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 Compliance Determination 51009 (12/02/2024), which included complaint number(s) 155366.

The Department completed a complaint investigation of your Assisted Living Facility on 12/02/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Anna Cairns, ALF Long Term Care Surveyor

Consultation:

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(a) Departure from the resident's customary range of functioning; or

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(b) Each resident when an accident or incident that is likely to adversely affect the

resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

The facility did not do frequent monitoring for a resident with a change in their baseline. The facility plans to do a staff training for which residents should have frequent monitoring and add safety checks to the resident record.

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:

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)225-2823.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, Field Manager
Region 1, Unit G

Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Riverview Manor
Provider Type: Assisted Living Facility
License/Cert.#: 2701
Compliance Determination #: 51009
Intake ID: 155366
Investigator: Anna Cairns
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 12/02/2024 through 12/02/2024
Complainant Contact Date(s):

Allegation(s):
The named resident fell in their apartment and broke a bone in their arm.

Investigation Methods:

Sample:	Total residents: 56 Resident sample size: 2 Closed records sample size: 0
Observations:	Common areas Resident room
Interviews:	Resident care coordinator Resident
Record Reviews:	Characteristic roster Incident investigation Resident records (assessment, care plan, progress notes)

Investigation Summary:
The resident fell in their apartment, the facility assessed the resident, did an investigation, reported to state, and sent them to the hospital for evaluation when they stated they were in pain. A written consultation was done, WAC 388-78A-2120(1)(2)(a)(b)(3)(b)(4).

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☒ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A