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) 61900 (Completion Date 07/02/2025) and 58707 (Completion Date 05/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/02/2025 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-2480-1, WAC 388-78A-2474-4, WAC 388-78A-2474-2, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e

The Department staff who did the on-site verification:
Raul Gatchalian, Community Complaint 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: Regency Pullman
Provider Type: Assisted Living Facility
License/Cert.#: 2060
Compliance Determination #: 58707
Intake ID: 173654
Investigator: Raul Gatchalian
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 04/29/2025 through 05/12/2025
Complainant Contact Date(s): 04/01/2025, 05/06/2025

Allegation(s):

1. Staff not providing food to hospice resident.
2. Staff not completing requirements for employment.

Investigation Methods:

Sample:
Total residents: 62
Resident sample size: 3
Closed records sample size: 1

Observations:
Residents
Dining
Staff to resident interactions
Food preparation
Resident care equipment
Resident rooms

Interviews:
Identified resident representative
Identified staff
Nursing staff
Residents
Family members
Nurse
Administrator

Record Reviews:
Medical records
State reporting log
Incident investigation
Facility policies
Personnel files
Staff training records
Staff patterns
Hospice records

Investigation Summary:

1. The identified resident was not available. The identified resident representative was interviewed and had no concerns with food and care services. The identified staff denied not providing food to any residents. Sampled staff verbalized they

followed the resident's diet order and facility policy regarding diet and nutrition. Wellness director stated that the identified resident was unresponsive and not able to safely swallow. The wellness director stated that all residents including those on hospice, are offered with food and drinks as their diet order allows. Facility followed their policy. All sampled residents had no concerns related to food services. No facility failed practice.
2. Wellness director stated that they had challenges completing Tuberculosis (TB) testing. Review of facility records showed that 3 staff had late TB tests, which put the residents at risk for infection. The facility failed to ensure each staff person was screened for tuberculosis within three days of employment. Failed facility practice cited under WAC 388-78A-2480 (1). Facility staff interviewed stated that they have not completed their home care aide certification. Review of facility records showed that one staff failed to obtain a home care aide certification and had been employed for more than 200 days. The facility failed to ensure that the caregiver obtain the home-care aide certification. Failed facility practice cited under WAC 388-78A-2474 (4).

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2060	Compliance Determination # 58707
Plan of Correction	Regency Pullman	Completion Date
Page 1 of 4	Licensee: BCD PULLMAN LLC	05/12/2025

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 04/29/2025 of:

Regency Pullman
1285 SW Center St
Pullman, WA 99163

This document references the following complaint number(s): 176192, 173654

The following sample was selected for review during the unannounced on-site visit: 3 of 62 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Raul Gatchalian, Community Complaint 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

Statement of Deficiencies	License #: 2060	Compliance Determination # 58707
Plan of Correction	Regency Pullman	Completion Date
Page 2 of 4	Licensee: BCD PULLMAN LLC	05/12/2025

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 — 05/22/2025 (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) — 5/28/2025 (Date)

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement a system to ensure each staff person was screened for tuberculosis within three days of employment for 3 of 6 sampled staff (Staff B, C, and D). This failure placed residents at risk for infection.

Findings included...

In an interview on 04/01/2025 at 02:50 PM, Collateral Contact 1, stated that the facility was not following the proper Tuberculosis (TB) testing method.

In an interview on 04/29/2025 at 09:15 AM, Staff A, Wellness Director, stated that they had challenges with completing staff TB testing on time.

Review of an undated facility employee roster showed the following:

The date of hire for Staff B, Caregiver, was 02/19/2025.
The date of hire for Staff C, Caregiver, was 12/07/2018.
The date of hire for Staff D, Caregiver, was 01/22/2024.

Review of Staff B's TB screening records showed that step one was performed on 04/01/2025 and step two was performed on 04/09/2025.

Review of Staff C's TB screening records showed that step one was performed on 04/01/2025. Further review showed that no step two was performed.

Review of Staff D's TB screening records showed that step one was performed on 02/22/2024 and step two was performed on 03/03/2024.

In an interview on 04/29/25 at 02:40 PM, Staff B, Caregiver, stated that they were hired in February 2025 and their TB test was done late.

In an interview on 05/08/2025 at 09:15 AM, Staff A stated the there were staff employed at the facility who had not done their TB testing on time.

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) ~~6/30/2025~~ 6-26-25

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

Administrator (or Representative) — Date: 5-28-2025

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff who provided direct resident care obtained their home care aide certification within the required timeframe for 1 of 6 staff (Staff E). This failure placed residents at risk for receiving care from untrained staff.

Findings included...

In an interview on 04/29/2025 at 02:00 PM, Staff E, Caregiver, stated that they started working as a caregiver 14 months ago.

Review of an undated facility employee roster showed the date of hire for Staff E, Caregiver, was 02/27/2024.

Review of the department's provider credential search on 04/29/2025, showed that Staff E held no home care aide certifications.

In an interview on 05/05/2025 at 03:00 PM, Staff F, Executive Director, stated that majority of their caregivers were waiting for testing dates.

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) ~~6/30/2025~~ OK 6-26-25

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

Administrator (or Representative) ~~5~~/28/2025 Date