STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Kenneth Russell Roughton
Patit Creek Adult Residential Care
PO BOX 49
DAYTON, WA 99328

RE: Patit Creek Adult Residential Care License # 1180

Dear Administrator:

This letter addresses Compliance Determination(s) 76578 (Completion Date 04/28/2026) and 75587 (Completion Date 04/10/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/28/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2466-1-a, WAC 388-78A-2474-2-e, WAC 388-112A-0611-1-a-i

The Department staff who did the on-site verification:
Brian Zbylski, ALF Licensor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 the unannounced on-site full inspection on 04/07/2026, 04/08/2026 and 04/09/2026 of:

Patit Creek Adult Residential Care
423 W Main St
Dayton, WA 99328

The following sample was selected for review during the unannounced on-site visit: 5 of 26 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jennifer Lee, Assisted Living Facility Licensor
Brian Zbylski, ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

Statement of Deficiencies	License #: 1180	Compliance Determination # 75597
Plan of Correction	Patit Creek Adult Residential Care	Completion Date
Page 2 of 5	Licensee: Kenneth Russell Roughton	04/10/2026

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 — 04/13/2026 (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.

Administrator (or Representative) — 4.17.26 (Date)

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that Washington state name and date of birth background checks were completed within two years of their previous background checks for 3 of 4 staff (Staff B, C, and D). This failure resulted in residents receiving care and services from staff who potentially had a disqualifying criminal background record.

Findings included...

<Staff B>

Observation on 04/07/2026 at 11:00 AM, showed Staff B, Housekeeper, mopped the floor in the hallway outside resident rooms.

Review of Staff B's personnel file showed a current Washington state name and date of birth background check was completed on 10/24/2025. Further review showed a previous background check was completed on 10/11/2023.

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 | 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.

Administrator (or Representative) | Date

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Based on observation, interview and record review, the facility failed to ensure that Washington state name and date of birth background checks were completed within two years of their previous background checks for 3 of 4 staff (Staff B, C, and D). This failure resulted in residents receiving care and services from staff who potentially had a disqualifying criminal background record.

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Review of Staff B's personnel file showed a current Washington state name and date of birth background check was completed on 10/24/2025. Further review showed a previous background check was completed on 10/11/2023.

<Staff C>

Review of Staff C's, Assistant Administrator/Caregiver, personnel file showed a current Washington state name and date of birth background check was completed on 11/03/2025. Further review showed a previous background check was completed on 10/11/2023.

Observation on 04/09/2026 at 9:23 AM showed Staff C interacted with and provided a snack to a resident in the dining room.

<Staff D>

Review of the staff schedule showed that Staff D, Shift Manager/Caregiver, worked a total of five nightshifts between 03/22/2026 and 04/05/2026.

Review of Staff D's personnel file showed a current Washington state name and date of birth background check was completed on 11/03/2025. Further review showed a previous background check was completed on 10/20/2023.

In an interview on 04/08/2026 at 3:06 PM, Staff E, Administrator, stated that they had staff update their background checks according to the month in which they were due but not the specific day of the month they were due, which led to the checks not being completed within the two-year time frame.

Plan/Attestation Statement

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, Patit Creek Adult Residential Care is or will be in compliance with this law and / or regulation on (Date) 4.17.26 .

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

Maw Roughton
Administrator (or Representative)

4.17.26
Date

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

<Staff C>

Review of Staff C's, Assistant Administrator/Caregiver, personnel file showed a current Washington state name and date of birth background check was completed on 11/03/2025. Further review showed a previous background check was completed on 10/11/2023.

Observation on 04/09/2026 at 9:23 AM showed Staff C interacted with and provided a snack to a resident in the dining room.

<Staff D>

Review of the staff schedule showed that Staff D, Shift Manager/Caregiver, worked a total of five nightshifts between 03/22/2026 and 04/05/2026.

Review of Staff D's personnel file showed a current Washington state name and date of birth background check was completed on 11/03/2025. Further review showed a previous background check was completed on 10/20/2023.

In an interview on 04/08/2026 at 3:05 PM, Staff E, Administrator, stated that they had staff update their background checks according to the month in which they were due but not the specific day of the month they were due, which led to the checks not being completed within the two-year time frame.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(i) A certified home care aide;

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that annual continuing education requirements were completed by 1 of 4 staff (Staff D). These failures resulted in residents receiving care and services from staff who had not completed required training, and placed the residents at risk of unmet care needs.

Findings included…

Review of Staff D's, Shift Manager/Caregiver, personnel file showed a hire date of 01/23/2023. Further review showed that Staff D completed nine of 12 continuing education (CE) requirements for the most recent year.

Review of the staff schedule showed that Staff D worked a total of five nightshifts between 03/22/2026 and 04/05/2026.

In an interview on 04/09/2026 at 9:18 AM, Staff E, Administrator, stated that Staff D had not completed their annual CEs by their renewal requirement date.

Statement of Deficiencies	License #: 1180	Compliance Determination #75587
Plan of Correction	Patit Creek Adult Residential Care	Completion Date
Page 6 of 6	Licensee: Kenneth Russell Roughton	04/10/2026

Plan/Attestation Statement

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, Patit Creek Adult Residential Care is or will be in compliance with this law and / or regulation on (Date) 4.17.26

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

Mary Roughton
Administrator (or Representative)

4.17.26
Date

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date