



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

November 7, 2013

CERTIFIED MAIL 7007 1490 0003 4201 6446

Administrator
Windriver House
7310 N. Pine Rock Street
Spokane WA 99208

Assisted Living Facility License #2184
Licensee: Windriver Aid Opco LLC

IMPOSITION OF CIVIL FINE

Dear Administrator:

On October 28, 2013, the Department of Social and Health Services (DSHS), Residential Care Services conducted an inspection/investigation at your facility. This letter constitutes formal notice of a civil fine for your assisted living facility, also known as **Windriver House** located at **7310 N. Pine Rock Street, Spokane**, 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 civil fines are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **October 28, 2013**.

WAC 388-78A-2120(2)(a)(b)(3)(a)(b)(4) Monitoring residents' well-being. \$7,800.00

The licensee failed to identify, evaluate, assess and provide care for six residents who experienced pain, harm and a diminished quality of life as follows:

Resident 1: failed to assess and treat debilitating groin condition from September 12, 2013 through October 10, 2013: 29 days @ \$100 a day: \$2900.00;

Resident 2: failed to assess and treat debilitating buttocks, groin and incontinence conditions from September 3, 2013 through October 11, 2013: 38 days @ \$100 a day: \$3800.00;

Resident 3: Failed to monitor medication administration: \$100.00;

Resident 4: Failed to prevent weight loss each month for three months: \$100 per month for three months: \$300.00;

Failed to thoroughly investigate and develop preventative measures to prevent falls for six falls: \$100 per fall: \$600.00;

Resident 5: Failed to assess and take action to assure resident's denture fit properly so meals could be consumed: \$100.00

**WAC 388-78A-2350(1)(7)(a) Coordination of health care services. \$300.00
\$100.00 x 3 residents**

The licensee failed to assist residents with the coordination of health services to assure they were able to get to physician appointments, received services as recommended by consultants and physicians.

**WAC 388-78A-2660(1) Resident rights. \$100.00
RCW 70.129-130(1) Abuse, punishment, seclusion—Background checks.**

The licensee failed to prevent a resident from being subjected to threats of police charges for grabbing the wrists of a staff person who was attempting to prevent the resident from taking a hot dog from the dining room.

**WAC 388-78A-2660(1) Resident rights. \$300.00
RCW 70.129-140(5)(a) Quality of life—Rights. \$100.00 x 3 violations**

The licensee failed to accommodate needs related to medical services when a veteran had to choose between doctors because he could only afford the \$70.00 cab fare to see one physician a month. Due to cost of cab, he experienced pain because he could not make an appointment with an additional physician to assess increased pain. Resident (veteran) was threatened with discharge due to a new non-smoking policy and had to stop smoking. Resident (veteran) had to continuously re-use incontinent briefs due to having to purchase incontinence products himself and not having the money to purchase as needed.

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

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:

Elena Madrid, Field Manager
District 1, Unit A
316 West Boone, Suite 170
Spokane, WA 99201-2351
Phone: (509) 323-7316 / Fax: (509) 329-3993

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

Formal Administrative Hearing

You may contest the civil fine by requesting a formal administrative hearing to challenge the deficiencies which resulted in the civil fines. **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.

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Send your **written** request to:

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

Payment:

If you do not request a formal administrative hearing, the civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

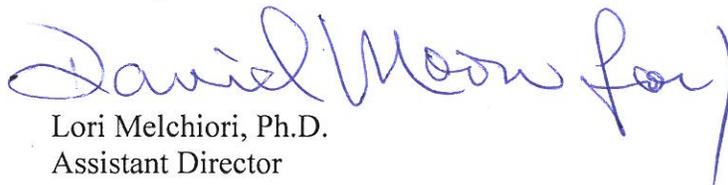
Mail a check for **\$8,500.00** payable to the 'Department of Social and Health Services' at:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

If you have any questions, please contact Elena Madrid at (509) 323-7316.

Sincerely,



Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: David Moon, Compliance Specialist
Field Manager, District 1, Unit A
RCS District Administrator, District 1
HCS District Administrator, District 1
DDD District Administrator, District 1
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Judy Plesha, HCS
BAM