



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

RP Operations, LLC
Rose Pointe Assisted Living
13013 E Mission Ave
Spokane Valley, WA 99216

RE: Rose Pointe Assisted Living License # 2452

Dear Administrator:

This letter addresses Compliance Determination(s) 67898 (Completion Date 10/28/2025) and 64775 (Completion Date 09/04/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/28/2025 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-2930-1-a-iii, WAC 388-78A-2930-1-a-ii, WAC 388-78A-2930-1-a-i, WAC 388-78A-2930-1-a

The Department staff who did the on-site verification:

Abigail Vanderkolk, Community Complaint Investigator

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

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



Residential Care Services Investigation Summary Report

Provider/Facility: Rose Pointe Assisted Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2452

Intake ID: 191414

Compliance Determination #: 64775

Region/Unit #: RCS Region 1 / Unit B

Investigator: Abigail Vanderkolk

Investigation Date(s): 08/27/2025 through 09/04/2025

Complainant Contact Date(s):

Allegation(s):

1. The facility is dirty and full of pests.
 2. The facility is understaffed.
 3. The residents are not receiving wound care.
 4. The residents' laundry gets mixed up and the laundry detergent is always out.
 5. The call system is ineffective.
-

Investigation Methods:

Sample: Total residents: 88
Resident sample size: 9
Closed records sample size: 0

Observations: Identified resident
Residents
Activities
Resident rooms
Resident care equipment
Staff to resident interactions
Resident to resident interactions
Call system
Laundry rooms

Interviews: Nursing staff
Residents
Executive director
Resident care coordinator
Identified resident
Maintenance director
Housekeeping manager

Record Reviews: Disclosure of services
Characteristic roster
Staff roster
Resident care plans
Resident face sheets
Abuse and neglect reporting policy
Loss of power emergency policy

Investigation Summary:

1. The facility is currently out of compliance for this issue under WAC 388-78A(3090)(1)(d).
2. The facility staff that were interviewed stated that there were no concerns regarding inadequate staffing. Record review of the facility's working schedule showed that the facility had staff scheduled to work in each section of the facility and a plan for additional staff to come in as needed. The residents that were interviewed stated that staff responded timely and reported no concerns about a lack of staff in the facility. Observations during unannounced facility visit showed the residents receiving care from the staff and no residents were observed with distress or unmet care needs. No failed facility practice identified.
3. Several residents' care plans were found to be lacking updated information regarding identified wound and skin needs. The staff performed reassessments of the identified residents and updated each of their care plans accordingly during facility investigation. Consultation provided under WAC 388-78A-2100.
4. The facility staff that were interviewed stated that the laundry detergent had recently been stolen from a locked facility storage area, that it was now being kept in a locked office instead to prevent future losses, and that each day staff restock the laundry room and med carts with detergent for the residents to use. Observations during the unannounced visit showed that there was laundry detergent stocked and available in the laundry room and in each med cart. A review of residents' records showed that several residents prefer to do their own laundry. The residents that were interviewed stated that there was always soap in the laundry room. No failed facility practice identified.
5. The facility failed to provide a communication system for residents that performed reliably throughout the facility and was cited under WAC 388-78A-2930.

Conclusion / Action:

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



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Statement of Deficiencies	License #: 2452	Compliance Determination # 64775
Plan of Correction	Rose Pointe Assisted Living	Completion Date
Page 1 of 4	Licensee: RP Operations, LLC	09/04/2025

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 08/27/2025 of:

Rose Pointe Assisted Living
13013 E Mission Ave
Spokane Valley, WA 99216

This document references the following complaint number(s): 191414

The following sample was selected for review during the unannounced on-site visit: 9 of 88 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Abigail Vanderkolk, 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

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

Statement of Deficiencies	License #: 2452	Compliance Determination # 84775
Plan of Correction	Rose Pointe Assisted Living	Completion Date
Page 2 of 4	Licensee: RP Operations, LLC	09/04/2025

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

09/08/2025

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)

9.9.25
10.20.25
Date

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(i) Bathrooms and toilet rooms;

(ii) Resident living rooms and resident sleeping rooms; and

(iii) Corridors, as well as common and outdoor areas accessible to residents.

This requirement was not met as evidenced by:

Based on observations and interviews, the facility failed to ensure that the emergency call system functioned as required in 4 out of 12 facility areas (Resident Room 1, Resident Room 2, Common Area 1, and Common Area 2). This failed practice placed the residents at risk for harm due to not being able to call for staff assistance.

Findings included...

Observations made in Resident Room 1 on 09/27/2025 at 2:21 PM included:

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

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-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

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(ii) Resident living rooms and resident sleeping rooms; and

(iii) Corridors, as well as common and outdoor areas accessible to residents.

This requirement was not met as evidenced by:

Based on observations and interviews, the facility failed to ensure that the emergency call system functioned as required in 4 out of 12 facility areas (Resident Room 1, Resident Room 2, Common Area 1, and Common Area 2). This failed practice placed the residents at risk for harm due to not being able to call for staff assistance.

Findings included...

Observations made in Resident Room 1 on 08/27/2025 at 2:21 PM included:

Staff A, Maintenance Director, activated a pull cord in the sleeping room which did not send out any alerts to staff.

Staff A activated a pull cord in the bathroom which did not send out alerts consistently to staff and would not reset.

Observations made in Common Area 1 on 08/27/2025 at 2:15 PM showed that a pull cord alerted staff properly when activated but allowed Staff A (Maintenance Director) to reset the alarm wirelessly without first checking the alarm area and resetting it physically.

Observations made in Resident Room 2 on 08/27/2025 at 2:47 PM showed that the pull cord in the resident bathroom was dysfunctional and did not send an alert to staff when activated.

Observations made on 08/27/2025 at 2:41 PM showed that there was no pull cord in Common Area 2.

In an interview on 08/27/2025 at 1:56 PM, Staff A stated there were no pull cords in Common Area 2 and that the facility did not have extra call pendants for the residents without functioning pull cords.

In an interview on 08/27/2025 at 4:05 PM, Staff A stated that they were working on fixing the pull cord in Resident Room 1, but it was still not functioning properly, and that the facility only had one extra pull cord to swap out with a non-functional one.

Statement of Deficiencies

License #: 2452

Compliance Determination # 54775

Plan of Correction

Rose Pointe Assisted Living

Completion Date

Page 4 of 4

Licensee: RP Operations, LLC

09/04/2025

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, Rose Pointe Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10-20-25

10-19-25 (TD)

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



Administrator (or Representative)9-9-25

Date

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, Rose Pointe Assisted Living 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