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

B.C. PARKER INC
Milford House
2208 W Matt Milford Pl
Spokane, WA 99201

RE: Milford House License # 2207

Dear Administrator:

This letter addresses Compliance Determination(s) 61614 (Completion Date 06/26/2025) and 58503 (Completion Date 04/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/26/2025 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-2466, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2474-2, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2

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

Statement of Deficiencies	License #: 2207	Compliance Determination # 58503
Plan of Correction	Milford House	Completion Date
Page 1 of 6	Licensee: B.C. PARKER INC	04/29/2025

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 the unannounced on-site full inspection on 04/23/2025 and 04/29/2025 of:
Milford House
2208 W Matt Milford Pl
Spokane, WA 99201

The following sample was selected for review during the unannounced on-site visit: 4 of 9 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, 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

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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 — 05/02/2025 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) — 5-12-25 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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

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 prior to its expiration for 1 of 4 staff (Staff E). This failure placed residents at risk of receiving care and services from potentially disqualified staff.

Findings included...

Review of Staff E's, Caregiver, personnel file showed a hire date of 07/21/2017. Further review showed Washington state name and date of birth background checks dated 05/23/2022 and the most recent one dated 10/23/2024, which indicated the one completed in 2022 had been expired for five months.

In an interview on 04/25/2025 at 2:55 PM, Staff A, Administrator, acknowledged that the most recent background check for Staff E was completed five months after the previous background check had expired.

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This is a recurring deficiency previously cited on 05/27/2022.

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, Milford House is or will be in compliance with this law and / or regulation on (Date) 6-13-25 .

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

BCP

Administrator (or Representative)

5-12-25

Date

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:

(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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure training requirements for specialty training for mental health were completed by 1 of 4 staff (Staff C), and failed to ensure training to perform cardiopulmonary resuscitation/first aid was completed by 1 of 4 staff (Staff E). This failure placed the residents at risk of receiving care from untrained staff.

Findings included...

<Specialty Training>

Review of the facility's Resident Characteristic Roster dated 04/23/2025, showed that nine out of nine total residents were listed with mental health needs.

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Review of Staff C's, Caregiver, personnel file showed a hire date of 09/11/2024. Further review showed no certification that specialty training for mental health had been completed.

Review of the facility's caregiver schedule dated April 2025, showed that Staff C had worked on the night shift on the following nights: 04/02/2025, 04/03/2025, 04/06/2025, 04/09/2025, 04/10/2025, 04/13/2025, 04/16/2025, 04/17/2025, and 04/20/2025.

In an interview on 04/29/2025 at 9:30 AM, Staff A, Administrator, stated that Staff C had not completed specialty training for mental health.

<Cardiopulmonary Resuscitation/First Aid>

Review of Staff E's, Caregiver, personnel file showed a hire date of 07/21/2017. Further review showed that Staff E's certification of cardiopulmonary resuscitation (CPR) and first aid training had expired on 05/26/2024.

Review of the facility's staff schedule dated April 2025, showed that Staff E had worked on the following dates: 04/01/2025, 04/02/2025, 04/05/2025, 04/07/2025, 04/08/2025, 04/09/2025, 04/12/2025, 04/14/2025, 04/15/2025, 04/16/2025, 04/17/2025, 04/19/2025, 04/21/2025, and 04/22/2025. Further review of the staff schedule showed that Staff E worked as the only staff for each shift.

In an interview on 04/29/2025 at 9:35 AM, Staff A, stated that Staff E had not yet completed the required training for recertification.

This is a recurring deficiency previously cited on 10/26/2023 for subsection (2)(d).

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BCP

Administrator (or Representative)

5-12-25

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.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure new employees were screened for tuberculosis within three days of hire for 2 of 2 staff sampled for tuberculosis requirements (Staff B and C). This failure placed residents at risk for exposure to tuberculosis.

Findings included...

Review of Staff B's, Caregiver, personnel file showed they were hired on 02/17/2025. Further review showed that Staff B did not have a tuberculosis (TB, a communicable respiratory disease) screening completed.

Review of Staff C's, Caregiver, personnel file showed they were hired on 09/11/2024. Further review showed that Staff C did not have a TB screening completed.
In an interview on 04/25/2025 at 3:25 PM, Staff A, Administrator, stated that they did not have any documentation of Staff B and C's TB testing and confirmed that neither staff had testing completed within three days of their hire dates.

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

BCP

Administrator (or Representative)

5-12-25

Date