termination of employment:

(i) Staff orientation and training or certification pertinent to duties, including, but not limited to:

(B) Home care aide certification as required by this chapter and chapter 246-980 WAC;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that a Home Care Aide (HCA) application was sent to the department within 14 days of hire for 2 of 2 staff (Staff A and B). This failure placed residents at risk of being cared for by unqualified staff and disabled the department

Review of personnel file for Staff C, Care Aide, showed that they were hired on 04/26/2024. Staff C's file showed that they had a credential that had expired on 06/30/2019. Additionally, Staff C's file did not include an HCA application that was sent to the department, which was required 248 days prior. Further record review of Staff C's

file showed that no training requirements towards their HCA license had been completed.

Review of personnel file for Staff D, Care Aide, showed that they were hired on 10/10/2024. Staff D's file did not include an HCA application that was sent to the department, which was required 81 days prior. Further record review of Staff D's file showed that no training requirements towards their HCA license had been completed.

In an interview on 01/13/2025 at 4:10 PM, Staff A, Administrator, stated that they did not complete an HCA application for Staff C and Staff D.

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, Riverview Manor is or will be in compliance with this law and / or regulation on (Date) 3/21/2025.

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

Administrator (or Representative) 2/20/25 Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that residents' medications were obtained for 1 of 7 residents (Resident 2). This failure placed the resident at risk of complications with their health conditions.

Findings included...

Review of the facility policy, titled, "Unavailable Medications," undated, showed that all medications that are the responsibility of the facility would be provided to the resident in a timeframe and manner to promote the health and welfare of the resident.

Review of the characteristic roster, dated 01/08/2025, showed that Resident 2 was admitted to the facility on [redacted]/2024.

file showed that no training requirements towards their HCA license had been completed.

Review of personnel file for Staff D, Care Aide, showed that they were hired on 10/10/2024. Staff D's file did not include an HCA application that was sent to the department, which was required 81 days prior. Further record review of Staff D's file showed that no training requirements towards their HCA license had been completed.

In an interview on 01/13/2025 at 4:10 PM, Staff A, Administrator, stated that they did not complete an HCA application for Staff C and Staff D.

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, Riverview Manor is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that residents' medications were obtained for 1 of 7 residents (Resident 2). This failure placed the resident at risk of complications with their health conditions.

Findings included…

Review of the facility policy, titled, "Unavailable Medications," undated, showed that all medications that are the responsibility of the facility would be provided to the resident in a timeframe and manner to promote the health and welfare of the resident.

Review of the characteristic roster, dated 01/08/2025, showed that Resident 2 was admitted to the facility on [redacted]/2024.

Review of Resident 2's Negotiated Service Agreement, dated [redacted]/2024, showed that the resident required medication services by facility staff.

Review of Resident 2's record showed that the resident did not have a Medication Administration Record (MAR).

Review of Resident 2's physician visit progress note, dated 09/06/2024, showed that the resident had depression with anxiety, vitamin D deficiency, hyperlipidemia (high cholesterol) that required monitoring, and prediabetes that showed elevated A1C (lab test that shows an overall blood sugar levels) levels. Additionally, the progress note showed that the resident had prescribed orders for metformin (taken to control blood sugar in the body), vitamin D (medication for severe vitamin D deficiency), and duloxetine (taken for depression and anxiety).

In an interview on 01/08/2025 at 8:58 AM, Staff A, Administrator, stated that Resident 2 had not been given their prescribed medications since their physician orders dated 09/06/2024.

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, Riverview Manor is or will be in compliance with this law and / or regulation on (Date) 3/21/2025.

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

Administrator (or Representative) 2/20/2025 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

Review of Resident 2's Negotiated Service Agreement, dated [redacted]/2024, showed that the resident required medication services by facility staff.

Review of Resident 2's record showed that the resident did not have a Medication Administration Record (MAR).

Review of Resident 2's physician visit progress note, dated 09/06/2024, showed that the resident had depression with anxiety, vitamin D deficiency, hyperlipidemia (high cholesterol) that required monitoring, and prediabetes that showed elevated A1C (lab test that shows an overall blood sugar levels) levels. Additionally, the progress note showed that the resident had prescribed orders for metformin (taken to control blood sugar in the body), vitamin D (medication for severe vitamin D deficiency), and duloxetine (taken for depression and anxiety).

In an interview on 01/08/2025 at 8:58 AM, Staff A, Administrator, stated that Resident 2 had not been given their prescribed medications since their physician orders dated 09/06/2024.

