STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

White House Inc
Whitehouse Inc
1534 N Cedar St
Spokane, WA 99201

RE: Whitehouse Inc License # 2431

Dear Administrator:

This letter addresses Compliance Determination(s) 72589 (Completion Date 02/06/2026) and 69817 (Completion Date 12/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/06/2026 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-2660-1, WAC 388-78A-3090-1-a, WAC 388-78A-2950-5, WAC 388-78A-2950-6, WAC 388-78A-2180, WAC 388-78A-2180-1, WAC 388-78A-2180-1-a, WAC 388-78A-2180-1-b, WAC 388-78A-3010-1-a, WAC 388-78A-3010-1-a-i, WAC 388-78A-2930-5

The Department staff who did the on-site verification:
Patricia Eddy, Community 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 the unannounced on-site full inspection on 12/01/2025, 12/02/2025, 12/03/2025 and 12/04/2025 of:

Whitehouse Inc
1534 N Cedar St
Spokane, WA 99201

The following sample was selected for review during the unannounced on-site visit: 7 of 17 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Patricia Eddy, 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

Statement of Deficiencies	License #: 2431	Compliance Determination #:69817
Plan of Correction	Whitehouse Inc	Completion Date
Page 2 of 12	Licensee: White House Inc	12/10/2026

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 — 12/22/2025 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) — 1/5/26 Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that residents were treated with dignity and respect and that their rights were protected for 3 of 3 residents (Resident 5, 6, and 7). This failure resulted in an uncomfortable living space for residents, the inability to make choices, and placed residents at risk for a decreased quality of life.

Findings included...

Per RCW 70.129.005, Intent – Basic Rights. Residents should have a safe, clean, comfortable, and homelike environment that enhanced each resident's quality of life.

Per RCW 70.129.020, Exercise of Rights. Residents have the right to self-determination and a dignified existence.

Per RCW 70.129.140, Quality of Life – Rights. The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect.

<Homelike environment>

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

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(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that residents were treated with dignity and respect and that their rights were protected for 3 of 3 residents (Resident 5, 6, and 7). This failure resulted in an uncomfortable living space for residents, the inability to make choices, and placed residents at risk for a decreased quality of life.

Findings included…

Per RCW 70.129.005, Intent – Basic Rights. Residents should have a safe, clean, comfortable, and homelike environment that enhanced each resident's quality of life.

Per RCW 70.129.020, Exercise of Rights. Residents have the right to self-determination and a dignified existence.

Per RCW 70.129.140, Quality of Life – Rights. The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect.

<Homelike environment>

Observation on 12/01/2025 at 11:15 AM showed five wooden unpadded chairs on the outside walls of the large living room area. Observation showed the television (TV) provided for resident activity and enjoyment, measured 24 inches. Further observation showed that staff walked through a resident's line of viewing site to the TV.

Observation on 12/02/2025 at 12:06 PM showed the resident dining area was furnished with plastic folding dining tables and chairs.

In an interview on 12/03/2025 at 03:26 PM, Resident 5 stated that they would participate in more activities if there were couches in the living room. The resident stated that the wooden chairs were very uncomfortable and that they had chronic hip pain that prevented them from sitting on hard surfaces for long periods of time. The resident stated they had asked for couches but were denied.

In an interview on 12/03/2025 at 03:26 PM, Resident 7 stated that they had asked for couches in the living room a few times over the years because the chairs were so uncomfortable but were denied. The resident stated they did not often stay in the living room for activities or socialization because it was not comfortable.

Observation on 12/04/2025 at 03:30 PM showed all available chairs in the living room were occupied, leaving some residents without seating and having to stand to watch television.

In an interview on 12/04/2025 at 05:15 PM, Staff A, Manager, stated the living room was not furnished with couches because they believed the residents would ruin them.

<Dignity and Self -determination>

In an interview on 12/02/2025 at 11:35 AM, Staff C, cook, stated residents were not allowed in the kitchen to use the microwave or sink. Staff C stated the only other sinks available to the residents were the bathroom sinks.

In an interview on 12/04/2025 at 02:25 PM, Resident 7 stated that they purchased instant coffee because they wanted coffee more often than the facility provided. The resident stated that they had to mix their instant coffee grounds with water from the bathroom sink, which was often cold, leaving them to drink cold coffee. Resident 7 further stated the facility did not allow microwaves in resident rooms, so they were unable to warm up their cold coffee.

In an interview on 12/04/2025 at 02:25 PM, Resident 6 stated they purchased instant coffee frequently and used the water from the bathroom sink to make it.

