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

FERRY COUNTY PUBLIC HOSPITAL DISTRICT #1
KLONDIKE HILLS
36 KLONDIKE RD
REPUBLIC, WA 991660000

RE: KLONDIKE HILLS License # 1941

Dear Administrator:

This letter addresses Compliance Determination(s) 67745 (Completion Date 10/28/2025) and 64859 (Completion Date 09/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/28/2025 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-24642-1, WAC 388-78A-2180-1-b, WAC 388-78A-2150, WAC 388-78A-2150-1, WAC 388-78A-2150-2, WAC 388-78A-2150-3

The Department staff who did the on-site verification:
Tethra Wales, Assisted Living Facility Licensor

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

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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 the unannounced on-site full inspection on 08/19/2025, 08/20/2025, 08/21/2025, 08/25/2025 and 08/26/2025 of:
KLONDIKE HILLS
36 KLONDIKE RD
REPUBLIC, WA 991660000

The following sample was selected for review during the unannounced on-site visit: 7 of 14 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tethra Wales, Assisted Living Facility 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 — 09/09/2025 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.

Administrator (or Representative) — Sept 18 2025 Date

WAC 388-78A-24642 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 upon interview and record review, the facility failed to complete a national fingerprint background check for 1 of 5 staff (Staff B). This failure resulted in residents receiving unsupervised care and services from a potentially disqualified caregiver.

Findings included...

Review of the facility's staff list showed a hire date for Staff B, Nursing Assistant Certified, of 04/27/2024.

Review of the August 2025 facility schedule showed that Staff B worked 08/05/2025, 08/06/2025, 08/07/2025, 08/12/2025, 08/13/2025, 08/14/2025, 08/19/2025, 08/20/2025, and 08/21/2025.

Review of Staff B's personnel file showed no documentation of a completed national fingerprint background check.

In an interview on 08/25/2025 at 1:21 PM, Staff A, Administrator, confirmed no fingerprint background check was conducted for Staff B.

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, KLONDIKE HILLS is or will be in compliance with this law and / or regulation on (Date) Sept 11, 2025

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

Administrator (or Representative) [signature] Date Sept 18, 25

WAC 388-78A-2180 Activities. The assisted living facility must:

(1) Provide space and staff support necessary for:

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to provide residents with three group activities a week for 3 of 3 residents (Resident 1, 4, and 5) sampled for activities. This failure resulted in the absence of opportunities for enrichment, stimulation and connection for residents in the facility.

Findings included...

In an interview on 08/19/2025 at 12:51 PM, Staff A, Administrator, stated that they were unable to provide four weeks of activity schedules to the department. Staff A further stated that they did not keep documentation of the activities offered and that they utilized a calendar on the wall outside of the dining room that was updated when an activity was planned.

Observation on 08/20/2025 at 2:14 PM of a large wipe-on, wipe-off calendar on the wall outside of the dining room showed that "walks, one-on-one, trivia, and daily Chronicle [local newspaper]" were listed every day with no corresponding times. Further observation showed that "Bible Study" was listed at one PM every Monday, "Mani" [manicures] on Fridays with no assigned time, "movie" at 10am on Saturdays, and "Buffy Craft" on 08/11/2025 and 08/25/2025 with no time given.

In an interview on 08/21/2025 at 2:08 PM, Resident 1 stated that "there's just nothing to do here" and that activities took place once every few months. Resident 1 further stated that they always attended the activities when offered. Resident 1 stated that the facility

had the materials to play bingo and that "once in awhile" a staff member would come in on their day off and do bingo. Resident 1 stated that every time there was a meeting with residents, they shared that there was not enough to do at the facility and that they missed opportunities to connect with other residents. When asked about "trivia" listed on the wall calendar, Resident 1 stated that Staff D asked trivia questions at the end of dinner a couple nights a week for approximately ten minutes. When asked about "mani" on the wall calendar, Resident 1 stated that the facility assisted with trimming of resident's nails but did not offer an activity where residents painted their nails. Resident 1 further stated that someone from outside the facility came every two months and offered manicures, but that residents had to pay for the service. Resident 1 stated that they have shown up to activities listed on the calendar but no staff showed up to facilitate. Resident 1 further stated that the most consistent activity was led by an employee of the library that visited the facility.

In an interview on 08/26/2025 at 9:30 AM, Resident 4 stated that there were "precious few activities" and that they were not well-managed. Resident 4 further stated that when staff mentioned an upcoming activity "sometimes they follow through, sometimes they don't."

In an interview on 08/26/2025 at 12:26 PM, Resident 5 stated that they would like there to be more activities at the facility. When asked about "mani" listed on the wall calendar, Resident 5 stated that staff helped paint residents' nails, that it was done one at a time in a resident's room, and that it was not offered every week. Resident 5 stated that they always attend the activities and that it had been a long time since they've played bingo.

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, KLONDIKE HILLS is or will be in compliance with this law and / or regulation on (Date) Oct 17, 25 .

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

Administrator (or Representative) Date Sept 18, 25

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to

sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that negotiated service agreements were signed by the resident or the resident's representative, a facility representative, or the case manager for 5 of 5 residents (Resident 1, 4, 5, 6, and 7) sampled for signatures on the negotiated service agreement. This failure placed residents at risk of unmet care needs and receiving services that were not agreed upon.

Findings included...

Review of Resident 1's Klondike Hill's Assessment (the facility's combined assessment and negotiated service agreement), dated 04/04/2025, showed that the agreement did not contain the required signatures from the resident, the resident's representative, the facility's representative, or the case manager for the resident.

Review of Resident 4's Klondike Hill's Assessment, dated 04/15/2025, showed that the agreement did not contain the required signatures from the resident, the resident's representative or the facility's representative.

Review of Resident 5's Klondike Hill's Assessment, dated "March 2024", showed that the agreement did not contain the required signatures from the resident, the resident's representative or the facility's representative.

Review of Resident 6's Klondike Hill's Assessment, dated 04/05/2025, showed that the agreement did not contain the required signatures from the resident, the resident's representative, the facility's representative, or the case manager for the resident.

Review of Resident 7's Klondike Hill's Assessment, dated 04/05/2025, showed that the agreement did not contain the required signatures from the resident, the resident's representative or the facility's representative.

In an interview on 08/26/2025 at 9:20 AM, Staff A stated that they could not locate signature pages for the sampled residents.

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, KLONDIKE HILLS is or will be in compliance with this law and / or regulation on (Date) Oct 17, 2025 .

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

Administrator (or Representative) [signature] Date Sept 18, 25