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

Legacy1864, LLC
Willow Grove
1620 E Mead St
Spokane, WA 99218

RE: Willow Grove License # 2399

Dear Administrator:

This letter addresses Compliance Determination(s) 70563 (Completion Date 12/23/2025) and 67299 (Completion Date 10/27/2025).

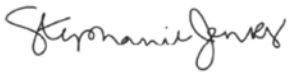
The Department completed a follow-up inspection of your Assisted Living Facility on 12/23/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2350-1, WAC 388-78A-2240, WAC 388-78A-2140-1-d, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2490

The Department staff who did the off-site verification:
Joy Pipgras, LTC Surveyor

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 on 10/20/2025, 10/21/2025, 10/22/2025 and 10/23/2025 of:

Willow Grove
1620 E Mead St
Spokane, WA 99218

The following sample was selected for review during the unannounced on-site visit: 5 of 23 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Patricia Eddy, Community 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

Statement of Deficiencies	License #: 2399	Compliance Determination #67295
Plan of Correction	Willow Grove	Completion Date
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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 — 11/03/2025 (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) — 11/06/25 (Date)

WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure health care services were coordinated for 1 of 1 resident (Resident 1). This failure resulted in missed appointments and placed the resident at risk for health complications due to not receiving follow-up treatment as ordered by the resident's physician.

Findings included...

Review of Resident 1's Face Sheet showed they were admitted to the facility on [redacted]2021.

Review of Resident 1's Negotiated Care Plan, dated [redacted]/2025, showed that the resident had a diagnosis of [redacted]. Further review showed that the facility was responsible for setting up appointments, arranging transportation, and that the resident required staff to schedule all appointments due to their developmental delays.

Review of an After Visit Summary, dated 08/23/2024, showed that Resident 1 was seen at the emergency room for seizure-like activity (sudden, temporary disruption in brain activity that can cause involuntary movements, altered consciousness, or other neurological symptoms). Further review showed that a referral was sent to an epilepsy (chronic brain disorder characterized by recurrent, unprovoked seizures) center for a

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-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure health care services were coordinated for 1 of 1 resident (Resident 1). This failure resulted in missed appointments and placed the resident at risk for health complications due to not receiving follow-up treatment as ordered by the resident's physician.

Findings included…

Review of Resident 1's Face Sheet showed they were admitted to the facility on [redacted]/2021.

Review of Resident 1's Negotiated Care Plan, dated [redacted]/2025, showed that the resident had a diagnosis of [redacted]. Further review showed that the facility was responsible for setting up appointments, arranging transportation, and that the resident required staff to schedule all appointments due to their developmental delays.

Review of an After Visit Summary, dated 08/23/2024, showed that Resident 1 was seen at the emergency room for seizure-like activity (sudden, temporary disruption in brain activity that can cause involuntary movements, altered consciousness, or other neurological symptoms). Further review showed that a referral was sent to an epilepsy (chronic brain disorder characterized by recurrent, unprovoked seizures) center for a

follow-up appointment.

Review of a letter from the epilepsy center, dated 10/29/2024, showed that Resident 1 was scheduled for appointments on 11/12/2024 at 08:45 AM and 12/12/2024 at 7:30 AM.

Review of a letter from the epilepsy center, dated 06/27/2025, showed that Resident 1 did not attend scheduled appointments on 11/12/2024 and 06/27/2025, and that, due to the failure of keeping scheduled appointments, they would no longer provide neurological care (care of the nervous system to include the brain, spinal cord, and nerves) to the resident.

In an interview on 10/22/2025 at 02:20 PM, Staff A, Administrator stated they were aware that the 11/12/2024 appointment with the epilepsy center was missed. Staff A stated they rescheduled the appointment for 06/27/2025 and that appointment was also missed. Staff A further stated due to the missed appointments, the epilepsy center did not allow any further appointments to be scheduled. Staff A confirmed that they had not done any other follow-up.