In an interview on 12/04/2025 at 02:39 PM, Resident 5 stated that they purchase instant coffee because the facility only provided decaffeinated coffee. Resident 5 stated that they used water from the bathroom sink for the instant coffee. The resident further stated that they used to ask staff to heat their water up in the kitchen microwave but stopped asking because they were told no so often The resident stated one staff member said it was not in their job description.

In an interview on 12/04/2025 at 03:00 PM, Staff A stated they were aware that the residents used the bathroom sink water to fill up their cups to make instant coffee. Staff A stated the facility did not provide coffee outside of mealtimes and that they only provided decaffeinated coffee, so the residents did not get overcaffeinated. Staff A stated the residents purchased their own instant caffeinated coffee because that was what they preferred. Staff A stated that they did not provide residents with access to a microwave. Staff A further stated that microwaves were not allowed in resident rooms per the Fire Marshal.
In an interview on 12/04/2025 at 12:33 PM, the Fire Marshal stated microwaves were allowed in resident rooms and just need to be plugged directly into the wall.

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, Whitehouse Inc is or will be in compliance with this law and / or regulation on (Date) ~~1/24/26~~ 2/2/26

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

Administrator (or Representative) — Date: 1/5/26

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure hazardous medication waste was disposed of in a secure location (facility dumpster). This failure placed residents at risk of harm due to access to hazardous materials.

Findings included...

In an interview on 12/04/2025 at 02:39 PM, Resident 5 stated that they purchase instant coffee because the facility only provided decaffeinated coffee. Resident 5 stated that they used water from the bathroom sink for the instant coffee. The resident further stated that they used to ask staff to heat their water up in the kitchen microwave but stopped asking because they were told no so often. The resident stated one staff member said it was not in their job description.

In an interview on 12/04/2025 at 03:00 PM, Staff A stated they were aware that the residents used the bathroom sink water to fill up their cups to make instant coffee. Staff A stated the facility did not provide coffee outside of mealtimes and that they only provided decaffeinated coffee, so the residents did not get overcaffeinated. Staff A stated the residents purchased their own instant caffeinated coffee because that was what they preferred. Staff A stated that they did not provide residents with access to a microwave. Staff A further stated that microwaves were not allowed in resident rooms per the Fire Marshal.
In an interview on 12/04/2025 at 12:33 PM, the Fire Marshal stated microwaves were allowed in resident rooms and just need to be plugged directly into the wall.

Plan/Attestation Statement

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

_____ _____
Administrator (or Representative) Date

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(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure hazardous medication waste was disposed of in a secure location (facility dumpster). This failure placed residents at risk of harm due to access to hazardous materials.

Findings included…

Review of the facility's characteristic roster showed 17 residents with mental health issues

In an interview on 12/04/2025 at 05:15 PM, Staff A, manager, stated their process for medication disposal was to fill up an empty container of hot water and then put any discontinued, unclaimed, or expired medications into the container. Staff A stated they would set aside the containers in their locked office for a few hours to allow the medications to dissolve. Staff A stated that, after the medications were dissolved, the containers were thrown away in the facility's dumpster that was in a locked area.

Observation on 12/03/2025 at 03:26 PM showed that the gate leading to the dumpster was not locked.

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, Whitehouse Inc is or will be in compliance with this law and / or regulation on (Date) 1/24/26 2/2/26

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

Administrator (or Representative) 1/5/26 Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(5) Provide hot and cold water under adequate pressure readily available throughout the assisted living facility;

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure that water temperatures were maintained between 105 degrees Fahrenheit and 120 degrees Fahrenheit and that the water pressure was adequate in 3 of 4 common restrooms (Restroom 1, 2, and 4). This failure compromised proper hand hygiene and sanitation practices and placed residents at risk for exposure to and transmission of communicable diseases.

Review of the facility's characteristic roster showed 17 residents with mental health issues.

In an interview on 12/04/2025 at 05:15 PM, Staff A, manager, stated their process for medication disposal was to fill up an empty container of hot water and then put any discontinued, unclaimed, or expired medications into the container. Staff A stated they would set aside the containers in their locked office for a few hours to allow the medications to dissolve. Staff A stated that, after the medications were dissolved, the containers were thrown away in the facility's dumpster that was in a locked area.

Observation on 12/03/2025 at 03:26 PM showed that the gate leading to the dumpster was not locked.

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, Whitehouse Inc 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-2950 Water supply. The assisted living facility must:

(5) Provide hot and cold water under adequate pressure readily available throughout the assisted living facility;

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure that water temperatures were maintained between 105 degrees Fahrenheit and 120 degrees Fahrenheit and that the water pressure was adequate in 3 of 4 common restrooms (Restroom 1, 2, and 4). This failure compromised proper hand hygiene and sanitation practices and placed residents at risk for exposure to and transmission of communicable diseases.