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, Riverview Manor is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure medication was given as prescribed and failed to develop and ensure a safe medication system was in place for residents who required assistance and administration with their medication for 1 of 7 residents (Residents 3). These failures resulted in wrong medications being administered to the resident, that put the resident at risk for health complications.

Findings included…

<Resident 3>

Review of Resident 3's, Negotiated Service Agreement (NSA), dated 07/15/2024, showed that the resident received medication services at the facility. The NSA showed that the resident had a diagnosis of [redacted], and [redacted]. The NSA showed that Resident 3 had insulin (an injected medication to regulate the body's blood sugar) and blood sugar checks provided by the facility staff.

Review of Resident 3's Medication Administration Record (MAR) for December 2024, showed that the resident did not receive their Toujeo insulin (injectable medication to regulate the body's blood sugar) from 12/17/2024 through 12/23/2024.

In an interview on 01/14/2024 at 8:00 AM, Staff A, Administrator acknowledged that that MARs showed that Resident 3's insulin medication was not given.

Statement of Deficiencies	License #: 2701	Compliance Determination # 52689
Plan of Correction	Riverview Manor	Completion Date
Page 6 of 6	Licensee: Olympic Holdings - Riverview, LLC	01/29/2025

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, Riverview Manor is or will be in compliance with this law and / or regulation on (Date) 3/21/2025.

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

Administrator (or Representative) Date 2/20/2025

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

Olympic Holdings - Riverview, LLC
Riverview Manor
555 E Goodlander Rd
Selah, WA 98942

RE: Riverview Manor # 2701

Dear Administrator:

This document references the following complaint numbers 161845, 161589, 162699, 162400.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 01/29/2025 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 Return the Plan/Attestation Statement and report with signatures to:

Laura Williams-Davis, ALF Field Manager

Residential Care Services
Region 1, Unit G
Preferred methods:
eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

• 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-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(d) Individual's ability to leave the assisted living facility unsupervised; and

(8) Individual's level of personal care needs, including:

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

The Assisted Living Facility did not ensure that the required elements were included in each resident’s records. The facility plans to include additional elements not previously included in the resident's records for any future resident assessments.

WAC 388-78A-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

The Assisted Living Facility failed to ensure that there was a system in place to allow visitors, staff, and appropriate residents to exit using a functional posted code. The facility posted a code by the exit door that functioned properly to allow exit without staff assistance.

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:

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

If You Have Any Questions:

• Please contact me at (509)225-2823.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Enclosure

Plan of Correction

Agency Name	**Citation Date**
Riverview Manor	02/12/2025
Submitted by	**Date of POC Submission**
Melanie Folkner-Burton	02/20/2025
Complaint Citation x **Certification Citation**	

Citation: (list WAC)246-980-030	
What *initial or immediate actions* were taken to address concerns affecting clients?	WAC 246-980-030 CAN A NONEXEMPT LONG-TERM CARE WORKER WORK BEFORE OBTAINING CERTIFICATION AS A HOME CARE AIDE? A NONEXEMPT LONG TERM CARE WORKER MAY RECEIVE CERTIFICATION AS A HOME CARE AIDE IF ALL THE FOLLOWING CONDITIONS ARE MET: (B) THE LONG-TERM WORKER MUST SUBMIT AN APPLICATION FOR HOME CARE CERTIFICATION TO THE DEPARTMENT WITHIN 14 CALENDAR DAYS OF HIRE. AN APPLICATION IS CONSIDERED TO BE SUBMITTED ON THE DATE IT IS POSTMARKED OR, FOR APPLICATIONS SUBMITTED IN PERSON OR ONLINE, THE DATE IT IS ACCEPTED BY THE DEPARTMENT.
How will you apply the correction to all clients you support?	WE HAVE IMPLEMENTED A POLICY TO HAVE OUR OFFICE MANAGER (NEW POSITION) EXPLAIN UPON HIRE THAT WE NEED PAPERWORK FILLED OUT AND A CHECK/MONEY ORDER TO SEND IN APPLICATION FOR HCA WITHIN 14 DAYS OF HIRE OR THEY WILL BE REMOVED FROM SCHEDULE.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	THE OFFICE MANGER WILL BE RESPONSIBLE FOR IMPLEMENTING THE CHANGES. HOWEVER, HEALTH CARE CORDINATOR AND ADMINISTRATOR WILL FOLLOW UP TO ENSURE THIS IS BEING DONE IN THE REQUIRED 14 DAY WINDOW. WE HAVE EXPLAINED TO EVERYONE OUT OF COMPLIANCE THAT THEY WILL HAVE PAPERWORK COMPLETED AND MAILED IN BEFORE THE END OF FEBUARY IN ORDER TO STAY EMPLOYEED AT RIVERVIEW MANOR. EVERYONE HAS COMPLETED THE IN PERSON HCA CLASSES WITH OUR APPROVED INSTRUCTOR, INCLUDING ORIENTATION AND

