



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

Moore's 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) 48944 (Completion Date 10/23/2024) and 46808 (Completion Date 09/18/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/23/2024 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-2470-1

The Department staff who did the on-site verification:
Anne Sinclair, NCI Community Complaint 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: Moore's Assisted Living Inc **Provider Type:** Assisted Living Facility

License/Cert.#: 2446

Intake ID: 145975

Compliance Determination #: 46808

Region/Unit #: RCS Region 1 / Unit B

Investigator: Anne Sinclair

Investigation Date(s): 09/06/2024 through 09/18/2024

Complainant Contact Date(s):

Allegation(s):

1. Staff giving illegal substances to resident.
2. Sexual relationship between staff and resident.

Investigation Methods:

Sample:	Total residents: 9 Resident sample size: 3 Closed records sample size: 1
Observations:	Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions Kitchen Food preparation
Interviews:	Residents Caregiver Manager Owner
Record Reviews:	Sample residents care plan/face sheet Staff credential/background check Characteristic roster Staff roster Disclosure of Services Facility drug use policy

Investigation Summary:

1. Facility investigated allegation of staff giving illegal substances to a resident. Record review and interview showed allegation was unsubstantiated. Named resident interviewed did not affirm allegation. Facility provided for resident safety, staff were sent out for drug testing and the facility had a policy to address drug use. Residents interviewed had no concerns or allegations of staff providing illegal substances to residents. Residents interviewed had no concerns or allegations of

staff use of illegal substances with staff. Record review showed one staff had a disqualifying criminal conviction. Facility citation for WAC 388-78A-2470(1).

2. Facility investigated allegation of concern. Named resident interviewed did not affirm allegation, stated they felt safe in the facility, and can talk to staff about concerns. Residents interviewed had no concerns with staff or other residents and stated they felt safe in facility. Staff interviewed reported a former staff member was interviewed regarding allegations and concern was unsubstantiated. Residents were observed without distress or unmet health needs, and staff were assisting residents during unannounced facility visit. Findings do not support failed facility practice.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



Residential Care Services Investigation Summary Report

Provider/Facility: Moore's Assisted Living Inc **Provider Type:** Assisted Living Facility

License/Cert.#: 2446

Intake ID: 146100

Compliance Determination #: 46808

Region/Unit #: RCS Region 1 / Unit B

Investigator: Anne Sinclair

Investigation Date(s): 09/06/2024 through 09/18/2024

Complainant Contact Date(s):

Allegation(s):

1. Staff substance use with residents.
 2. Staff to resident sexual allegation.
 3. Staff giving resident illegal substances.
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Investigation Methods:

Sample:	Total residents: 9 Resident sample size: 3 Closed records sample size: 1
Observations:	Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions Kitchen Food preparation
Interviews:	Residents Caregiver Manager Owner
Record Reviews:	Sample residents care plan/face sheet Facility drug use policy Characteristic roster Staff credential/background check

Investigation Summary:

1. Facility investigated allegation of concern. Record review showed one resident claimed use of legal substance on facility property with a staff, staff was immediately placed on probation, facility provided for resident safety, and resident was terminated for a separate issue. Residents interviewed had no concerns with staff or use of substances at facility, stated they felt safe and can talk to staff about concerns. Residents were observed without distress or unmet health needs during unannounced facility visit. Facility had a policy to address abuse/neglect reporting.

Findings do not support failed facility practice.

2. Facility investigated allegation of concern. Named resident interviewed did not affirm allegation, stated they felt safe in the facility, and can talk to staff about concerns. Residents interviewed had no concerns with staff or other residents and stated they felt safe in facility. Staff interviewed reported a former staff member was interviewed regarding allegations and concern was unsubstantiated. Residents were observed without distress or unmet health needs, and staff were assisting residents during unannounced facility visit. Findings do not support failed facility practice.

3. Facility investigated allegation of staff giving illegal substances to a resident. Record review and interview showed allegation was unsubstantiated. Named resident interviewed did not affirm allegation. Facility provided for resident safety, staff were sent out for drug testing, facility had a policy to address drug use. Residents interviewed had no concerns or allegations of staff providing illegal substances to residents. Record review showed one staff had a disqualifying criminal conviction. Facility citation for WAC 388-78A-2470(1).

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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

Statement of Deficiencies	License #: 2446	Compliance Determination # 46808
Plan of Correction	Moore's Assisted Living Inc	Completion Date
Page 1 of 3	Licensee: Moores Assisted Living Inc	09/18/2024

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 09/06/2024, 09/06/2024, 09/10/2024 and 09/06/2024 of:

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

This document references the following complaint number(s): 144077, 145975, 146094, 146100, 146282

The following sample was selected for review during the unannounced on-site visit: 3 of 9 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Anne Sinclair, NCI Community Complaint 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

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

09/26/2024

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.

Statement of Deficiencies

License #: 2446

Compliance Determination # 46808

Plan of Correction

Moore's Assisted Living Inc

Completion Date

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Licensee: Moores Assisted Living Inc

09/18/2024

Betsy J. McKesson
Administrator (or Representative)

Date *10/15/24*

WAC 388-78A-2470 Background check Employment-disqualifying information Disqualifying negative actions.

(1) The assisted living facility must not employ an administrator, caregiver, or staff person, to have unsupervised access to residents, as defined in RCW 43.43.830, if the individual has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, unless the individual is eligible for an exception under WAC 388-113-0040.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that one staff member with a disqualifying criminal conviction did not have unsupervised access to residents for 1 of 4 sampled staff (Staff A). This failure placed all residents at risk as defined vulnerable adults.

Findings included...

Review of Staff A's, Caregiver Washington State Name and Date of Birth Background Check, dated 07/06/2022, showed that Staff A had disqualifying information on their background check and stated applicant cannot have unsupervised access to children or vulnerable adults.

In an interview on 09/11/2024 at 11:55AM, Staff B, Owner, stated that Staff A had been employed at the facility for at least 15 years and was currently employed at the facility.

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) *10/14/2024*

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

Betsy J. McKesson
Administrator (or Representative)

Date *10/14/24*

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

Statement of Deficiencies

License #: 2446

Compliance Determination # 46808

Plan of Correction

Moore's Assisted Living Inc

Completion Date

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Licensee: Moores Assisted Living Inc

09/18/2024

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