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

SPOKN LLC
FAIRWINDS - SPOKANE
520 EAST HOLLAND AVE
SPOKANE, WA 99218

RE: FAIRWINDS - SPOKANE License # 1455

Dear Administrator:

This letter addresses Compliance Determination(s) 45766 (Completion Date 08/16/2024) and 43833 (Completion Date 07/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/16/2024 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-2710-3-b

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

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

Sincerely,

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

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

Licensee: SPOKN LLC
FAIRWINDS - SPOKANE
520 EAST HOLLAND AVE
SPOKANE, WA 99218

RE: FAIRWINDS - SPOKANE License # 1455

Dear Administrator:

The Department completed a full inspection and a complaint investigation of your Assisted Living Facility on 07/15/2024 and found that your facility does not meet the Assisted Living Facility licensing requirements.

The Department:

- Wrote the enclosed Statement of Deficiencies (SOD) report; and
- 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 and report with original signatures to:

Stephanie Jenks, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (509)993-7821.

Sincerely,

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

Enclosure

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

Statement of Deficiencies	License #: 1455	Compliance Determination # 43833
Plan of Correction	FAIRWINDS - SPOKANE	Completion Date
Page 3 of 5	Licensee: SPOKN LLC	07/15/2024

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 and complaint investigation on 07/11/2024, 07/12/2024 and 07/15/2024 of:

FAIRWINDS - SPOKANE
520 EAST HOLLAND AVE
SPOKANE, WA 99218

This document references the following complaint numbers: 138246.

The following sample was selected for review during the unannounced on-site visit: 9 of 57 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Joy Pipgras, LTC Surveyor
Brian Zbylski, ALF Licensor
Carla Rose, NCI Community Licensor

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 — 07/16/2024 Date

Statement of Deficiencies	License #: 1455	Compliance Determination # 43833
Plan of Correction	FAIRWINDS - SPOKANE	Completion Date
Page 4 of 5	Licensee: SPOKN LLC	07/15/2024

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.

Jane Brown — Administrator (or Representative)

07/23/2024 — Date

WAC 388-78A-2710 Disclosure of services.

(3) The assisted living facility must provide a minimum of thirty days written notice to the residents and the residents' representatives, if any:

(b) Before the effective date of any voluntary decrease in the scope of care or services provided by the assisted living facility, and any such decrease in the scope of services provided will not result in the discharge of one or more residents.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to send written notification to residents and their representatives regarding a reduction in weekly nursing hours. This failed practice prevented residents and their representatives from having knowledge of reduced weekly nursing services.

Findings included...

Review of the facility's Disclosure of Services, dated February 2017, showed the facility had a Registered Nurse (RN) in the building six hours each week and a Licensed Practical Nurse (LPN) in the building 40 hours per week.

In an interview on 07/15/2024 at 10:41 AM, Staff F, General Manager, confirmed that they had an RN on-site 16 hours per week and they no longer utilized LPNs. Staff F stated that the reduction in weekly nursing hours was effective August 2023. Staff F further stated that the residents and their representatives were not notified in writing of the reduction in weekly nursing hours.

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, FAIRWINDS - SPOKANE is or will be in compliance with this law and / or regulation on (Date) 08/01/2024.

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

Statement of Deficiencies	License #: 1455	Compliance Determination # 43833
Plan of Correction	FAIRWINDS - SPOKANE	Completion Date
Page 5 of 5	Licensee: SPOKN LLC	07/15/2024

Administrator (or Representative) 07/23/2024 Date