Citation: (list WAC)246-980-030	
	SAFETY, MENTAL HEALTH, DEMENTIA, AND FUNDAMENTALS OF CAREGIVING W/SKILLS TESTING.
Date by which lasting correction will be achieved	MARCH 21,2025
Additional Information	Enter any additional information you believe is pertinent such as if you intend to submit an IDR

Submit to RCS within 10 calendar days of receipt, please clearly indicate the name of the person who should receive your document.

Region 1:

rcsregion1email@dshs.wa.gov

Union Gap

1200 Alder St.

Union Gap, WA 98903

Fax: (509) 454 4160

Spokane

8517 E Trent Ave, Suite 102
Spokane Valley, WA 99212- 2329

Fax: (509) 921 2426

IDR

Lacey

PO Box 45600

Olympia, WA 98504-5600

RCSIDR@dshs.wa.gov

Plan of Correction

Agency Name	**Citation Date**
Riverview Manor	02/12/2025
Submitted by	**Date of POC Submission**
Melanie Folkner-Burton	02/20/2025
Complaint Citation X **Certification Citation**	

Citation: (list WAC)388-78A-2450	
What *initial or immediate actions* were taken to address concerns affecting clients?	WAC 388-78A-2450 STAFF THE ASSITED LIVING MUST: MAINTAIN THE FOLLOWING DOCUMENTATION ON THE ASSISTED LIVING FACILITTY PREMISES, DURING EMPLOYMENT, AND AT LEAST TWO YEARS FOLLOWING TERMINATION OF EMPLOYMENT: STAFF ORIENTATION AND TRAINING OR CERTIFICATION PERTINENT TO DUTIES, INCLUDING, BUT NOT LIMETED TO: HOME CARE AIDE CERTIFICATION AS REQUIRED BY THIS CHAPTER AND CHAPTER 246-980 WAC;
How will you apply the correction to all clients you support?	WE HAVE CREATED NEW EMPLOYEE FILES THAT THE OFFICE MANAGER HAS ORGANIZED BY DETAILED SECTIONS SO FINDING THE CORRECT CERTIFICATE WILL BE EASY TO LOCATE. WE HAVE ALSO CREATED A MONTHLY BINDER TO KEEP TRACK OF ANY CERTIFICATE/CE/LISCENCES THAT NEED RENEWAL IS DONE PRIOR TO EXPERATION DATES AND IS CHECKED BY OFFICE MANAGER AND HCC AND ADMINISTRATOR ARE INFORMED OF ANYONE APPROACHING A DEADLINE SO THEY CAN BE DIRECTED TO COMPLETE THE TASK TO FURTHER EMPLOYEMENT AT RIVERVIEW MANOR.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	THE OFFICE MANAGER IS THE FIRST PERSON RESPONSIBLE FOR KEEPING FILES ORGANIZED AND INFORMING HCC AND ADMINISTRATOR WHEN A DUE DATE IS APPROACHING.

Citation: (list WAC)388-78A-2450	
Date by which lasting correction will be achieved	MARCH 21,2025
Additional Information	Enter any additional information you believe is pertinent such as if you intend to submit an IDR

Submit to RCS within 10 calendar days of receipt, please clearly indicate the name of the person who should receive your document.

Region 1:

rcsregion1email@dshs.wa.gov

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Olympia, WA 98504-5600

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Send copy to DDA Resource Manager and Residential Program Specialist for your region.