Findings included…

In an interview on 12/01/2025 at 11:20 AM, Staff A, Manager, stated the facility's water heater was “on demand” and could take time to get up to the required temperature.

Observation on 12/02/2025 at 12:01 PM showed the water temperature for the sink in Restroom 1 measured 76.1 degrees Fahrenheit (F). Further observation showed that the sink in Restroom 2 measured 81.1 F after running the water for two minutes. The water stream was observed to be slow in both sinks.

In an interview on 12/02/2025 at 12:30 PM, Staff B, Health Care Aide, stated the water in the bathroom sinks often had to run for a few minutes to get warm.

Observation on 12/03/2025 at 10:42 AM showed the water temperature for the sink in Restroom 1 measured 89.1 F and that the sink in Restroom 2 measured 96.7 F after running the water for two minutes. The water stream was observed to be slow in both sinks.

In an interview on 12/03/2025 at 03:55 PM, Resident 5 stated that the sinks in Restroom 1 and Restroom 2 took a long time to heat up and that they often washed their hands in cold water. The resident stated the water stream was often trickling. The resident further stated that it took a full minute or so to fill up their cup with water.

In an interview on 12/03/2025 at 03:59 PM, Resident 7 stated that they used the sink in Restroom 4 to fill up their coffee cup to make instant coffee. Resident 7 stated that it took a while for the water to get warm, so they often ended up making cold coffee. The resident stated the water stream was often dribbling.

Observation on 12/03/2025 at 04:01 PM showed the water temperature in Restroom 4 measured 99.5 F after running the water for two minutes. The water pressure in Restroom 4 was observed to be slow.

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, Whitehouse,Inc is or will be in compliance with this law and / or regulation on (Date) 4/24/26 2/2/26

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

Administrator (or Representative) 1/5/26 Date

WAC 388-78A-2160 Activities. The assisted living facility must:

(1) Provide space and staff support necessary for:

(a) Each resident to engage in independent or self-directed activities that are appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that independent activities were provided to residents , group activities were consistent with the collective interests of the residents, and that supplies and equipment were available for 4 of 7 residents (Resident 1, 5, 6, and 7). This failure placed the residents at risk for boredom, reduced engagement, and a decreased quality of life.

Findings included...

Review of the facility's activity policy showed the facility would provide space and support staff necessary for each resident to engage in independent or self-directed activities that were appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and routine supplies and equipment necessary for activities described would be made available.

Review of the facility's disclosure of services showed the facility would help residents arrange social, recreational, religious, or other activities in the assisted living facility and in the community.

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, Whitehouse Inc 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-2180 Activities. The assisted living facility must:

(1) Provide space and staff support necessary for:

(a) Each resident to engage in independent or self-directed activities that are appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and

(b) Group activities at least three times per week that may be planned and facilitated by caregivers consistent with the collective interests of a group of residents.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that independent activities were provided to residents , group activities were consistent with the collective interests of the residents, and that supplies and equipment were available for 4 of 7 residents (Resident 1, 5, 6, and 7). This failure placed the residents at risk for boredom, reduced engagement, and a decreased quality of life.

Findings included…

Review of the facility’s activity policy showed the facility would provide space and support staff necessary for each resident to engage in independent or self-directed activities that were appropriate to the setting, consistent with the resident's assessed interests, functional abilities, preferences, and negotiated service agreement; and routine supplies and equipment necessary for activities described would be made available.

Review of the facility's disclosure of services showed the facility would help residents arrange social, recreational, religious, or other activities in the assisted living facility and in the community.

Observation on 12/01/2025 at 11:15 AM showed that the facility had no items for individual activities, such as coloring items, cards, or books.

<Activities>

In an interview on 12/02/2025 at 04:15 PM, Staff A, Manager, stated the facility offered three activities per week at 02:00 PM. Staff A stated that they decided to include nail care and foot care in activities because it was the only way to get some of the residents to groom their nails or feet.

Review of the facility's activities schedule for December showed the following:

12/03/2025 2:00 PM – Coloring Activity

Observation on 12/03/2025 at 02:00 PM showed several residents in the living room and dining room with no activities occurring. Observation at that time showed one caregiver in the medication room, Staff A in their office, and no staff in the living room or dining room.

In an interview on 12/04/2025 at 11:05 AM, Staff A stated they had not known about the two movie players below the television in the living room being broken. They stated that movie tapes were not replaced because "they ended up at pawn shops".

