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

BCD PULLMAN LLC
Regency Pullman
1285 SW Center St
Pullman, WA 99163

RE: Regency Pullman License # 2060

Dear Administrator:

This letter addresses Compliance Determination(s) 69293 (Completion Date 11/25/2025) and 66662 (Completion Date 10/07/2025).

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-2140-1-a, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2160, WAC 388-78A-2290-1, WAC 388-78A-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, WAC 388-78A-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2466, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a

The Department staff who did the on-site verification:
Veronica Jackson, 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

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 and complaint investigation on 09/30/2025, 10/01/2025, 10/02/2025 and 10/03/2025 of:

Regency Pullman
1285 SW Center St
Pullman, WA 99163

This document references the following complaint numbers: 196192.

The following sample was selected for review during the unannounced on-site visit: 7 of 54 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Patricia Eddy, Community Licensor
Veronica Jackson, Assisted Living Facility Licensor
Joy Pipgras, LTC Surveyor

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 — 10/16/2025 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) — 10/16/25 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:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure skin integrity monitoring was included in the resident's record for 1 of 7 residents (Resident 1) with a known and observable skin condition. This failure placed the resident at risk for harm and unmet care needs.

Findings included...

Review of Resident 1's Face Sheet showed that the resident was admitted to the facility on [redacted]/2025 and was diagnosed with [redacted]. Further review showed a photo taken of Resident 1 upon admission to the facility, with a dark colored skin irregularity on their nose.

Observation on 10/01/2025 at 11:34 AM showed that Resident 1 had a one inch by one-inch dark lesion (abnormal skin tissue) that resembled a scab on their nose.

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-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:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(ii) The resident's full assessments;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure skin integrity monitoring was included in the resident's record for 1 of 7 residents (Resident 1) with a known and observable skin condition. This failure placed the resident at risk for harm and unmet care needs.

Findings included…

Review of Resident 1's Face Sheet showed that the resident was admitted to the facility on [redacted]/2025 and was diagnosed with [redacted]. Further review showed a photo taken of Resident 1 upon admission to the facility, with a dark colored skin irregularity on their nose.

Observation on 10/01/2025 at 11:34 AM showed that Resident 1 had a one inch by one-inch dark lesion (abnormal skin tissue) that resembled a scab on their nose.

Review of Resident 1's Care Evaluation, dated 07/23/2025, showed no documentation related to skin cancer. Further review showed that Resident 1 had no ongoing issues with wounds

Review of Resident 1's Service Plan, dated 07/29/2025, showed no documentation related to skin cancer.

In an interview on 10/02/2025 at 8:58 AM, Staff G, Assistant Director of Nursing, stated that Resident 1 admitted to the facility with the scab and that they had heard that the resident had skin cancer.

In an interview on 10/02/2025 at 9:58 AM Staff C, Medication Aide, stated that they were not aware that Resident 1 had skin cancer and thought that the scab on their nose was from a fall.

In an interview on 10/02/2025 at 3:30 PM, Staff H, Regional Director of Nursing, stated that they received confirmation that day that Resident 1's skin irregularity on their nose was cancer and was unaware if the resident had been seen by a physician specifically for the cancerous lesion since admission.

This is a reoccurring deficiency previously cited on 03/21/2024 for subsections (1)(a)(ii)(iii)(5).

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, Regency Pullman is or will be in compliance with this law and / or regulation on (Date) 11/21/25.

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

Administrator (or Representative) — Date: 10/16/25

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from

Review of Resident 1's Care Evaluation, dated 07/23/2025, showed no documentation related to skin cancer. Further review showed that Resident 1 had no ongoing issues with wounds.

Review of Resident 1's Service Plan, dated 07/29/2025, showed no documentation related to skin cancer.

In an interview on 10/02/2025 at 9:55 AM, Staff G, Assistant Director of Nursing, stated that Resident 1 admitted to the facility with the scab and that they had heard that the resident had skin cancer.

In an interview on 10/02/2025 at 9:58 AM Staff C, Medication Aide, stated that they were not aware that Resident 1 had skin cancer and thought that the scab on their nose was from a fall.

In an interview on 10/02/2025 at 3:30 PM, Staff H, Regional Director of Nursing, stated that they received confirmation that day that Resident 1's skin irregularity on their nose was cancer and was unaware if the resident had been seen by a physician specifically for the cancerous lesion since admission.

This is a reoccurring deficiency previously cited on 03/21/2024 for subsections (1)(a)(iii)(iii)(5).

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, Regency Pullman 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-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from

the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure care needs identified in the negotiated service agreement, were completed for 1 of 7 residents (Resident 1). This failure resulted in a lack of weight monitoring and placed the resident at risk for harm and continued weight loss.

Findings included…

Review of Resident 1's Face Sheet showed that the resident was admitted to the facility on [redacted]/2025.

