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 6, 2018

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 5, 2018 for the deficiency or deficiencies cited in the report/s dated May 31, 2018 and found no deficiencies.

The Department staff who did the follow-up inspection:
Melissa Kundur, Complaint Investigator

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

Sincerely,

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

## Residential Care Services

### Investigation Summary Report

**Provider/Facility:** SESSIONS RESIDENTIAL CARE INC (688039) **Intake ID(s):** 3524380

**License/Cert. #:** AL1999

**Investigator:** Tansy, Susan **Region/Unit:** RCS Region 1/Unit B **Investigation Date(s):** 05/30/2018 through 05/31/2018

**Complainant Contact Date(s):**

**Allegations:**

#1. A named resident grabbed a second named resident in the groin area. Staff did not witness the incident but were in the area and was able to redirect the first resident.

**Investigation Methods:**

| | | | |
|---|---|---|---|
| ☒ **Sample:** | Three current residents including the named residents. | ☒ **Observations:** | General assisted living facility environment including staff to resident, resident to staff, and resident to resident interactions, |
| ☒ **Interviews:** | Residents, caregivers, facility manager and administrator. | ☒ **Record Reviews:** | Resident health records, facility investigations, facility rules and policy & procedures. |

**Allegation Summary:**

#1. It was reported to staff the first named resident (AP) grabbed the second named resident's (AV) groin area and pinched it. Staff were in the area but did not observed the incident. Staff redirected the AP away from the AV. The AV was interviewed by department staff and stated s/he did not want to be touched by the AP and was mad it had happened. The facility investigated the incident, put a plan in place to prevent future occurrences and reported to the department's hot line. Per review of the investigation and interview with the facility manager, the facility did not report to law enforcement, as required. A written citation for failure to report suspected sexual abuse to law enforcement was issued.

**Unalleged Violation(s):** ☐ **Yes** ☒ **No**

None

## Residential Care Services

### Investigation Summary Report

**Conclusion / Action:**

☒ **Failed Provider Practice Identified / Citation(s) Written**

☐ **Failed Provider Practice Not Identified / No Citation Written**

See Statement of Deficiency dated 05/31/18. Citation written under WAC 388-78A-2630(1)(b) Reporting abuse and neglect which requires staff to make a call to local law enforcement for all suspected sexual abuse.

STATE OF WASHINGTON

# DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

| Statement of Deficiencies | License #: 1999 | Completion Date |
|---|---|---|
| Plan of Correction | SESSIONS RESIDENTIAL CARE INC | May 31, 2018 |
| Page 1 of 3 | Licensee: SESSIONS RESIDENTIAL CARE INC | |

You are required to be in compliance at all times with all licensing laws and regulations to maintain your assisted living facility license.

This document references the following complaint number: 3524380

The department has completed data collection for the unannounced on-site complaint investigation on 5/30/2018 and 5/31/2018 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 complaint investigation : 3 of 25 current residents and 0 former residents.

The department staff that inspected and investigated the assisted living facility:

Susan Tansy, RD, 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



As a result of the on-site complaint investigation 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 — 6/8/17 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.

X Administrator (or Representative) — X 6/14/18 Date

**WAC 388-78A-2630 Reporting abuse and neglect.**
(1) The assisted living facility must ensure that each staff person:
(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

**This requirement was not met as evidenced by:**
Based on record review and interview, the facility failed to report suspected sexual abuse to law enforcement when one of three residents (#1) reported unwanted grabbing and pinching in his groin area by another resident. This failure caused the resident to be at risk for continued abuse. Findings included:

WAC 388-78A-2020 defines sexual abuse as "any form of nonconsensual sexual conduct, including, but not limited to, unwanted or inappropriate touching..."

During an interview on 5/30/18 at 10:30 AM, Resident #1 stated that Resident #2 grabbed his groin area and squeezed it. Resident #1 said that the incident was disturbing and that he was mad about Resident #2 touching him. Resident #1 said he told staff about the incident.

Per review of facility investigation dated 05/16/18 at 6:30 PM, Resident #1 was standing in the doorway of room #8 talking with Resident #2's roommate. Resident #2 walked up to Resident #1 and "grabbed [Resident #1] in the groin area". Per the investigation, staff were in the area at the time of the incident, but did not observe what happened. At that time, Resident #1 told staff that he was "shocked" about what Resident #2 had done to him. Further review of the investigation showed the facility did not report the incident of unwanted/inappropriate touching to law enforcement.

During an interview on 5/30/18 at 1:30 PM with Staff A, Assisted Living Manager, she stated that staff suspected the incident happened and reviewed the rules of inappropriate touching with Resident #2. She confirmed she did not call law enforcement after she was notified of the incident.

**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) 6/1/18. 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.

X _____ X 6/18/18

Administrator (or Representative) Date