<Resident 1>

Review of Resident 1's Negotiated Service Plan and Independent Assessment (NSP, the facility's combined negotiated service agreement and assessment), showed the resident was diagnosed with [redacted]. The NSP showed staff were to assure access to activities of choice as desired by the resident and to modify activities as able in response to the president's ability for participation and pleasurable experience.

In an interview on 12/03/2025 at 10:29 AM, Resident 1 stated they did not participate in activities often, only bingo because the other activities were "not fun".

Observation on 12/04/2025 at 12:45 PM showed Resident 1 paced around the living room and dining room of the facility. Further observation at that time showed several other residents were standing around a small television or sitting in the living room watching television.

In an interview on 12/04/2025 at 02:10 PM, Resident 1 stated they were bored and had

nothing to do.

<Resident 5>

Review of Resident 5's NSP showed the resident was diagnosed with [redacted]. The NSP showed staff were to assure access to activities of choice as desired by the resident and to modify activities as able in response to the resident's ability for participation and pleasurable experience.

In an interview on 12/03/2025 at 03:26 PM, Resident 5 stated they would participate in activities more often if there were different options that more residents liked to do. The resident stated that the television in the living room was too small and did not have enough channels. Resident 5 stated they had to watch the same movies repeatedly and that the movie player had been broken since the summer. The resident stated they did not think that nail and foot care should be considered activities since they were not something anyone was interested in doing.

Observation on 12/03/2025 at 09:00 AM showed the manufacturer's box for the television that showed the television measured 24 inches.

In an interview on 12/04/2025 at 02:39 PM, Resident 5 stated they were never informed about a coloring activity that was scheduled on 12/03/2025 at 02:00 PM.

<Resident 6>

Review of Resident 6's NSP showed the resident was diagnosed with [redacted]. The NSP showed staff were to assure access to activities of choice as desired by the resident and to modify activities as able in response to the resident's ability for participation and pleasurable experience.

In an interview on 12/03/2025 at 03:26 PM, Resident 6 stated they had been living at the facility for eight years and that they had to watch the same movies repeatedly. The resident stated they did not often watch television because of the limited channels.

In an interview on 12/04/2025 at 02:25 PM, Resident 6 stated they were never informed about a coloring activity that was scheduled on 12/03/2025 at 02:00 PM.

<Resident 7>

Review of Resident 7's NSP showed the resident was diagnosed with [redacted]. The NSP showed staff were to assure access to activities of choice as desired

by the resident and to modify activities as able in response to the resident's ability for participation and pleasurable experience.

In an interview on 12/03/2025 at 03:26 PM, Resident 7 stated they wanted to do activites that they were interested in, such as bible study and musical instruments, but that those had never been an option. The resident stated they did not think that nail and foot care should be considered activities and that they did not enjoy any of the other activities.

In an interview on 12/04/2025 at 02:25 PM, Resident 7 stated they were never informed about a coloring activity that was scheduled on 12/03/2025 at 02:00 PM and that it was not uncommon to not be told about an activity.

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, Whitehouse Inc is or will be in compliance with this law and / or regulation on (Date)____ 1/27/26 2/2/26

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

Administrator (or Representative) _____ Date 1/5/26

WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(1) General characteristics:

(a) Units must have lever door hardware and option for lockable entry doors;

(i) Locking entry doors must unlock with single lever handle motion;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to provide lockable room entry doors for 3 of 3 sampled residents (Resident 3, 5 and 7). This failure resulted in residents not having an option for lockable doors and placed them at risk for theft and violations of privacy.

Findings included...

by the resident and to modify activities as able in response to the resident's ability for participation and pleasurable experience.

In an interview on 12/03/2025 at 03:26 PM, Resident 7 stated they wanted to do activities that they were interested in, such as bible study and musical instruments, but that those had never been an option. The resident stated they did not think that nail and foot care should be considered activities and that they did not enjoy any of the other activities.

In an interview on 12/04/2025 at 02:25 PM, Resident 7 stated they were never informed about a coloring activity that was scheduled on 12/03/2025 at 02:00 PM and that it was not uncommon to not be told about an activity.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(1) General characteristics:

(a) Units must have lever door hardware and option for lockable entry doors;

(i) Locking entry doors must unlock with single lever handle motion;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to provide lockable room entry doors for 3 of 3 sampled residents (Resident 3, 5 and 7). This failure resulted in residents not having an option for lockable doors and placed them at risk for theft and violations of privacy.

Findings included…

During the group meeting on 12/01/2025 at 01:00 PM, Resident 3 stated they did not have a lock on their door, Room [redacted], and wanted a lock on their door.

