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

APPLE SPRINGS ASSISTED LIVING LLC
APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE
1001 SENNA STREET
OMAK, WA 98841

RE: APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE License # 1277

Dear Administrator:

This letter addresses Compliance Determination(s) 66034 (Completion Date 09/24/2025) and 63269 (Completion Date 07/31/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/24/2025 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-2630-1-a, WAC 388-78A-2630-1-b, WAC 388-78A-2630-1, WAC 388-78A-2140-5

The Department staff who did the on-site verification:
Amy Wright, NCI Complain Investigator

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE
License/Cert.#: 1277
Compliance Determination #: 63269
Investigator: Amy Wright
Provider Type: Assisted Living Facility
Intake ID: 186852
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 07/28/2025 through 07/31/2025
Complainant Contact Date(s): 07/28/2025, 08/05/2025

Allegation(s):
Resident making unwanted sexual advances towards other residents i.e. groping, kissing, entering rooms without permission.

Investigation Methods:

Sample:	Total residents: 50 Resident sample size: 5 Closed records sample size: 0
Observations:	Alleged Perpetrator Residents Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Reporter Resident Services Director Alleged Perpetrator Residents Resident Representative Alleged Victim's Representative
Record Reviews:	*Disclosure of Services *Characteristic roster *Staff roster *Resident face sheets *Resident care plan *Progress notes *Incident investigation *Resident Abuse Policy *Staff education record *Provider visit note

Investigation Summary:

The facility failed to document, in the Alleged Perpetrator's negotiated service agreement, their history of sexually inappropriate behaviors toward others. Additionally, the facility failed to report to the department and law enforcement an instance of suspected assault by the Alleged Perpetrator. Failed facility practice identified and cited under WAC 388-78A-2630 Reporting abuse and neglect (1)(a)(b) and WAC 388-78A-2140 Negotiated service agreement contents (5).

Conclusion / Action:

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

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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 07/28/2025 of:

APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE
1001 SENNA STREET
OMAK, WA 98841

This document references the following complaint number(s): 186852

The following sample was selected for review during the unannounced on-site visit: 5 of 50 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Amy Wright, NCI Complain 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.

J. Salquist
Residential Care Services

08/07/2025
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.

Dawn Cooper
Administrator (or Representative)

8/12/2025
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

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff persons reported to law enforcement and the department, an instance of suspected sexual abuse for 3 of 3 staff (Staff A, Staff B, and Staff C), impacting 2 of 3 residents (Resident 1 and Resident 2). This failure placed residents at risk for lack of prevention, protection and investigation of suspected sexual abuse toward residents.

Findings included...

Review of an undated facility policy, titled, "Resident Abuse," showed that sexual abuse included sexual assault. Review of the policy showed that all employees were considered mandated reporters and all employees were required by law to report any reasonable incident of suspected abuse. Further review of the policy showed that in cases of suspected sexual assault, employees were also required to immediately notify local law enforcement.

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

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

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff persons reported to law enforcement and the department, an instance of suspected sexual abuse for 3 of 3 staff (Staff A, Staff B, and Staff C), impacting 2 of 3 residents (Resident 1 and Resident 2). This failure placed residents at risk for lack of prevention, protection and investigation of suspected sexual abuse toward residents.

Findings included…

Review of an undated facility policy, titled, “Resident Abuse,” showed that sexual abuse included sexual assault. Review of the policy showed that all employees were considered mandated reporters and all employees were required by law to report any reasonable incident of suspected abuse. Further review of the policy showed that in cases of suspected sexual assault, employees were also required to immediately notify local law enforcement.

<Staff A>

In an interview on 07/28/2025 at 12:06 PM, Staff A, Resident Services Director, stated that Resident 2 alleged that Resident 1 grabbed their breast on 07/09/2025. Staff A stated the facility did not report the incident to the department.

<Staff B>

In an interview on 07/28/2025 at 12:45 PM, Staff B, Registered Nurse, stated that Resident 1 allegedly touched Resident 2's breast. Staff B stated they did not believe the incident was reported to the department.