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, Willow Grove is or will be in compliance with this law and / or regulation on (Date) 12/08/25 .

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

Administrator (or Representative) — Date: 11/6/25

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure medications were obtained in a timely manner to be available for administration for 1 of 5 residents (Resident 2). This failure resulted in missed medications and missed protein shakes, and placed the resident at risk of health complications

follow-up appointment.

Review of a letter from the epilepsy center, dated 10/29/2024, showed that Resident 1 was scheduled for appointments on 11/12/2024 at 09:45 AM and 12/12/2024 at 7:30 AM.

Review of a letter from the epilepsy center, dated 06/27/2025, showed that Resident 1 did not attend scheduled appointments on 11/12/2024 and 06/27/2025, and that, due to the failure of keeping scheduled appointments, they would no longer provide neurological care (care of the nervous system to include the brain, spinal cord, and nerves) to the resident.

In an interview on 10/22/2025 at 02:20 PM, Staff A, Administrator stated they were aware that the 11/12/2024 appointment with the epilepsy center was missed. Staff A stated they rescheduled the appointment for 06/27/2025 and that appointment was also missed. Staff A further stated due to the missed appointments, the epilepsy center did not allow any further appointments to be scheduled. Staff A confirmed that they had not done any other follow-up.

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, Willow Grove 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-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure medications were obtained in a timely manner to be available for administration for 1 of 5 residents (Resident 2). This failure resulted in missed medications and missed protein shakes, and placed the resident at risk of health complications.

Findings included...

Review of Resident 2's assessment, dated 09/26/2025, showed that the resident had diagnoses of [redacted] and [redacted] and that the resident had a decreased appetite over the past few months. Further review showed that the facility provided medication assistance to the resident with instructions to coordinate medication delivery with the pharmacy, resident, or representative.

Review of Resident 2's prescription list, dated 10/08/2025, showed Ensure HP (high protein) vanilla liquid nutrition shake twice a day between meals to supplement protein and calorie intake, one tab of memantine twice a day for dementia, and one tab of trospium a day to improve bladder control.

Review of Resident 2's October 2025 Medication Administration Record (MAR) showed an order for memantine and trospium. The MAR showed that the memantine was not administered for a total of 16 doses on 10/10/2025, 10/11/2025, 10/12/2025, 10/13/2025, 10/14/2025, 10/15/2025, 10/16/2025, 10/17/2025, and 10/18/2025. The trospium showed as not administered for 10/01/2025 and was documented as 'HOLD' for the rest of the month of October. The Ensure shake was not documented on the MAR, which indicated that it was not provided.

In an interview on 10/21/2025 at 1:20 PM, Staff B, Administrator Assistant, stated they had been waiting for Resident 2's medications from the Veteran's Affairs pharmacy. Staff B stated they entered 'HOLD' on the MAR "when it seems like it might be a long wait for the medication." Staff B stated they did not know when they had last contacted the pharmacy or what the outcome was. Staff B further stated that they had no documentation regarding any communication with the pharmacy as to the whereabouts of the medication.

In an interview on 10/22/2025 at 2:52 PM, Staff B stated that Resident 2's family was supposed to provide the Ensure shakes and never brought them to the facility. Staff B stated they were unaware of what the facility had done to follow up on getting the shakes for the resident.

Review of Resident 2's progress notes showed documentation on10/10/2025, 10/14/2025, 10/15/2025, 10/17/2025, and 10/18/2025, during the time the facility was out of memantine, that the resident was exit seeking and was agitated.

In an interview on 10/22/2025 at 3:33 PM, Staff D, Caregiver, reported the resident was incontinent every night and about ten times per week during the day.

This is a recurring deficiency previously cited on 04/19/2024.

Statement of Deficiencies	License #: 2399	Compliance Determination #67299
Plan of Correction	Willow Grove	Completion Date
Page 5 of 10	Licensee: Legacy1884, LLC	10/27/2026

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, Willow Grove is or will be in compliance with this law and / or regulation on (Date) 12/08/25.

