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 # 2399

Dear Administrator:

This document references Compliance Determination 60742 (06/10/2025), which included complaint number(s) 182103.

The Department completed a complaint investigation of your Assisted Living Facility on 06/10/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Veronica Jackson, Assisted Living Facility Licensor
Joy Pipgras, LTC Surveyor

**Consultation:**

**WAC 388-78A-2320 Intermittent nursing services systems.**

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

The facility was not aware that two staff were assisting with insulin injections for a resident that could self administer their own injections independently, and that the resident was not assessed to receive nurse delegated assistance. At the conclusion of the investigation, a plan was in place to review the resident's need for assistance and self administration status. The facility developed a process in the event the resident needed assistance which included a list of staff for caregivers to consult with prior to any assistance. The facility educated staffed on all diabetic residents' needs for those who required insulin injections.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**

- Inspect the facility to determine if you have corrected all deficiencies.

**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:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - 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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Willow Grove
**Provider Type:** Assisted Living Facility
**License/Cert.#:** 2399
**Compliance Determination #:** 60742
**Intake ID:** 182103
**Investigator:** Veronica Jackson
**Region/Unit #:** RCS Region 1 / Unit B
**Investigation Date(s):** 06/06/2025 through 06/10/2025
**Complainant Contact Date(s):**

**Allegation(s):**

1. Food was undercooked, no handwashing.
2. Administration ignored residents.
3. Residents complained about night shift staff giving rough care.
4. Identified staff worked under the influence of drugs.
5. Identified staff administered insulin incorrectly.
6. Infection control, staff reused diabetic needles and finger poke supplies.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 19<br>Resident sample size: 6<br>Closed records sample size: 0 |
| **Observations:** | Food service, meal prep and hand hygiene in kitchen<br>Medication cart inspected<br>Insulin administration<br>Hand hygiene practices adequate |
| **Interviews:** | Administrator<br>Executive Assistant<br>Staff/Med Techs (3)<br>Identified Residents<br>Sample Residents |
| **Record Reviews:** | Sample Residents Records<br>Identified Resident Records<br>Facility Policy's<br>Staff List<br>Resident Characteristics Roster<br>Staff certifications for home health aide<br>Staff training for nurse delegation core and diabetes training |

**Investigation Summary:**

1. Lunch prep service observed with good hand hygiene, sample residents and staff who were also served meals at the facility stated no issues with undercooked foods and that the food was good. No failed practice identified.
2. Residents stated that they received good care and had no complaints.

Observations of staff to resident interactions were responsive and respectful. No failed practice identified.
3. Identified resident, their roommate, and sampled residents were observed, interviewed and denied any abuse allegations. One identified resident's social worker visited monthly and they denied any concerns with care. No failed practice identified.
4. Allegations that one staff worked under the influence of marijuana. Observation of identified staff and interviews of facility staff showed no signs of substance use. No failed practice identified.
5. Sampled residents and staff interviews showed that staff had completed nurse delegated tasks that were not supervised by a registered nurse delegator. Facility provided education and implemented corrective plan before the conclusion of the department's visit. Consultation written for 388-78a-2320 (1)(a)(b).
6. Medication cart was thoroughly inspected with no used needles or used finger poke supplies observed. New needle and finger stick supplies were easily accessible. Sharps container was easily accessible. Hand hygiene practices observed. No failed practice identified.

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**Conclusion / Action:**

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