



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
316 W Boone Ave., Suite 170, Spokane, WA 99201

September 22, 2017

SESSIONS RESIDENTIAL CARE INC
SESSIONS RESIDENTIAL CARE INC
22 N ADAMS RD
SPOKANE VALLEY, WA 99216

RE: SESSIONS RESIDENTIAL CARE INC License #1999

Dear Administrator:

The Department completed a follow-up inspection of your assisted living facility on September 15, 2017 for the deficiency or deficiencies cited in the report/s dated August 23, 2017 and found no deficiencies.

The Department staff who did the follow-up inspection:
Mara Ryan, Licensors

If you have any questions please, contact me at (509) 323-7324.

Sincerely,

Susan Bergeron, Field Manager
Region 1, Unit B
Residential Care Services



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 316 W Boone Ave., Suite 170, Spokane, WA 99201

Statement of Deficiencies	License #: 1999	Completion Date
Plan of Correction	SESSIONS RESIDENTIAL CARE INC	August 23, 2017
Page 1 of 2	Licensee: SESSIONS	

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 has completed data collection for the unannounced on-site full inspection on 8/16/2017 and 8/17/2017 of:

SESSIONS RESIDENTIAL CARE INC
 22 N ADAMS RD
 SPOKANE VALLEY, WA 99216

The following sample was selected for review during the unannounced on-site full inspection : 6 of 24 current residents and 0 former residents.

The department staff that inspected the assisted living facility:

Kelly Sturtevant, RN, BSN, Licensor
 Mara Ryan, BSW, Licensor

From:

DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 1, Unit B
 316 W Boone Ave., Suite 170
 Spokane, WA 99201
 (509)323-7324

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SEP 07 2017


DSHS ADSA RCS
 SPOKANE WA

As a result of the on-site full inspection 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 I must be in compliance with all the licensing laws and regulations at all times.


 Administrator (or Representative)


 Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(4) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to maintain water temperatures between 105-120 degrees Fahrenheit in areas accessible to residents. This had the potential to place all 24 residents at risk of burns/injuries. Findings include:

During the environmental tour on 8/16/17 with Staff A, manager, the water temperature in the sink in bathroom 2 was 131 degrees Fahrenheit at 10:06 a.m. At 10:26 a.m., the water temperature in the sink in bathroom 3 was 129 degrees Fahrenheit and at 10:39 a.m. the water temperature in the sink in bathroom 1 was 125 degrees Fahrenheit. The laundry room water temperature at the sink was 130 degrees Fahrenheit. All bathroom sinks and the laundry room sink were accessible to residents.

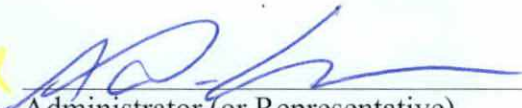
Staff A, manager, was interviewed on 8/16/17 and stated the maintenance director checked water temperatures throughout the facility. She was not aware the temperatures were high prior to the on-site visit.

The manager called the maintenance director, Staff B, immediately to the facility. The maintenance director turned down the water temperature. When interviewed on 8/16/17, the maintenance director stated he turned up the water in the winter due to the cold weather making it harder to heat the water. He stated it was a challenge to regulate the temperature. Staff B stated he periodically checked water temperatures but did not have a routine schedule. He stated the water temperatures fluctuated at times.

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, SESSIONS RESIDENTIAL CARE INC is or will be in compliance with this law and / or regulation on (Date) 8/17/17. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

I understand that to maintain an assisted living facility license, the facility must be in compliance with the licensing laws and regulations at all times.


Administrator (or Representative)

9/5/17
Date