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

AVALON PROGRESSIVE CARE LLC

AVALON PROGRESSIVE CARE LLC
1937 2ND AVE
CLARKSTON, WA 99403

RE: AVALON PROGRESSIVE CARE LLC License # 2039

Dear Administrator:

This letter addresses Compliance Determination(s) 69145 (Completion Date 11/25/2025) and 67498 (Completion Date 10/21/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/25/2025 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-2305-1

The Department staff who did the on-site verification:
Carla Rose, NCI Community 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

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

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 10/20/2025 and 10/21/2025 of:

AVALON PROGRESSIVE CARE LLC
1937 2ND AVE
CLARKSTON, WA 99403

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

The department staff that inspected the Assisted Living Facility:

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

Statement of Deficiencies	License #: 2039	Compliance Determination #: 57496
Plan of Correction	AVALON PROGRESSIVE CARE LLC	Completion Date
Page 2 of 4	Licensee: AVALON PROGRESSIVE CARE LLC	10/21/2025

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 — 10/30/2025 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) — 11/10/2025 Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure that food was stored and served in compliance with the Washington State Retail Food Code Chapter 246-215 WAC in 1 of 1 kitchen (Facility Kitchen). This failed practice placed residents at risk of food borne illness.

Findings included...

Per the Washington State Retail Food Code 03526 (2)(4)(c), refrigerated, ready-to-eat food must be clearly marked when the original container is opened and with a procedure to discard food on or before the last date by which the food must be consumed.

Per the Washington State Retail Food Code 03309, Food storage containers, must be identified with common name of food, unless a food is unmistakably recognized, foods removed from their original package must be identified with the common name of the food.

Observation on 10/20/2025 at 12:25 PM showed the following foods in the refrigerator:

-Two undated Ziplock bags that contained shredded cheese.
-One unlabeled and undated Ziplock bag that contained an unidentified meat that

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Residential Care Services | Date

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Administrator (or Representative) | Date

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Per the Washington State Retail Food Code 03309, Food storage containers, must be identified with common name of food, unless a food is unmistakably recognized, foods removed from their original package must be identified with the common name of the food.

Observation on 10/20/2025 at 12:25 PM showed the following foods in the refrigerator:

-Two undated Ziplock bags that contained shredded cheese.
-One unlabeled and undated Ziplock bag that contained an unidentified meat that

appeared to be Spam.
-One unlabeled and undated glass bowl that contained a yellow substance that appeared to be custard.
-One undated package that contained half of a left-over berry pie.

Observation on 10/21/2025 at 10:55 AM, showed there were bottles of condiments in the refrigerator that had been opened but not marked with the date they were opened. Further review showed the following foods had expired per the manufacturer's expiration dates:

-Minced garlic with an expiration date of 12/01/2017.
-Honey mustard with an expiration date of 02/08/2022.
-Chick-fil-a sauce with an expiration date of 01/20/2022.
-Sweet Baby Rays BBQ sauce with an expiration date of 08/20/2023.
-Sweet Baby Rays BBQ sauce with an expiration date of 04/17/2024.
-Mustard with an expiration date of 08/22/2024.
-Pace picante sauce with an expiration date of 12/20/2024.
-Sweet relish with an expiration date of 09/20/2024.
-Dill relish with an expiration date of 10/2024.
-Maggi seasoning sauce with an expiration date of 11/2024.
-Kinder Teriyaki sauce with an expiration date of 04/20/2025.
-Horseradish sauce with an expiration date of 04/22/2025.

In an interview on 10/20/2025 at 12:35 PM, Staff A, Administrator, stated that they had not been dating the bottles of condiments when they were opened. Staff A stated that care staff were supposed to check the refrigerator for foods that needed to be discarded. Staff A further stated that the other foods (not the condiments) should have been labeled and dated.

Per the Washington State Retail Food Code 02310 (8), (9), food workers shall clean their hands before donning gloves for working with ready to eat foods and after engaging in other activities that contaminate the hands or gloves.

Observation on 10/21/2025 at 11:45 AM, showed Staff E, Registered Nurse, prepared and served lunch for residents. Staff E donned gloves and then performed the following sequence with the same gloved hands:

-Opened the refrigerator and removed a bag of shredded cheese.
-Opened the shredded cheese.
-Opened the microwave to remove a bowl of green beans.
-Opened a drawer and removed a serving utensil.
-Opened the butter dish.
-Picked up a dinner roll with the same gloved hands and placed butter on the dinner roll.
-Picked up the lunch tray and handed it to one of the care staff.
-Served meatballs onto another dish.

Statement of Deficiencies	License #: 2039	Compliance Determination #: 57498
Plan of Correction	AVALON PROGRESSIVE CARE LLC	Completion Date
Page 4 of 4	Licensee: AVALON PROGRESSIVE CARE LLC	10/21/2025

-With the same gloved hands, picked up another dinner roll and placed it onto a dish.

In an interview on 10/21/2025 at 3:26 PM, Staff E stated that they did have some training upon hire that pertained to cross contamination. Staff E further stated that much of their food preparation training came from the Washington food handler's certification training.

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, AVALON PROGRESSIVE CARE LLC is or will be in compliance with this law and / or regulation on (Date) 10/22/2025.

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

Carol A Sallee
Administrator (or Representative)

11/10/2025
Date

-With the same gloved hands, picked up another dinner roll and placed it onto a dish.

In an interview on 10/21/2025 at 3:25 PM, Staff E stated that they did have some training upon hire that pertained to cross contamination. Staff E further stated that much of their food preparation training came from the Washington food handler's certification training.

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

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

AVALON PROGRESSIVE CARE LLC
AVALON PROGRESSIVE CARE LLC
1937 2ND AVE
CLARKSTON, WA 99403

RE: AVALON PROGRESSIVE CARE LLC # 2039

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/21/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

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 Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
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.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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;

A resident recently had a fall which resulted in a significant injury. The facility investigated but did not document the investigation. The facility completed the documentation for the investigation prior to the conclusion of the inspection.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

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 You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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

Enclosure