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

Senior Development Resources LLC
COVENTRY HOUSE
430 N 2nd Ave
Othello, WA 99344

RE: COVENTRY HOUSE License # 2334

Dear Administrator:

This letter addresses Compliance Determination(s) 70855 (Completion Date 01/02/2026) and 68228 (Completion Date 11/06/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/02/2026 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-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-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-e

The Department staff who did the on-site verification:
Jennifer Lee, 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 an unannounced on-site follow-up on 11/06/2025 of:
COVENTRY HOUSE
430 N 2nd Ave
Othello, WA 99344

This document references the following SOD dated: 11/06/2025

The following sample was selected for review during the unannounced on-site visit: 2 of 40 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

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 — 11/17/2025 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.

Monica Flores — Administrator (or Representative) — 11/20/25 Date

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

(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;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(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 obtain a written plan for family assistance with obtaining medications for 2 of 2 sampled residents (Resident 6 and 8). This failed practice placed the residents at risk of missed doses of medication and increased risk of health complications.

Findings included...

In an interview on 11/06/2025 at 10:55 AM, Staff F, Administrator, was asked if any residents had medications that were provided by their family. Staff F confirmed that families provided over the counter (OTC) medications for Resident 6 and Resident 8. Staff F further stated that Resident 6's family provided colloidal silver (supplement) and probiotics (used for gut health) and that Resident 8's family provided vitamin B complex (supplement), calcium plus vitamin D3 (supplement), aspirin (heart and pain medication), d-mannose (used for digestion, lowering blood sugar, and clotting disorders), and melatonin (sleep aid). Staff F stated that they did not have a signed family plan agreement for Resident 6 or Resident 8.

Review of Resident 6's November 2025 medication administration record (MAR) showed orders for colloidal silver liquid to be administered twice a day and probiotic colon support capsule to be administered once a day.

Review of Resident 6's facility record showed no documentation of an individualized/signed family provided medication agreement.

Review of Resident 8's November 2025 MAR showed vitamin B complex, calcium plus vitamin D3, d-Mannose, aspirin, and melatonin were scheduled to be administered once a day.

Review of Resident 8's facility record showed no documentation of an individualized/signed family provided medication agreement.

This is an uncorrected deficiency previously cited on 10/03/2025.

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, COVENTRY HOUSE is or will be in compliance with this law and / or regulation on (Date) 12/21/25 .

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

MONICA FLAIS
Administrator (or Representative)

11/26/25
Date

WAC SPECIFIED	CORRECTION	COMPLETION DATES
WAC 388-78A-2290 Family assistance with medications and treatments 3(A,B,C,D,E) 4 (A,B,C,D)	Implementing policy to be added to the Resident Rental Agreement. To ensure consistent availability on medications facility is requring all medications be bubble packed with an exception of an emergency medication needed prior to 24 hours delivery time. If a medication is not available in bubble pack form an agreement plan with family and facility will be in place.	12/21/2025

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 09/30/2025, 10/01/2025 and 10/02/2025 of:
COVENTRY HOUSE
430 N 2nd Ave
Othello, WA 99344

The following sample was selected for review during the unannounced on-site visit: 7 of 40 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensor
Tethra Wales, Assisted Living Facility Licensor
Jennifer Lee, 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.

Stephanie Jones
Residential Care Services

10/14/2025
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.

MONICA FLORES
Administrator (or Representative)

10/23/25
Date

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

(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 provice 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;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(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 obtain a written plan for family assistance with obtaining medications for 2 of 7 residents (Resident 5 and 6). This failure resulted in missed doses of medication for Resident 6 and placed both residents at an increased risk of health complications.

Findings included...

<Resident 6>

Review of Resident 6's care plan (the facility's titled negotiated service agreement), dated 05/19/2025, showed that the resident was diagnosed with [redacted] The care plan showed that the resident received medication assistance from the facility, and that the pharmacy would deliver all medications to the facility. Further review of the care plan showed no documented reference to family medication assistance.

Review of Resident 6's July 2025, August 2025 and September 2025 Medication Administration Records (MARs), showed health care provider orders for:

- D Mannose (a supplement used to prevent recurrent urinary tract infections) to be administered twice daily, with a note "family provides" on the July 2025 MAR. Further review showed that the resident did not receive 22 doses of the medication between 07/16/2025 and 07/28/2025.