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

Administrator (or Representative) — Date: 11/6/25

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:

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to update care needs related to skin integrity and insulin injections, in the negotiated service agreement for 2 of 5 residents (Resident 1 and 5). This failure placed the residents at risk of unmet care needs.

Findings included...

<Resident 1>

Review of Resident 1's assessment, dated [redacted]/2025, showed that the resident had a diagnosis of [redacted] and had dry skin.

Review of Resident 1's Negotiated Care Plan, dated [redacted]/2025, showed no documentation regarding skin monitoring.

Review of Resident 1's August 2025 Medication Administration Records (MARs) showed an order beginning on 02/25/2025 for ketoconazole (antifungal) cream to be applied topically to dry skin on the face once every three days.

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, Willow Grove 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-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:

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to update care needs related to skin integrity and insulin injections, in the negotiated service agreement for 2 of 5 residents (Resident 1 and 5). This failure placed the residents at risk of unmet care needs.

Findings included…

<Resident 1>

Review of Resident 1's assessment, dated [redacted]/2025, showed that the resident had a diagnosis of [redacted] and had dry skin.

Review of Resident 1's Negotiated Care Plan, dated [redacted]/2025, showed no documentation regarding skin monitoring.

Review of Resident 1's August 2025 Medication Administration Records (MARs) showed an order beginning on 02/25/2025 for ketoconazole (antifungal) cream to be applied topically to dry skin on the face once every three days.

Statement of Deficiencies	License #: 2399	Compliance Determination #:87299
Plan of Correction	Willow Grove	Completion Date
Page 6 of 10	Licensee: Legacy1884, LLC	10/27/2025

Review of Resident 1's September 2025 and October 2025 MARs showed an order beginning on 09/11/2025 for ketoconazole shampoo to be applied as directed to scalp twice per week.

11.60.20 In an interview on 10/22/2025 at 02:20 PM, Staff A, Administrator, stated that with Resident 1's diagnosis, skin checks should have been in the care plan but were not.

<Resident 5>

Review of Resident 5's Face Sheet showed that they were admitted to the facility on [redacted]/2022 and had a diagnosis of [redacted].

Review of Resident 5's Negotiated Care Plan, dated 04/15/2025, showed that the resident's diabetes was controlled with oral medications and diet and that they did not take insulin (regulates blood sugar) injections.

Review of Resident 5's physicians orders, dated 10/13/2025, showed documentation that the resident started Lantus (insulin) injections on 09/14/2025.

In an interview on 10/22/2025 at 3:50 PM, Staff B, Administrator Assistant, confirmed the insulin injections had not been addressed in the negotiated care plan.

In an interview on 10/22/2025 at 4:25 PM, Staff A confirmed that the resident did have a change of condition and that the Lantus injections should have been updated on the negotiated care plan.

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, Willow Grove is or will be in compliance with this law and / or regulation on (Date) 12/08/25 .

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

Administrator (or Representative) — Date: 11/6/25

Review of Resident 1's September 2025 and October 2025 MARs showed an order beginning on 09/11/2025 for ketoconazole shampoo to be applied as directed to scalp twice per week.

In an interview on 10/22/2025 at 02:20 PM, Staff A, Administrator, stated that with Resident 1's diagnosis, skin checks should have been in the care plan but were not.

<Resident 5>

Review of Resident 5's Face Sheet showed that they were admitted to the facility on [redacted]/2022 and had a diagnosis of [redacted]

Review of Resident 5's Negotiated Care Plan, dated 04/15/2025, showed that the resident's diabetes was controlled with oral medications and diet and that they did not take insulin (regulates blood sugar) injections.

Review of Resident 5's physicians orders, dated 10/13/2025, showed documentation that the resident started Lantus (insulin) injections on 09/14/2025.

In an interview on 10/22/2025 at 3:50 PM, Staff B, Administrator Assistant, confirmed the insulin injections had not been addressed in the negotiated care plan.