Plan of Correction

Agency Name	**Citation Date**
Riverview Manor	02/12/2025
Submitted by	**Date of POC Submission**
Melanie Folkner-Burton	02/20/2025
Complaint Citation X **Certification Citation**	

Citation: (list WAC)388-78A-2240	
What *initial or immediate actions* were taken to address concerns affecting clients?	WAC-78A-2240 NONAVAILABILITY OF MEDICATIONS. WHEN THE ASSISTED LIVING ASSUMED RESPONSIBILITY FOR OBTAINING A RESIDENT'S PRESCRIBED MEDICATIONS, THE ASSISTED LIVING MUST OBTAIN THEM IN A CORRECT AND TIMELY MANNER
How will you apply the correction to all clients you support?	WE HAVE IMPLEMENTED PROTOCOL TO HAVE THE FACILITY MOVED TO CYCLE FILL AND ONLY USE RIVERVILLAGE PHARMACY TO HELP ENSURE ALL MEDICATIONS ARE IN THE FACILITY IN A TIMELY MANNER
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	THE NEW HEALTH CARE CORDINATOR AND ADMINISTRATOR HAVE IMPLEMENTED THESE CHANGES BY CONTACTING ALL POA'S TO SWITCH PHARMACIES, STARTING CYCLE FILL MARCH 10, 2025. WHEN EACH NEW ORDER IS RECEIVED, WE SEND TO RIVERVILLAGE THEY WILL INPUT INTO MAR AND SEND MEDICATION TO FACILITY. HCC WILL CHECK WEEKLY STATUS OF OTC'S, NASAL SPRAY, EYE DROPS, CREAMS, INSULIN'S, NARCOTICS, AND PRN TO ENSURE EVERYTHING IS IN FACILITY.
Date by which lasting correction will be achieved	MARCH 21, 2025
Additional Information	Enter any additional information you believe is pertinent such as if you intend to submit an IDR

Submit to RCS within 10 calendar days of receipt, please clearly indicate the name of the person who should receive your document.

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Send copy to DDA Resource Manager and Residential Program Specialist for your region.

Plan of Correction

Agency Name	**Citation Date**
Riverview Manor	02/12/2025
Submitted by	**Date of POC Submission**
Melanie Folkner-Burton	02/20/2025
Complaint Citation x **Certification Citation**	

Citation: (list WAC)388-78A-2210	
What *initial or immediate actions* were taken to address concerns affecting clients?	WAC 388-78A-2210 1. AN ASSISTED LIVING PROVIDING MEDICATION SERVICE, EITHER DIRECTLY OR INDERECTLY, MUST A) MEET THE REQUIREMENTS OF CHAPTER 69.41RCW LEGENDS DRUGS PRESCRITION DRUGS, AND OTHER APPLICABLE STATUS AND ADMINISTRATIVE RULES; AND B) DEVELOP AND IMPLEMENT SYSTEMS THAT SUPPORT AND PROMOTE SAFE MEDICATION SERVICES FOR EACH RESIDENT 2) THE ASSISTED LIVING FACILITY MUST ENSURE THE FOLLOWING RESIDENTS RECEIVE THEIR MEDICATIONS AS PRESCRIBED, EXEPT AS PROVIDEDFOR IN WAC 388-78A-2230 AND 388-78A-2250 (A) EACH RESIDENT WHO REQUIRES MEDICATION ASSISTANCE AND HIS OR HER NEGOTITATED SERVICE AGREEMENT INDICATES THE ASSISTED
How will you apply the correction to all clients you support?	THE MED TECH ON SHIFT WILL CHECK EACH ORDER THEN GIVE TO THE HEALTH CARE CORDINATOR TO CHECK ORDER AND CONFIRM MEDICATION HAS BEEN DELIVERED AND THE FINAL CHECK IS OUR REGISTERED NURSE TO ENSURE ALL MEDICATIONS ARE GIVEN AS PRESCRIBED BY DOCTOR. THIS TRIPLE CHECK SHOULD ENSURE THAT NO MEDICATION ERRORS OR MISSED MEDICINES OCCUR IN OUR FACILITY. ALL STAFF IS TO NOTIFY HCC AND RN IF A MEDICATION IS UNAVAILABLE IMMEDIATELY SO THE ISSUE CAN BE RESOLVED IN A TIMELY MANNER.

Citation: (list WAC)388-78A-2210	
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	THE HCC, RN, AND RIVERVILLAGE PHARMACY IS GOING THROUGH ALL ORDERS DURING THE SWITCH OVER TO ONE PHARMACY/WITH CYCLE FILL STARTING MARCH 2025.
Date by which lasting correction will be achieved	MARCH 21,2025
Additional Information	Enter any additional information you believe is pertinent such as if you intend to submit an IDR

Submit to RCS within 10 calendar days of receipt, please clearly indicate the name of the person who should receive your document.

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