- Probiotic colon support capsule (a supplement) to be administered once daily. Further review showed that the resident did not receive two doses in July 2025.

- Colloidal silver (a supplement) to be given twice daily, with a note, "family provides." Further review showed that the resident did not receive three doses of the colloidal silver in August 2025.

In an interview on 10/02/2025 at 10:46 AM, Staff F, Administrator, stated that Resident 6's family provided Resident 6's probiotic and colloidal silver, and was responsible to provide the D-Mannose in July 2025.

In an interview on 10/03/2025 at 4:05 PM, Collateral Contact 2 (CC2), Resident 6's representative, stated that they provided several medications for the resident including probiotic and colloidal silver.

Review of Resident 6's resident record showed no documentation of a signed family

plan agreement with CC2 to provide medications for Resident 6.

<Resident 5>

Review of Resident 5's care plan, dated 08/08/2025, showed the facility was responsible for ordering the resident's medications.

Review of a progress note, dated 09/08/2025, showed that Collateral Contact 1 (CC1), Resident 5's representative, told the facility they were going to provide Resident 5's over the counter (OTC) medications.

In an interview on 10/02/2025 at 11:45 AM, CC1 stated that in September 2025, they began providing Resident 5's OTC medications. CC1 stated that they did not complete a family plan agreement with the facility.

Review of Resident 5's September 2025 MAR showed the resident was prescribed the following OTC medications:

Acetaminophen (pain reliever)
Aspirin (pain reliever)
Calcium + D3 (supplement)
Ferrous sulfate (supplement)
Folic acid (supplement)
Hydrocortisone cream (anti-itch cream)
Magnesium oxide (supplement)
B12 (supplement)
D3 (supplement)
Naproxen (anti-inflammatory)
Polyethylene powder (stool softener)

Review of Resident 5's resident record showed no documentation of a signed family plan agreement with CC1 to provide OTC medications.

In an interview on 10/02/2025 at 9:42 AM, Staff F stated that they did not obtain a medication assistance family plan for any of the 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, COVENTRY HOUSE is or will be in compliance with this law and / or regulation on (Date) 11/1/2025

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

MONICA Flores — Administrator (or Representative)

10/23/25 — Date

WAC 388-78A-2710 Disclosure of services.

(1) The assisted living facility must disclose to residents, the resident's representative, if any, and interested consumers upon request, the scope of care and services it offers, on the department's approved disclosure forms. The disclosure form shall not be construed as an implied or express contract between the assisted living facility and the resident, but is intended to assist consumers in selecting assisted living facility services.

(3) The assisted living facility must provide a minimum of thirty days written notice to the residents and the residents' representatives, if any:

(b) Before the effective date of any voluntary decrease in the scope of care or services provided by the assisted living facility, and any such decrease in the scope of services provided will not result in the discharge of one or more residents.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to update and notify residents and their representatives of reduced nursing services within 1 of 1 facility document (Disclosure of Services). This failure resulted in the prevention of residents and their representatives from having knowledge of the decreased hours of availability of an on-site registered nurse.

Findings included...

Review of the facility's Disclosure of Services showed the facility had a Registered Nurse (RN) in the building four to five days a week for a total of 40 hours.

In an interview on 09/30/2025 at 4:30 PM, Staff F, Administrator, stated that there was an RN in the building four days a week, up to 23 hours per week. Staff F stated that the nursing hours had been reduced and that a letter went out to residents and their representatives at the time of the decreased nursing hours.

In an interview on 10/02/2025 at 9:35 AM, Staff F stated that the nursing hours were decreased a year and a half ago when another nurse quit. Staff F further stated that they were unable to locate a copy of the letter that went out to residents at that time.

Review of the facility's Characteristics Roster showed 12 residents were admitted to the facility within the last year and a half, during which time they received a copy of the Disclosure of Services that had not been updated with the correct number of hours that an RN would be in the building.

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, COVENTRY HOUSE is or will be in compliance with this law and / or regulation on (Date) 9|30|25 .

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

Monica Flores — Administrator (or Representative)

10|23|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.

(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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 70-hour long-term care worker basic training was completed by 2 of 5 staff (Staff A and B), specialty training for dementia was completed for 1 of 5 staff (Staff B), and cardiopulmonary resuscitation/first aide training was completed by 1 of 5 staff (Staff C). These failures placed residents at risk of improper care and inadequate emergency response from untrained staff.

Findings included...

