



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

April 17, 2019

**CERTIFIED MAIL 7007 1490 0003 4199 0228**

Licensee, Upriver Place Inc.  
Upriver Place Inc.  
9111 E Upriver Drive  
Spokane, WA 99206

Enhanced Services Facility License #1000001

**IMPOSITION OF CIVIL FINES**

Dear Licensee:

On April 9, 2019, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection at your facility. This letter is formal notice of the imposition of civil fine on the license for your Enhanced Services Facility, located at **9111 E Upriver Drive, Spokane, WA**, pursuant to the Revised Code of Washington (RCW) 70.97.110 and Washington Administrative Code (WAC) 388-107-1430.

The civil fines are based on the following violations of the RCW and/or WAC determined by the department in your Enhanced Services Facility and described in the attached Statement of Deficiencies (SOD) report dated **April 9, 2019**

**WAC 388-0070-4(f) – Comprehensive assessment**

**\$500.00 per resident x 2 residents = \$1,000.00**

**The licensee failed to complete safe smoking assessments for residents every 180 days as required.**

**This is an uncorrected deficiency from a full inspection dated November 20, 2018 and a repeat deficiency from a full inspection dated July 18, 2017.**

**WAC 388-107-0150 – Comprehensive person-centered service plan sent to the state**

**\$200.00 per resident x 3 residents = \$600.00**

**The licensee failed to ensure a copy of the comprehensive person-centered service plan was provided to and signed by the department's case manager each time it was updated.**

**This is an uncorrected deficiency from a full inspection dated November 20, 2018 and a repeat deficiency from a full inspection dated July 18, 2017.**

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**WAC 388-107-0130(1)(d)(2)(d) – Ongoing comprehensive person-centered service plan**  
**\$200.00 per resident x 3 residents = \$600.00**

**The licensee failed to ensure the Person-Centered Service Plan was reviewed and signed by all team members after being updated.**

**This is an uncorrected deficiency from a full inspection dated November 20, 2018.**

**WAC 388-107-0330(4)(a)(i)(ii)(iii) – Pharmacy Services**  
**\$200.00 per resident x 3 residents = \$600.00**

**The licensee failed to ensure staff received medical related training from the Pharmacist.**

**This is an uncorrected deficiency from a full inspection dated November 20, 2018.**

**WAC 388-107-1580(3)(v)(ii) – Policies and procedures** **\$250.00**

**The licensee failed to implement a policy and procedure to ensure staff received education and training on medication-related subjects from a pharmacist.**

**This is an uncorrected deficiency from a full inspection dated November 20, 2018.**

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

**Plan of Correction (POC):**

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, provide a written Plan of Correction (POC)

which must include for each citation:

- a. How the facility will correct the deficiency as it relates to the resident;
- b. How the facility will act to protect residents in similar situations;
- c. Measures the facility will take, or the systems it will alter, to ensure that the problem does not recur;
- d. How the facility plans to monitor its performance to make sure that solutions are sustained;
- e. Dates when the corrective action will be completed which cannot be more than 45 days from the date of the SOD.  
Should a citation require more than 45 days to complete, you must obtain permission from the Field Manager;

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- f. The title of the person or persons responsible to ensure correction for each deficiency;
- g. Administrator Signature and date signed;
- Sign the SOD;
- Mail the SOD and POC with original signature to:

Sue Bergeron, Field Manager  
Region 1, Unit B  
316 West Boone Avenue, Suite 170  
Spokane, WA 99201  
Phone: (509) 323-7324 / Fax: (509) 329-3993

- Complete the corrections within 45 days, or sooner if directed by the department after review of your proposed correction dates.

### **Appeal Rights:**

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

#### Informal Dispute Resolution

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 10<sup>th</sup> 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

#### Formal Administrative Hearing

You may contest the civil fines 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:**

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

**The written request must be received within twenty (20) calendar days of receipt of this letter.** The Department's hearing rules are described in WAC Chapter 388-02.

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 fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$3,050.00** payable to the 'Department of Social and Health Services', **and please include on the check your ProviderOne ID Number #**, to:

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.

**NOTICE:** State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

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If you have any questions, please contact Sue Bergeron, Field Manager at (509) 323-7324.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Jackson', with a long horizontal flourish extending to the right.

Amanda Jackson  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit B  
RCS Regional Administrator, Region 1  
HCS Regional Administrator, Region 1  
DDA Regional Administrator, Region 1  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
DRW  
sg