



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

January 12, 2016

CERTIFIED MAIL 7007 1490 0003 4196 1358

Administrator
Riverton Retirement & Assisted Living Community
3425 Boone Road SE
Salem, OR 97317

Assisted Living Facility License #2015
Licensee: Riverton Retirement & Assisted Living Community LLC.

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

On December 29, 2015, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter constitutes formal notice of the imposition of conditions on the license for your assisted living facility, also known as **Riverton Retirement & Assisted Living Community**, located at **1800 Bellerive Drive, Richland**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The conditions on the license is based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **December 29, 2015**.

WAC 388-78A-2210(1)(b)(2)(a)(b) – Medication services.

The licensee failed to develop and implement a safe medication system that ensured residents received their medication as prescribed and who required staff assistance.

WAC 388-78A-2240 – Nonavailability of medications.

The licensee failed to obtain residents' prescribed medication in a timely manner and residents who required staff assistance with their medications.

WAC 388-78A-2600(2)(1) – Policies and procedures.

The licensee failed to implement the assisted living facility's policies/procedures and supervise caregivers to safely provide medication services to residents.

NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

The department has determined that the following conditions shall be placed on your assisted living facility license:

The licensee will hire a Registered Nurse Consultant, not previously associated with the facility, to assist the licensee to:

- ***Assess the current medication system and if necessary, develop a new system or modify the existing system to comply with all applicable medication regulations for assisted living facilities to include WAC 388-78A-2210 through WAC 388-78A-2290 and demonstrate compliance for a period of six months.***
- ***Train all current and oncoming staff performing as medication technicians in the new or updated medication system to ensure a clear understanding of medication delivery with an additional focus on residents receiving blood thinning medications, sliding scale insulin and/or frequent dose adjustments.***
- ***Audit the medication delivery system until such a time as the facility can demonstrate compliance with WAC 388-78A-2210 for a period of six months.***
- ***Train all staff, to include the Administrator and Nurse supervisor, on the Assisted Living's medication policies and procedures to ensure correct implementation.***

The licensee must hire the Registered Nurse Consultant no later than February 11, 2016.

The licensee will provide the Registered Nurse Consultant with a copy of the December 29, 2015 Statement of Deficiencies (SOD).

The Registered Nurse Consultant must give weekly monitoring reports to the Department until such time the Department agrees with the Consultant that the weekly reports are no longer necessary.

The Registered Nurse consultant will be available to the Department for questions.

The licensee must schedule an on-site visit on or before January 29, 2016 with the Yakima Residential Care Services (RCS) Field Manager to discuss the facility's plan to correct citations in the December 29, 2015 Statement of Deficiencies (SOD).

The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.

The effective date of the conditions on your license is **January 12, 2016**. As provided in RCW 70.128.162(b), WAC 388-76-10990(6), the effective date of the conditions on our license will not be postponed pending an administrative hearing or informal dispute resolution review.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Chana White, Field Manager
Region 1, Unit C
3611 River Road, Suite 200
Yakima, WA 98902
Phone: (509) 225-2823 / Fax: (509) 574-5597 or (509) 454-7890

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

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Formal Administrative Hearing

You may contest the conditions on the license by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions on the license. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If you have any questions, please contact Chana White, Field Manager at (509) 225-2823.

Sincerely,


Dina Longen-Grimes, RN, MSN
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit C
RCS Regional Administrator, Region 1
HCS Regional Administrator, Region 1
DDA Regional Administrator, Region 1
WA LTC Ombuds
HQ Central Files
ndl