Review of Resident 1's Service Plan (the facility's titled negotiated service agreement), dated 07/29/2025, showed that the resident received a regular diet and required monthly weight monitoring. Further review showed that licensed nursing staff were to monitor and assess the resident's weight as needed.

Review of the [redacted] 2025 through October 2025 Medication Administration Records (MARs) showed an order to have monthly weights obtained for Resident 1.

Review of Resident 1's MARs since their admission on [redacted]/2025, showed the following weights:

-[redacted] 2025 MARs: 121 pounds (lbs) on admission
-July 2025 MARs: No weight documented
-August 2025 MARs: No weight documented
-September 2025 MARs: 116 lbs
-October 2025 MARs: 111 lbs

In an interview on 10/01/2025 at 3:50 PM, Staff B, Wellness Director, stated that Resident 1's weights were not measured due to the staff's lack of documenting and not re-attempting to take weights when necessary.

In an interview on 10/02/2025 at 9:58 AM, Staff C, Medication Aide, stated that staff had trouble getting monthly weights for residents.

In an interview on 10/02/2025 at 9:55 AM, Staff G, Assistant Director of Nursing, stated that they were not aware that Resident 1 had lost eleven pounds since admission.

In an interview on 10/02/2025 at 10:10 AM, Staff H, Regional Director of Nursing, stated that staff had not followed the facility's policy regarding weight monitoring.

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, Regency Pullman is or will be in compliance with this law and / or regulation on (Date) 11/21/25

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

Administrator (or Representative) — Date: 10/16/25

WAC 388-78A-2290 Family assistance with medications and treatments.

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living

In an interview on 10/02/2025 at 10:10 AM, Staff H, Regional Director of Nursing, stated that staff had not followed the facility's policy regarding weight monitoring.

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, Regency Pullman 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-2290 Family assistance with medications and treatments.

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living

facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a written agreement was in place for family medication assistance for 1 of 7 residents (Resident 5). This failure resulted in missed medications and placed the resident at risk for harm.

Findings included...

Review of Resident 5's Service Plan (the facility's titled negotiated service agreement), dated [redacted]/2025, showed that the resident lived in the facility's memory care unit and had diagnoses of [redacted] and [redacted]. Further review showed that the facility provided medication administration assistance to the resident and that there were no instructions for staff to order medications.

Review of Resident 5's medication administration record, dated [redacted] 2025, showed a health care provider order for metoprolol (used to treat high blood pressure) to be given daily. The record showed the metoprolol was not administered on 09/18/2025, 09/19/2025, 09/20/2025, 09/21/2025, 09/22/2025, and 09/23/2025, with documentation showing the medication was not available to administered. The record showed an order for Synthroid (used to treat low thyroid hormone levels) to be given daily. The record showed that Synthroid was not administered on 09/05/2025, 09/06/2025, 09/07/2025, 09/08/2025, 09/09/2025, 09/10/2025, 09/11/2025, 09/12/2025, 09/13/2025, 09/14/2025, 09/15/2025, 09/16/2025, and 09/17/2025, with documentation to show the medication was not available to administer.

In an interview on 10/01/2025 at 3:50 PM, Staff B, Wellness Director, stated that Resident 5 had run out of medications because Resident 5's representative did not obtain and deliver the medication refills for metoprolol and Synthroid before the supply had run out of doses. Staff B further stated they were not aware that a plan was required to ensure continuity of medication administration, ordering, and delivery, when families assisted with medication.

In an interview on 10/02/2025 at 2:05 PM, Collateral Contact 1 (CC1) Resident Representative, stated that they had ordered Resident 5's medications through a mail order pharmacy. CC1 stated that once the medications were delivered, they themselves would take them to the facility. CC1 further stated that they were not notified by the facility when Resident 5 required medication refills.

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: 10/16/25

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the registered nurse delegator assessed the resident for nurse delegation, evaluated caregiver competency when delegation tasks were initiated, and obtained written consents for nurse delegation for 1 of 1 resident (Resident 3). These failures placed the resident at risk for harm.

Findings included...

Review of WAC 246-840-930 (1): criteria for nurse delegation showed:

-In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process. ASSESS, PLAN, IMPLEMENT, EVALUATE, will assess the resident to determine if they are stable and predictable, will assess the ability of the nursing assistant or home care aide to competently perform the delegated take, and obtains written consent for nurse delegation

Review of Resident 3's Care Evaluation (the facility's titled assessment), dated 08/27/2025, showed a diagnosis of [redacted]

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 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the registered nurse delegator assessed the resident for nurse delegation, evaluated caregiver competency when delegation tasks were initiated, and obtained written consents for nurse delegation for 1 of 1 resident (Resident 3). These failures placed the resident at risk for harm.