<Staff C>

In an email communication sent on 07/30/2025 at 1:18 PM, Staff C, Executive Director, stated there were no law enforcement notifications made for the allegations against Resident 1.

Review of the department's reporting database showed no facility reports related to Resident 1 having allegedly grabbed Resident 2's breast.

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, APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE is or will be in compliance with this law and / or regulation on (Date) 9/1/2025

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

Dean Cooper
Administrator (or Representative)

8/12/25
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(5) Appropriate behavioral interventions, if needed;

<Staff A>

In an interview on 07/28/2025 at 12:06 PM, Staff A, Resident Services Director, stated that Resident 2 alleged that Resident 1 grabbed their breast on 07/09/2025. Staff A stated the facility did not report the incident to the department.

<Staff B>

In an interview on 07/28/2025 at 12:45 PM, Staff B, Registered Nurse, stated that Resident 1 allegedly touched Resident 2's breast. Staff B stated they did not believe the incident was reported to the department.

<Staff C>

In an email communication sent on 07/30/2025 at 1:18 PM, Staff C, Executive Director, stated there were no law enforcement notifications made for the allegations against Resident 1.

Review of the department's reporting database showed no facility reports related to Resident 1 having allegedly grabbed Resident 2's breast.

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, APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that the resident's negotiated service agreement included interventions to prevent recurrence of sexually inappropriate behaviors toward others for 1 of 1 resident (Resident 1). This failed practice placed residents at risk of unwanted sexual advances by Resident 1.

Findings included…

Review of an undated face sheet for Resident 1 showed they admitted to the facility on [redacted]/2025.

Review of a negotiated service agreement (NSA) for Resident 1, dated 04/09/2025, did not show that Resident 1 had a history of sexually inappropriate behaviors toward others. Further review of the NSA showed that it did not include interventions to prevent these recurring behaviors.

Review of a progress note for Resident 1, dated 07/09/2025 at 2:00 PM, showed that on that day, Resident 2's family member notified Staff C, Executive Director, that Resident 1 grabbed Resident 2's breast.

Review of a progress note for Resident 1, dated 07/18/2025 at 2:56 PM and written by Staff C, showed that because there was an open investigation for possible sexual assault of Resident 2 by Resident 1, the facility was implementing every 30-minute checks for Resident 1 to ensure they did not go into other residents' rooms, have other residents in their room, or make inappropriate comments or actions toward other residents. The progress note showed that Staff C scheduled a doctor's appointment for Resident 1 for 07/21/2025 to discuss the resident's behaviors.

In an interview on 07/28/2025 at 12:06 PM, Staff A, Resident Services Director, stated the facility was unaware of Resident 1 having any sexually inappropriate behaviors prior to Resident 1 moving in. Staff A stated that the first time they heard about any kind of behaviors for Resident 1 was through the resident's doctor who notified the facility on 04/01/2025 that Resident 1 had a history of going into other residents' rooms.

In an interview on 07/28/2025 at 12:45 PM, Staff B, Registered Nurse, stated that Resident 1 walked in on Resident 3 while they were sleeping and Resident 3 woke up to find Resident 1 standing over them. During the same interview, Staff B stated that Resident 5 invited Resident 1 into their room and Resident 1 forced themselves on Resident 5 and started kissing them.

In an interview on 07/28/2025 at 1:17 PM, Resident 5 confirmed that a resident came into their room and started kissing them so they kicked them out.

As of 07/29/2025, there were no updates to Resident 1's NSA regarding their inappropriate sexual advances toward others or interventions to prevent these recurring behaviors.

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, APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE is or will be in compliance with this law and / or regulation on (Date) 9/1/2025.

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

Dewan Cooper 8/15/25

Administrator (or Representative) Date

As of 07/29/2025, there were no updates to Resident 1's NSA regarding their inappropriate sexual advances toward others or interventions to prevent these recurring behaviors.

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, APPLE SPRINGS RETIREMENT AND ASSISTED LIVING RESIDENCE is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date