



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

February 13, 2020

Upriver Place Inc
Upriver Place Inc
9111 E Upriver Dr
Spokane, WA 99206

RE: Upriver Place Inc License #1000001

Dear Administrator:

The Department completed a follow-up inspection of your enhanced services facility on February 12, 2020 for the deficiency or deficiencies cited in the report/s dated December 23, 2019 and found no deficiencies.

The Department staff who did the follow-up inspection:
Mara Ryan, Licensor
Tamara Tredo, Long Term Care Surveyor/Community Licensor

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

Sincerely,

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



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 #: 1000001	Completion Date
Page 1 of 4	Upriver Place Inc	December 23, 2019
	Licensee: Upriver Place Inc	

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Enhanced Services Facility license.

The department has completed data collection for the unannounced on-site full inspection on 12/17/2019, 12/18/2019, 12/19/2019, 12/20/2019 and 12/23/2019 of:

Upriver Place Inc
 9111 E Upriver Dr
 Spokane, WA 99206

The following sample was selected for review during the unannounced on-site visit: 6 of 8 current residents and 0 former residents.

The department staff that inspected the Enhanced Services Facility:
 Tamara Tredo, Long Term Care Surveyor/Community Licensor
 Mara Ryan, BSW, Licensor

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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 visit(s) the department found that you are not in compliance with the minimum licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

S. B. Residential Care Services 1/7/2020 Date

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

Ben G. S. Administrator (or Representative) 1/10/2020 Date

This document was prepared by Residential Care Services for the Locator website.

WAC 388-107-0320 Medication services.

- (1) An enhanced services facility providing medication service, either directly or indirectly, must:
- (b) Develop and implement systems that support and promote safe medication service for each resident; and

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to implement a safe medication service for one resident (#6) in a sample of six who required assistance with medications. This placed the resident at risk for negative effects related to the medication.

Findings included...

Review of Resident #6's person centered service plan dated 08/27/19 showed the resident had diagnoses of [REDACTED] and required staff assistance with all routine and as needed medications.

The medication administration records (MARs) for September-December 2019, showed the resident had a physician's order for nitro-time one capsule by mouth twice daily. The order showed the medication was to be held for a blood pressure less than 100/60 or a pulse less than 60. The MARs showed that the resident had received nitro-time twice daily from 09/01/19 to 12/04/19 without his blood pressure being check prior to administration of the medication.

Per interview on 12/19/19 at 2:50 PM, Staff F, Licensed Practical Nurse, stated that the resident's blood pressure was not checked prior to administration of the nitro-time medication. Staff F stated that health issues such as low blood pressure and fainting could result when the medication is given without checking blood pressure first.

WAC 388-107-0630 Training and home care aide certification requirements.

- (4) The enhanced services facility must ensure all enhanced services facility administrators, or their designees, and caregivers who are not exempt under subsection (1) of this section meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:
- (d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that one of five staff members (Staff E) in a sample of five had maintained first aid certification. This placed 8 residents at risk of receiving care from an unqualified staff person in the event of an emergency.

Findings included..

Review of Staff E's personnel record showed that he was hired on 06/18/19. Further review of the records showed that Staff E did not have first aid certification only cardiopulmonary resuscitation (CPR).

Review of staff schedule for 12/01/19 to 12/23/19 showed that Staff E was scheduled to work 8 evening shifts at the facility.

During an interview on 12/23/19 at 12:55 PM, Staff G, Human Resources stated that she thought that first aid and CPR were always taught together and was not aware that Staff E did not have his first aid certification.

WAC 388-107-1230 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012, and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain findings when a completed national fingerprint background check showed a negative outcome for one of five staff members (Staff B). This placed residents at risk for receiving care from staff not qualified to access vulnerable adults.

Findings included...

-Staff B was hired as a caregiver on 05/25/19. Review of staff records showed that Staff B had a fingerprint background check dated 05/09/18 (from a sister facility) with convictions and/or negative actions that were not automatically disqualifying. The source was identified as the national fingerprint background check. There was no documentation in the employee's file to show the facility had taken the additional steps to obtain the detailed findings from the fingerprint background check.

In an interview on 12:57 PM, Staff G, Human Resources, stated that she thought the facility had obtained the detailed findings from the fingerprint background check for Staff B but was not able to locate them.

WAC 388-107-0360 Medication refusal Antipsychotics.

(1) When a resident who is being administered antipsychotic medication, chooses to not take his or her medications after two or three attempts, the enhanced services facility must:
(c) Notify the physician within eight hours of the refusal.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the physician when one of six sample residents (#6), refused a scheduled antipsychotic medication. This placed the resident at risk for increased behaviors and symptoms of withdrawal.

Findings included...

Resident #6's person centered service plan (PCSP) dated 08/27/19, showed the resident had diagnoses of [REDACTED] and required assistance with all routine and as needed medications. The PCSP showed the resident had a preference for pills that were oval shaped, and the shape of the pill could determine if the resident would take the medication.