In an interview on 10/22/2025 at 4:25 PM, Staff A confirmed that the resident did have a change of condition and that the Lantus injections should have been updated on the negotiated care plan.

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, Willow Grove 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-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within fourteen days of admission for 2 of 5 sampled residents (Resident 2 and 3). This

Statement of Deficiencies	License # 2399	Compliance Determination # 87299
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failure placed the residents at risk of unmet care needs related to not being assessed after they transitioned into the facility.

Findings included...

<Resident 2>

Review of Resident 2's undated medical chart showed they were admitted on [redacted]/2025. Further review showed it did not contain a full assessment within 14 days of admission.

<Resident 3>

Review of Resident 3's undated medical chart showed they were admitted on [redacted]/2025. Further review showed it did not contain a full assessment within 14 days of admission.

In an interview on 10/21/2025 at 11:15 AM, Staff B, Administrator Assistant, stated that they were not aware that the assessment was to be completed within 14 days.

This is a recurring deficiency previously cited on 04/19/2024.

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, Willow Grove is or will be in compliance with this law and / or regulation on (Date) 12/08/25

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

Administrator (or Representative) — Date: 11/6/25

WAC 388-78A-2490 Specialized training for developmental disabilities. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with developmental disabilities, whenever at least one of the residents in the assisted living facility has a developmental disability as defined in WAC 388-823-0040 , that is the resident's primary special need.

failure placed the residents at risk of unmet care needs related to not being assessed after they transitioned into the facility.

Findings included…

<Resident 2>

Review of Resident 2's undated medical chart showed they were admitted on [redacted]/2025. Further review showed it did not contain a full assessment within 14 days of admission.

<Resident 3>

Review of Resident 3's undated medical chart showed they were admitted on [redacted]/2025. Further review showed it did not contain a full assessment within 14 days of admission.

In an interview on 10/21/2025 at 11:15 AM, Staff B, Administrator Assistant, stated that they were not aware that the assessment was to be completed within 14 days.

This is a recurring deficiency previously cited on 04/19/2024.

Plan/Attestation Statement

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Administrator (or Representative) Date

WAC 388-78A-2490 Specialized training for developmental disabilities. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with developmental disabilities, whenever at least one of the residents in the assisted living facility has a developmental disability as defined in WAC 388-823-0040 , that is the resident's primary special need.

Statement of Deficiencies	License #: 2399	Compliance Determination #87299
Plan of Correction	Willow Grove	Completion Date
Page 10 of 10	Licensee: Legacy1884, LLC	10/27/2025

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that specialized training for developmental disabilities had been completed by 1 of 5 staff (Staff C). This failure placed residents at risk of unmet care needs by untrained staff.

Findings included...

Review of the facility's Characteristic Roster showed that they had one resident with a primary diagnosis of [redacted].

Review of Staff C's, Caregiver, undated personnel file showed a hire date of 05/05/2025. Further review showed it did not contain certification for specialized training for developmental disabilities within 120 days of hire.

In an interview on 10/23/2025 at 10:15 AM, Staff E, Director of Business, confirmed the facility did not have certification for specialized training for developmental disabilities for Staff 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, Willow Grove is or will be in compliance with this law and / or regulation on (Date) 12/08/25

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

Administrator (or Representative) — Date 11/6/25

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that specialized training for developmental disabilities had been completed by 1 of 5 staff (Staff C). This failure placed residents at risk of unmet care needs by untrained staff.

Findings included...

Review of the facility's Characteristic Roster showed that they had one resident with a primary diagnosis of [redacted].

Review of Staff C's, Caregiver, undated personnel file showed a hire date of 05/05/2025. Further review showed it did not contain certification for specialized training for developmental disabilities within 120 days of hire.

In an interview on 10/23/2025 at 10:15 AM, Staff E, Director of Business, confirmed the facility did not have certification for specialized training for developmental disabilities for Staff 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, Willow Grove 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