STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

07/21/2023

Rural Resources Community Action
Allegiance Supported Living
PO Box 379
Chewelah, WA 99109

RE: Allegiance Supported Living # 2175

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 27011 (Completion Date 07/21/2023) and 24992 (Completion Date 06/15/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/21/2023 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

The Department staff who did the On Site verification:
Anne Sinclair, NCI Community Complaint Investigator
Sandra Fast, Community Complaint Investigator

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

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

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Residential Care Services
Investigation Summary Report

Provider/Facility: Allegiance Supported Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2175
Intake ID: 83600
Compliance Determination #: 24992
Region/Unit #: RCS Region 1 / Unit B
Investigator: Anne Sinclair
Investigation Date(s): 06/06/2023 through 06/15/2023
Complainant Contact Date(s):

Allegation(s):

1. Resident to resident abuse allegation.
2. Staff to resident abuse allegation.

Investigation Methods:

Sample:	Total residents: 19 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Staff to resident interactions Resident to resident interactions Resident rooms
Interviews:	Residents Resident Care Coordinator Caregiver Medtech
Record Reviews:	Sample residents face sheet Sample residents negotiated service agreement Facility policy on resident safety reporting Disclosure of services Characteristic roster Staff Roster Facility investigation

Investigation Summary:

1. Facility staff interviewed reported they had known about a resident reporting a concern about another resident while on a facility outing, had provided immediate redirection to named resident, and provided for resident safety. Resident interviewed reported facility staff had redirected named resident after reporting concerns to staff at time of concern, and had no concerns with staff response to care needs. Residents interviewed stated they felt safe in the facility, and can talk to staff about concerns. No failed facility practice.
2. Facility staff interviewed reported knowledge of an allegation of abuse involving a

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staff member and a resident and failed to report the allegation of abuse/neglect to the the department. Facility staff reported to RCS staff while onsite that that they had not completed a facility investigation of the allegation. Facility failed practice for WAC 388-78A-2630(1)(a) Reporting abuse and Neglect, and WAC 388-78A-2371(1)(2)(4) Investigations.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2175	Compliance Determination # 24992
Plan of Correction	Allegiance Supported Living	Completion Date
Page 1 of 4	Licensee: Rural Resources Community Action	06/15/2023

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

The department completed data collection for an unannounced on-site complaint investigation on 06/06/2023, 06/06/2023 and 06/06/2023 of:

Allegiance Supported Living
N 413 Kruger St
Chewelah, WA 99109

This document references the following complaint number(s): 83600

The following sample was selected for review during the unannounced on-site visit: 5 of 19 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anne Sinclair, NCI Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

As a result of the on-site visit(s), 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

06/28/2023
Date

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

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Statement of Deficiencies	License #: 2175	Compliance Determination # 24992
Plan of Correction	Allegiance Supported Living	Completion Date
Page 2 of 4	Licensee: Rural Resources Community Action	06/15/2023

Tracy L Ferrell. July 5, 2023
Administrator (or Representative) Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to immediately report an allegation of sexual abuse for 1 of 5 residents (Residents 1). This failure to report placed residents at risk due to the department not having immediate knowledge to conduct an investigation and placed the residents at risk of abuse.

Findings included...

Review of a facility incident report, dated 06/07/2023, showed an allegation was made that Staff B, Caregiver, had been sexually inappropriate with Resident 1.

In an interview on 05/31/23 at 11:08am, Collateral Contact 1 (CC1) stated that Resident 2 reported to them that they observed inappropriate interactions between Staff B and Resident 1, to include favoritism, special treatment, and inappropriate touching.

In an interview on 06/08/2023 at 9:40AM, Staff A, Resident Care Coordinator, stated that on 05/31/2023, they became aware of the allegation of sexual abuse involving Staff B and Resident 1. Staff A further stated they had not called in the allegation of sexual abuse to the department because they "didn't know what the specific concerns were."

Review of the department's reporting data base showed the facility reported the incident on 06/08/2023, two days after the department was onsite to investigate the allegation, and eight days after the facility became aware of the sexual abuse allegation.

Plan/Attestation Statement

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

Statement of Deficiencies	License #: 2175	Compliance Determination # 24992
Plan of Correction	Allegiance Supported Living	Completion Date
Page 3 of 4	Licensee: Rural Resources Community Action	06/15/2023

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, Allegiance Supported Living is or will be in compliance with this law and / or regulation on (Date) ~~July 1, 2023~~ June 30, 2023

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Tracy L. Ferrell
Administrator (or Representative)

July 5, 2023
Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to investigate and document their investigation for an allegation of alleged sexual abuse for 1 of 5 residents (Resident 1). This failure placed the resident at risk of harm as the facility was not able to provide documentation that showed if the facility acted and implemented preventative measures to avoid further risk of harm.

Findings included...

In an interview on 5/31/23 11:08am, Collateral Contact 1 (CC1) stated that Resident 2 witnessed inappropriate sexual behavior between Staff B, Caregiver, and Resident 1. CCI further stated that Staff B displayed favoritism and inappropriate behavior towards Resident 1.

In Interview on 06/08/2023 at 9:40AM, Staff A, Resident Care Coordinator, stated they became aware of the allegation of sexual abuse between Staff B and Resident 1 on 05/31/2023.

Review of a facility investigation, dated 06/07/2023, showed the facility began their investigation into the allegation of sexual abuse of Resident 1 by Staff B on 06/07/2023, seven days after becoming aware of the allegation, and after the department had initiated an investigation.

Plan/Attestation Statement

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Statement of Deficiencies	License #: 2175	Compliance Determination # 24992
Plan of Correction	Allegiance Supported Living	Completion Date
Page 4 of 4	Licensee: Rural Resources Community Action	06/15/2023

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, Allegiance Supported Living is or will be in compliance with this law and / or regulation on (Date) ~~July 1, 2023~~ June 30, 2023.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Tracy L Ferrell
Administrator (or Representative)

July 5, 2023
Date

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