Findings included…

Review of WAC 246-840-930 (1): criteria for nurse delegation showed:

-In community-based and in-home care settings, before delegating a nursing task, the registered nurse delegator shall decide if a task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE, will assess the resident to determine if they are stable and predictable, will assess the ability of the nursing assistant or home care aide to competently perform the delegated take, and obtains written consent for nurse delegation.

Review of Resident 3's Care Evaluation (the facility's titled assessment), dated 08/27/2025, showed a diagnosis of [redacted].

Review of Resident 3's July 2025, August 2025, September 2025, and October 2025 Medication Administration Records (MARs) showed orders for blood glucose (blood sugar) monitoring in the morning every Monday and Dexcom (continuous glucose monitoring device) sensor replacement once every 15 days. Review of the July 2025 MAR showed Staff I, Medication Aide, had administered (injected the sensor into the skin) Resident 3's Dexcom sensor replacement on 07/07/2025.

In an interview on 10/01/2025 at 11:45 AM, Staff B, Wellness Director, stated that no resident in the facility was nurse delegated so there were no nurse delegation records available for review.

In an interview on 10/02/2025 at 10:28 AM, Collateral Contact 2 (CC2), anonymous interview, stated that facility staff regularly injected Resident 3's Dexcom sensor replacements as the resident did not like to inject themselves.

In an interview on 10/02/2025 at 11:31 AM, Resident 3 stated that facility staff had been injecting their Dexcom sensor replacements.

In an interview on 10/03/2025 at 11:10 AM, Staff H, Regional Director of Nursing, stated that the facility did not have a nurse delegation policy.

Review of Resident 3's undated medical records showed no documentation of nurse delegation consent, resident assessment, or care giver competency to perform nurse delegation.

This is a recurring deficiency previously cited on 02/15/2024 for section (1)(b).

Plan/Attestation Statement

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Administrator (or Representative)

10/14/25
Date

Review of Resident 3's July 2025, August 2025, September 2025, and October 2025 Medication Administration Records (MARs) showed orders for blood glucose (blood sugar) monitoring in the morning every Monday and Dexcom (continuous glucose monitoring device) sensor replacement once every 15 days. Review of the July 2025 MAR showed Staff I, Medication Aide, had administered (injected the sensor into the skin) Resident 3's Dexcom sensor replacement on 07/07/2025.

In an interview on 10/01/2025 at 11:45 AM, Staff B, Wellness Director, stated that no resident in the facility was nurse delegated so there were no nurse delegation records available for review.

In an interview on 10/02/2025 at 10:28 AM, Collateral Contact 2 (CC2), anonymous interview, stated that facility staff regularly injected Resident 3's Dexcom sensor replacements as the resident did not like to inject themselves.

In an interview on 10/02/2025 at 11:31 AM, Resident 3 stated that facility staff had been injecting their Dexcom sensor replacements.

In an interview on 10/03/2025 at 11:10 AM, Staff H, Regional Director of Nursing, stated that the facility did not have a nurse delegation policy.

Review of Resident 3's undated medical records showed no documentation of nurse delegation consent, resident assessment, or care giver competency to perform nurse delegation.

This is a recurring deficiency previously cited on 02/15/2024 for section (1)(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, Regency Pullman 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-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 interview and record review, the facility failed to ensure a Washington state name and date of birth background check was submitted to the department's background check central unit prior to expiration for 1 of 8 staff (Staff E). This failure placed residents at risk of harm due to receiving care from a staff person with potential disqualifying findings.

Findings included...

Review of Staff E's, Caregiver, personnel record showed a hire date of 05/26/2022. Further review showed that Washington state name and date of birth background checks had been completed on 06/30/2022 and 04/04/2025, which resulted in a lapse of a valid background check between 07/01/2024 through 04/03/2025.

In an interview on 10/03/2025 at 10:40 AM, Staff A, Regional Administrator, stated that they were not aware there had been a lapse in background checks for Staff E.

This is a recurring deficiency previously cited on 09/05/2023.

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: 10/16/25

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 interview and record review, the facility failed to ensure a Washington state name and date of birth background check was submitted to the department's background check central unit prior to expiration for 1 of 5 staff (Staff E). This failure placed residents at risk of harm due to receiving care from a staff person with potential disqualifying findings.

Findings included...

Review of Staff E's, Caregiver, personnel record showed a hire date of 05/25/2022. Further review showed that Washington state name and date of birth background checks had been completed on 06/30/2022 and 04/04/2025, which resulted in a lapse of a valid background check between 07/01/2024 through 04/03/2025.

In an interview on 10/03/2025 at 10:40 AM, Staff A, Regional Administrator, stated that they were not aware there had been a lapse in background checks for Staff E.

This is a recurring deficiency previously cited on 09/06/2023.

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