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

Moores Assisted Living Inc

Moore's Assisted Living Inc
1803 W Pacific Ave
Spokane, WA 99201

RE: Moore's Assisted Living Inc License # 2446

Dear Administrator:

This letter addresses Compliance Determination(s) 65933 (Completion Date 09/19/2025) and 63042 (Completion Date 07/23/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/19/2025 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-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-c

The Department staff who did the on-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 07/22/2025 and 07/23/2025 of:

Moore's Assisted Living Inc
1803 W Pacific Ave
Spokane, WA 99201

The following sample was selected for review during the unannounced on-site visit: 4 of 9 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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 #: 2446	Compliance Determination #63042
Plan of Correction	Moore's Assisted Living Inc	Completion Date
Page 2 of 5	Licensee: Moores Assisted Living Inc	07/23/2025

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 — 07/30/2025 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) — Aug 7, 2025 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure residents received their medication as prescribed for 2 of 4 sampled residents (Resident 1 and 3). This failure placed residents at risk of developing symptoms and requiring treatment.

Findings included...

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 04/09/2025, showed that the resident was diagnosed with [redacted] and [redacted]. Further review showed the facility provided medication assistance to Resident 1.

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.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure residents received their medication as prescribed for 2 of 4 sampled residents (Resident 1 and 3). This failure placed residents at risk of developing symptoms and requiring treatment.

Findings included…

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 04/09/2025, showed that the resident was diagnosed with [redacted] and [redacted]. Further review showed the facility provided medication assistance to Resident 1.

Review of Resident 1's Medication Administration Record (MAR) for May 2025 showed an order for atorvastatin (medication for hyperlipidemia and hypertension) to be given once daily. Further review showed that Resident did not receive the medication from 05/01/2025 to 05/06/2025, totaling six doses and was marked as "out of medication."

Review of Resident 1's undated medical chart showed no documentation of any communication between the facility, provider, or pharmacy regarding the missing medication.

In an interview on 07/23/2025 at 11:15 PM, Staff F, Manager, stated that the atorvastatin was found in the medication cart, and confirmed that staff had not administered the medication for six days.

<Resident 3>

Review of Resident 3's NSA, dated 04/09/2025, showed that the resident was diagnosed with [redacted] and had a history of suicidal ideation. Further review showed that the facility provided medication assistance to Resident 3.

<Amlodipine>

Review of Resident 3's physician order, dated 03/19/2025, showed an order for amlodipine (medication for high blood pressure) once daily, but to hold the amlodipine if the systolic (top number of the blood pressure) number was less than 100.

Review of Resident 3's May 2025, June 2025, and July 2025 MARs showed the order for amlodipine but had no documentation of daily blood pressure monitoring to assess Resident 3's need for the amlodipine.

In an interview on 07/13/2025 at 11:20 AM, Staff F stated that they had not seen the order to hold the amlodipine if the SBP was less than 100 and that staff had not been taking Resident 1's blood pressure prior to the administration of the medication.

<Escitalopram>

Review of Resident 3's physician order, dated 05/22/2025, showed to discontinue Resident 3's escitalopram (medicine for treating depression) once daily.

Review of Resident 3's physician order, dated 05/23/2025, showed instructions to

restart Resident 3's daily escitalopram.

Review of Resident 3's May 2025 MAR showed that the facility did not administer the escitalopram on 05/23/2025, 05/24/2025, and 05/25/2025.

Review of Resident 3's undated medical chart showed no documentation of any communication between the facility, provider, or pharmacy regarding the missed doses.

In an interview on 07/23/2025 at 11:20 PM, Staff F stated that they had followed up with the pharmacy to as to why the escitalopram had been discontinued on 05/22/2025 and that the order had been reinstated on 05/23/2025. Staff F confirmed that the medication had not been administered for three days.

This is a recurring deficiency previously cited on 05/17/2024.

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, Moore's Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 8-22-2025

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

Betsy J Mckesson — Administrator (or Representative)

Aug 7, 2025 — 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:

(a) Orientation and safety;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

restart Resident 3's daily escitalopram.

Review of Resident 3's May 2025 MAR showed that the facility did not administer the escitalopram on 05/23/2025, 05/24/2025, and 05/25/2025.

Review of Resident 3's undated medical chart showed no documentation of any communication between the facility, provider, or pharmacy regarding the missed doses.

In an interview on 07/23/2025 at 11:20 PM, Staff F stated that they had followed up with the pharmacy to as to why the escitalopram had been discontinued on 05/22/2025 and that the order had been reinstated on 05/23/2025. Staff F confirmed that the medication had not been administered for three days.

This is a recurring deficiency previously cited on 05/17/2024.

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, Moore's Assisted Living 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

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(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:

(a) Orientation and safety;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that specialized training was completed by 1 of 5 staff (Staff A). This failed practice placed residents at risk of substandard care by untrained staff.

Findings included...

Review of Staff A's, Caregiver, undated personnel file showed a hire date of 09/11/2024. Further review showed it did not contain certifications for orientation and safety, or specialized trainings for dementia, mental health, and developmental disabilities.

In an interview on 07/23/2025 at 3:00 PM, Staff E, Administrator/Owner, confirmed the facility did not have certifications for orientation and safety, or specialized trainings for dementia, mental health, and developmental disabilities for Staff A.

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, Moore's Assisted Living Inc is or will be in compliance with this law and / or regulation on (Date) 9-10-2025

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

Deby McKesson — Administrator (or Representative)

Aug 7, 2025 — Date

Based on interview and record review, the facility failed to ensure that specialized training was completed by 1 of 5 staff (Staff A). This failed practice placed residents at risk of substandard care by untrained staff.

Findings included...

Review of Staff A's, Caregiver, undated personnel file showed a hire date of 09/11/2024. Further review showed it did not contain certifications for orientation and safety, or specialized trainings for dementia, mental health, and developmental disabilities.

In an interview on 07/23/2025 at 3:00 PM, Staff E, Administrator/Owner, confirmed the facility did not have certifications for orientation and safety, or specialized trainings for dementia, mental health, and developmental disabilities for Staff A.

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, Moore's Assisted Living 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