Review of WAC 388-112A-0080 showed long-term care workers must complete seventy 70-hour long-term basic training within 120 day of hire.

Review of WAC 388-112A-0495 showed long-term care workers must complete specialty training for dementia within 120 days of hire.

Review of WAC 388-112A0720 showed long-term care workers must have and maintain cardiopulmonary resuscitation (CPR, training for a respiratory or cardiac emergency)/first-aid training withing 30 days of hire.

<70-Hour Long-Term Care Worker Basic Training>

Review of Staff A's, Caregiver, personnel file showed that they were hired on 03/10/2025. Further review showed no documentation of 70-hour long-term care worker basic training.

Review of the staff schedule for September 2025, showed Staff A worked 15 shifts during the month.

Review of Staff B's, Caregiver, personnel file showed that they were hired on 04/14/2025. Further review showed no documentation of 70-hour long-term care worker basic training.

Review of the staff schedule for September 2025 showed Staff B worked nine shifts during the month.

In an interview on 10/01/2025 at 4:55 PM, Staff F, Administrator, confirmed that Staff A and Staff B still needed to complete the 70-hour long-term care worker basic training.

<Specialty Training for Dementia>

Review of the facility's undated Disclosure of Services showed that the facility provided care for residents with a [redacted] diagnosis.

Review of the facility's Characteristics Roster showed 29 residents had a diagnosis of

[redacted].

Review of Staff B's personnel file showed no documentation of specialty training for dementia.

In an interview on 10/01/2025 at 4:55 PM, Staff F confirmed that Staff B still needed to complete specialty training for dementia.

<Cardiopulmonary Resuscitation and First Aide Training >

Review of Staff C's, Caregiver, personnel file showed that they were hired on 05/20/2025. Further review showed no documentation of CPR training.

Review of the staff schedule for September 2025 showed Staff C worked 14 shifts during the month.

In an interview on 10/01/2025 at 04:55 PM, Staff F confirmed Staff C did not complete their CPR/first aide training.

This is a recurring citation previously cited on 01/17/2024 for subsection (c).

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, COVENTRY HOUSE is or will be in compliance with this law and / or regulation on (Date) 10/22/25

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

Monica Flores
Administrator (or Representative)

10/23/25
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

Senior Development Resources LLC
COVENTRY HOUSE
430 N 2nd Ave
Othello, WA 99344

RE: COVENTRY HOUSE # 2334

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/03/2025 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-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

The facility failed to provide documentation of facility orientation for sampled staff. The facility completed the facility orientation with the sampled staff during the department's visit.

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 Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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

WAC SPECIFIED	CORRECTION	COMPLETION DATES
WAC 388-78A-2290 Family assistance with medications and treatments 3(A,B,C,D,E) 4 (A,B,C,D)	To be in compliance with WAC 388-78A-2290, the following update of the Facility Rental Agreement was made: To be in compliance with WAC 388-78A-2290, the following update of the Facility Rental Agreement was made: FAMILY PROVIDED OTC VITAMINS Should the family desire to provide over the counter vitamins prescribed by the Resident's physician, they may do so within the parameters of the physician's order. Family will be notified when there are five (5) days left of the prescribed vitamin so that the family can provide said vitamin(s) prior to the vitamin(s) running out. Should the family not respond, staff will order/purchase needed refills for the prescribed vitamin(s), and the family will be charged the cost of the vitamin(s) on the next rental invoice. There is NO EXCEPTION to this given that all medications, including over the counter, physician ordered vitamins, must be provided to the resident within the parameters of the physician's order in a timely manner, in accordance with regulations. A letter providing this information, and a signature page, will be sent to all families in the next scheduled billing period.	11/1/2025
WAC 388-78A-2710 Disclosure of Service 1(3, B)	The facility Disclosure of Services was updated on 9/30/2025 to state, under Intermittent Nursing Services, the following: The facility has a Registered Nurse in the building for 4-5 days per week, totaling 20 hours per week.	9/30/2025
WAC 388-78A-2474 Training and home care aide certification requirements 2 (B, C, D)	Of five (5) staff members reviewed during survey, Staff A and Staff B had not completed the required 70-hour long term care worker basic training. Staff A completed the course on 10/17/25 and Staff B completed the course on 10/6/25. Both A and B were off the floor from 9/30/25 until completion of the course. Staff C completed the required CPR course on 10/22/25. Staff B will be off the schedule until the required Dementia course is completed successfully.	10/22/2025