



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) 28231 (Completion Date 08/17/2023) and 24517 (Completion Date 06/20/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/17/2023 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-2040-2

The Department staff who did the off-site verification:
Amy Wright, NCI Complain Investigator

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit B
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services Investigation Summary Report

Provider/Facility: COVENTRY HOUSE **Provider Type:** Assisted Living Facility
License/Cert.#: 2334
Compliance Determination #: 24517 **Intake ID:** 82478
Investigator: Amy Wright **Region/Unit #:** RCS Region 1 / Unit B
Investigation Date(s): 05/25/2023 through 06/20/2023
Complainant Contact Date(s):

Allegation(s):

1. Failed State Fire Marshal inspection and revisit.
-

Investigation Methods:

Sample:	Total residents: 35 Resident sample size: 35 Closed records sample size: 0
Observations:	Residents Staff to resident interactions Resident to resident interactions
Interviews:	Executive Director Maintenance Director Reporter
Record Reviews:	Washington State Patrol Fire Protection Bureau Inspection Results February 2023 Washington State Patrol Fire Protection Bureau Reinspection Results April 2023 Staff documentation of firewall and carbon monoxide alarm checks April 2023 Life Safety Services damper inspection letter May 2023 Johnson Controls Service Agreement April 2023 Fire and Smoke Damper Inspection Report April 2018 Kitchen Auto Extinguishing Systems Inspection Report March 2023

Investigation Summary:

1. Review of International Fire Code 706.1 2018 showed facilities are required to have their fire/smoke dampers inspected annually. Record review and interview showed the facility's last damper inspection was done in 2018. Failed practice was cited under WAC 388-78A-2040 Other requirements (2).
-

Conclusion / Action:

- ☒ 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 # 2334	Compliance Determination # 24517
Plan of Correction	COVENTRY HOUSE	Completion Date
Page 1 of 3	Licensee: Senior Development Resources LLC	06/20/2023

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 05/25/2023, 05/25/2023 and 05/25/2023 of.

COVENTRY HOUSE
430 N 2nd Ave
Othello, WA 99344

This document references the following complaint number(s): 82478

The following sample was selected for review during the unannounced on-site visit: 35 of 35 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Amy Wright, NCI Complain 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

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JUN 30 2023

**DSHS ALTSA RCS
SPOKANE VALLEY WA**

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

06/28/2023

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.

This document was prepared by Residential Care Services for the Locator website.

Monica Flores

Administrator (or Representative)

06/30/23
Date**WAC 388-78A-2040 Other requirements.**

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal (OSFM) when the ALF failed their second Fire and Life Safety Inspection (LSI). This failure placed residents, staff and visitors' safety at risk.

Findings included...

Review of the Department's Electronic Working Papers System, on 06/21/2023, showed the ALF was licensed for 55 beds. In an interview on 05/25/2023 at 12:43 PM, Staff A, Executive Director, stated there were currently 35 residents in the facility.

Review of records from the OSFM, showed the ALF failed their initial LSI on 02/27/2023, then failed their first OSFM reinspection on 04/03/2023.

Review of the most recent failed LSI report, dated 04/03/2023, showed the facility continued to be out of compliance with International Fire Code (IFC) 706.1 2018. The Statement of Violation noted the following:

The facility is unable to provide documentation of current testing of the fire/smoke dampers (last performed 04/2018 LSS).

In an interview on 05/25/2023 at 12:43 PM, Staff A stated the facility had not been able to find a company to inspect the dampers timely. Staff A reported the inspection was scheduled for 07/05/2023.

Plan/Attestation Statement

RECEIVED
JUL 06 2023
DSHS ALTA RCS
SPOKANE VALLEY WA

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) 7/5/2023.

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

Monica Flores

Administrator (or Representative)

6/30/23

Date