Review of the medication administration record (MAR) for October 2019 showed the resident was prescribed Olanzapine (an antipsychotic medication used to treat certain mental and mood

disorders). The physician orders were for the resident to receive two tablets for a total of 80 milligrams (mg) at 8 pm. The MAR showed the resident refused the prescribed dose on 10/30/19.

Record review of the facility's policy titled, "Medication Service Policy" dated April 2017, showed that when a resident chose not to take an antipsychotic medication, after two or three attempts, the MD must be notified within 8 hours.

The progress note for 10/30/19 showed that the resident had refused the Olanzapine, but contained no documentation that the physician was notified of the resident's refusal to take the medication.

During an interview on 12/23/19 at 11:42 AM, Staff D, Licensed Practical Nurse, stated that the nurse on duty at the time of the refusal of the antipsychotic medication was responsible for sending a notification to the primary physician. Staff D stated that he did not recall sending a fax that notified the doctor of the refusal on 10/30/19.

This is a repeat citation from a full inspection on 07/18/17

Upriver Place Survey Response and Plan of Correction

January 15, 2020

WAC 388-107-0320 Medication Services:

Upriver place will implement systems that support medication services directly and indirectly. Develop a plan to ensure that support and promote safe medication services for each resident.

Plan of Correction:

All parameters and Dr. orders will be monitored by nursing staff and followed according to prescribed orders. Upriver Place Nursing staff corrected quick MAR to restrict MAR and enable charting unless parameters were followed. All staff meeting done on January 14th – RN owner Candice J. LaPlante reviewed State survey and needed correction for nursing staff and follow up interventions.

Continue with Nursing review and monitoring.

All parameters will be followed and charted by nursing staff.

WAC 388-10-0630 Training and home care aide certification requirements:

Upriver Place will ensure Staff will meet the long-term care training requirements. ie: Cardiopulmonary resuscitation with first aid.

Plan of Correction:

Human resources and Upriver responsible staff will monitor staff training requirements and ensure that first aid is included with the CPR card and training.

Staff completed CPR and 1st aid on Dec. 30th 2019 to be in compliance.

WAC 388-107-1230 Background Checks- National background Check:

Upriver Place will complete a national fingerprint background check and follow department procedures.

Plan of Correction:

Upriver will obtain documentation in the employees file to show additional steps needed from the fingerprint background unit for the employee's file. Staff was unable to locate this file from the sister facility and staff resubmitted needed documentation.

Upriver staff will audit files and ensure this documentation is in all employee's files as indicated.

WAC 388-107-0360 Medication Refusal:

Upriver Place will attempt to offer medication two or three times- if the resident refuses to take the medication the facility will notify the physician within eight hours of the refusal.

Plan of Correction:

Upriver Place will notify Dr/PCP of resident's missed medication & doses as prescribed – staff will follow Dr/PCP instructions provided. The nurse will conduct an evaluation of the resident not getting the medication. Upriver will take appropriate action when there is a consistent pattern of the resident choosing to not take his or her medication.

Upriver Place will assess, evaluate and address medication services- Alert Dr./PCP of the missed medication and request parameters for the Resident- review procedure for medication services and missed doses.

The care staff will alert Nurse/Care Team and f/u with Dr./ PCP will be noted in the chart with Dr./PCP instructions- POC will reflect procedure for medication services and missed medication- and documentation to reflect instructions as indicated.

On January 14th a staff meeting was done and refusal procedure reviewed. The nursing staff follow-up and interviewed staffed stated that they believe the notification was done but the follow up documentation was not found or recorded. Reviewed procedure -refusal will be documented and the unit manager and support staff will be notified in the communication log and quick MAR.



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

January 7, 2020

CERTIFIED MAIL

7018 3090 0001 1182 2937

Upriver Place Inc
Upriver Place Inc
9111 E Upriver Dr
Spokane, WA 99206

RE: Upriver Place Inc License #1000001

Dear Administrator:

The Department completed a full inspection of your enhanced services facility on December 23, 2019 and found that your facility does not meet the enhanced services facility licensing requirements.

The Department:

- Wrote the enclosed report;
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

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, complete and return the enclosed "Plan/Attestation Statement";
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - o Mail the Plan/Attestation Statement with original signatures to:

Susan Bergeron, Field Manager
Residential Care Services
Region 1, Unit B
316 W Boone Ave., Suite 170
Spokane, WA 99201

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

Consultation:

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-107-0100 Person-centered service planning team. The enhanced services facility must develop and maintain a person-centered service planning team for each resident. The ESF must:

(1) Ensure the person-centered service planning team includes the resident, the resident's representative when applicable; individuals chosen by the resident, a mental health professional, nursing staff, the medicaid client's department case manager, and other persons as needed;

The facility did not ensure there was a consistent system in place to inform and invite residents to their monthly team treatment meetings.

You Are Not:

- Required to submit a plan-of-correction for the consultation deficiency or deficiencies not listed on the enclosed report.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

- Please contact me at (509) 323-7324.

Sincerely,



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

Enclosure