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) 52708 (Completion Date 01/07/2025) and 49806 (Completion Date 11/26/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/07/2025 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-2140-1-a-ii, WAC 388-78A-2140-1-b

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

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 #: 49806
Intake ID: 152796
Investigator: Tracy Ramirez
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 10/31/2024 through 11/26/2024
Complainant Contact Date(s):

Allegation(s):
The named resident had a fall with injury.

Investigation Methods:

Sample: Total residents: 56
Resident sample size: 3
Closed records sample size: 0

Observations: Resident to resident interactions
Staff to resident interactions
The facility's common areas.

Interviews: Residents, facility staff and others not associated with the facility.

Record Reviews: Medical records
State reporting log
Incident investigation
Facility policies
Personnel files
Staff training records

Investigation Summary:
Interviews and record review showed the facility failed to ensure the negotiated service agreement contained the necessary content needed to meet the resident's needs. Interviews showed that the named resident had significant injuries and was hospitalized. Failed practice was identified. Refer to Washington Administrative Code (WAC) 388-78A-2140 (1)(a)(ii)(b).

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2701	Compliance Determination # 49806
Plan of Correction	Riverview Manor	Completion Date
Page 1 of 3	Licensee: Olympic Holdings - Riverview, LLC	11/26/2024

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 10/31/2024 and 10/31/2024 of:

Riverview Manor
555 E Goodlander Rd
Selah, WA 98942

This document references the following complaint number(s): 152195, 152796, 153235

The following sample was selected for review during the unannounced on-site visit: 3 of 56 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

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 12/05/2024

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) 12-9-24 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:

(ii) The resident's full assessments;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure the negotiated service agreement contained the necessary content needed to meet the needs of 1 of 3 residents (Resident 1). This failure resulted in the resident having significant injury that contributed to a hospitalization, inpatient rehabilitation services, and was unable to return to the facility due to required higher level of care needs.

Findings included...

Review of Resident 1's full facility assessment, dated 06/01/2024, showed that the resident required two-person assistance with all transfers (physical assistance to move a person to another surface) and was a fall risk.

Review of Resident 1's Negotiated Service Agreement (NSA), dated 06/01/2024, showed that the resident was a one to two person assist with transfers. The NSA showed that Resident 1 was a fall risk.

Review of Resident 1's incident report, dated 10/23/2024, showed that the resident had a fall incident that day at 1:30 PM, when a staff member attempted to provide transfer assistance from their shower to their wheelchair.

Review of Resident 1's progress note, dated 10/23/2024 at 6:00 PM, showed that the resident had a mobile x-ray pending a right hip fracture at the facility.

Review of Resident 1's progress note, dated 10/23/2024 at 7:51 PM, showed that the resident was being sent to the hospital due to a right hip fracture, the resident was unable to bear any weight, and it took five Caregivers and a Medication Technician to physically assist them into their bed.

Review of Resident 1's investigation follow-up, dated 10/24/2024, showed that the staff member had not followed the NSA that showed the resident had been a mandatory two person assist with transfers. The investigation follow-up showed that the staff member did not summon for a second staff member to assist with transferring Resident 1. The investigation follow-up for Resident 1 showed that the fall incident resulted in bodily harm of a right hip fracture (a broken bone) and caused the resident to move out of the facility for higher level of care related to the injury.

In an interview on 10/31/2024 at 2:23 PM, Staff A, Administrator, and Staff B, Healthcare Coordinator, stated that Resident 1 was a two person assist for all transfers and was in the NSA for staff to follow. Staff A stated that the staff member who self-transferred Resident 1 alone had not followed the NSA, caused the resident to fall and had to be admitted to the hospital.

In an interview on 11/07/2024 at 10:00 AM, Staff C, Caregiver, stated that they had attempted to transfer Resident 1 from their shower chair to their wheelchair and the resident had fallen. Staff C stated that Resident 1 is a one person assist for transfers except at bedtime requires a two person assist. Staff C stated that after the fall incident management instructed them that Resident 1 is a two person assist for all transfers.

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) 12-18-24

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

Melanie Adkins-Burden 12-9-2024

Administrator (or Representative) Date

Plan of Correction

Agency Name	**Citation Date**
Riverview Manor Olympic Holdings-Riverview, LLC	12/05/2024
Submitted by	**Date of POC Submission**
Melanie Folkner-Burton Administrator	12/11/2024
x **Complaint Citation** ☐ **Certification Citation**	

Citation: (list WAC)	
What *initial or immediate actions* were taken to address concerns affecting clients?	After injured resident's negotiated service agreement failed to follow 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: (i) The resident's preadmission assessment; (ii) The resident's full assessments; (iii) On-going assessments of the resident; (b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;. Administrator, RN, and Health Care Coordinator started checking every NSA for every resident in the building, RN did a new fall assessment for all residents, HCC checked to see that NSA and assessment details matched to ensure that the aides are getting the most accurate information for each resident.
How will you apply the correction to all clients you support?	We have corrected NSA for residents and have a plan in place to ensure that they continue to stay accurate. When any changes occur the supervisor on shift is to write on the care plan of an immediate change, notify management of the change, and RN so she can assess the resident. To ensure the safety of all our residents the Administrator will audit the NSA/care plans for each resident. Fall assessments will continue to be completed on admission, 14-day

Citation: (list WAC)	
	reassessment, 6-month review, and as needed with change of condition.
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Aides will be responsible for reviewing the NSA in residents' charts. Supervisors will be responsible for writing any changes on them immediately. RN is responsible for assessing resident and updating NSA after changes of condition, at scheduled reviews, and as needed to ensure the NSA accurately to meet resident's needs. Administrator will audit the residents NSA throughout the year to ensure safety of residents, compliance with all WAC's, and ensure all of the implemented steps are working to prevent reoccurrence.
Date by which lasting correction will be achieved	Enter the date when you expect the lasting correction (including system to prevent future problems) to be complete. This must be within 45 days of the citation. 12/18/2024
Additional Information	Enter any additional information you believe is pertinent such as if you intend to submit an IDR