In an interview on 12/01/2025 at 01:50 PM, Staff A, Manager, stated that none of the residents' doors had locks and that the facility was not required to provide locks on doors.

Observation on 12/01/2025 at 03:35 PM showed that Room [redacted] did not have a lock on the door.

In an interview on 12/03/2025 at 03:39 PM, Resident 5 stated they did not have a lock on their door, Room [redacted] and had asked for one but was told that it was a fire hazard.

In an interview on 12/03/2025 at 03:41 PM, Resident 7 stated they did not have a lock on their door, Room [redacted], and had asked for a lock multiple times but was denied.

Observation on 12/03/2025 at 03:50 PM showed that Room [redacted] did not have a lock on the door.

Observation on 12/03/2025 at 03:59 PM showed that Room [redacted] did not have a lock on the door.

Plan/Attestation Statement

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

Administrator (or Representative) — Date 1/5/26

WAC 388-78A-2930 Communication system.

(5) The facility must provide wireless internet access.

This requirement was not met as evidenced by:

During the group meeting on 12/01/2025 at 01:00 PM, Resident 3 stated they did not have a lock on their door, Room [redacted], and wanted a lock on their door.

In an interview on 12/01/2025 at 01:50 PM, Staff A, Manager, stated that none of the residents' doors had locks and that the facility was not required to provide locks on doors.

Observation on 12/01/2025 at 03:35 PM showed that Room [redacted] did not have a lock on the door.

In an interview on 12/03/2025 at 03:39 PM, Resident 5 stated they did not have a lock on their door, Room [redacted], and had asked for one but was told that it was a fire hazard.

In an interview on 12/03/2025 at 03:41 PM, Resident 7 stated they did not have a lock on their door, Room [redacted], and had asked for a lock multiple times but was denied.

Observation on 12/03/2025 at 03:50 PM showed that Room [redacted] did not have a lock on the door.

Observation on 12/03/2025 at 03:59 PM showed that Room [redacted] did not have a lock on the door.

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, Whitehouse Inc 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-2930 Communication system.

(5) The facility must provide wireless internet access.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure wireless internet access was provided for 3 of 3 sampled residents (Resident 5, 6, and 7). This failure resulted in the absence of wireless internet access and placed the residents at risk for limited engagement and decreased opportunities for meaningful activity

Findings included...

Observation on 12/04/2025 at 11:05 AM showed an internet router in the living room behind the television.

In an interview on 12/04/2025 at 11:05 AM, Staff A, Manager, stated the facility had wireless internet but never provided internet access to the residents. Staff A stated that they were not aware that providing wireless internet was a requirement.

In an interview on 12/04/2025 at 02:25 PM, Resident 6 reported they had lived in the facility for eight years and never had access to wireless internet.

In an interview on 12/04/2025 at 02:27 PM, Resident 7 reported they never had access to wireless internet through the facility and could not afford internet on their own.

In an interview on 12/04/2025 at 02:39 PM, Resident 5 reported they did not have access to wireless internet and would have wanted access if it was available.

Plan/Attestation Statement

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

Administrator (or Representative) — Date: 1/5/26

Based on observation and interview, the facility failed to ensure wireless internet access was provided for 3 of 3 sampled residents (Resident 5, 6, and 7). This failure resulted in the absence of wireless internet access and placed the residents at risk for limited engagement and decreased opportunities for meaningful activity.

Findings included…

Observation on 12/04/2025 at 11:05 AM showed an internet router in the living room behind the television.

In an interview on 12/04/2025 at 11:05 AM, Staff A, Manager, stated the facility had wireless internet but never provided internet access to the residents. Staff A stated that they were not aware that providing wireless internet was a requirement.

In an interview on 12/04/2025 at 02:25 PM, Resident 6 reported they had lived in the facility for eight years and never had access to wireless internet.

In an interview on 12/04/2025 at 02:27 PM, Resident 7 reported they never had access to wireless internet through the facility and could not afford internet on their own.

In an interview on 12/04/2025 at 02:39 PM, Resident 5 reported they did not have access to wireless internet and would have wanted access if it was available.

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, Whitehouse Inc 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

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

White House Inc
Whitehouse Inc
1534 N Cedar St
Spokane, WA 99201

RE: Whitehouse Inc # 2431

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 12/10/2025 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-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

The facility did not complete smoking assessments annually for two residents. The manager was aware that they had to be completed annually and stated that they had gotten behind due to staffing issues. The manager completed the smoking assessments prior to the conclusion of 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 You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- 323-7300 - 509-514-1765

• Please contact me at (509)893-7821.

Sincerely,

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

Enclosure

• Please contact me at (509)993-7821.

Sincerely,

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

Enclosure