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

Parkview Operations LLC
Parkview Retirement & Assisted Living Residence
240 South Silke Road
Colville, WA 99114

RE: Parkview Retirement & Assisted Living Residence License # 2495

Dear Administrator:

This letter addresses Compliance Determination(s) 71497 (Completion Date 01/16/2026) and 69489 (Completion Date 12/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/16/2026 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-2290-3, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-4, WAC 388-78A-2290-4-b, WAC 388-78A-2474-2, WAC 388-78A-2474-2-c, WAC 388-78A-2620-2, WAC 388-78A-2620-2-a, WAC 388-78A-2620

The Department staff who did the on-site verification:
Veronica Jackson, Assisted Living Facility 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 12/02/2025, 12/03/2025 and 12/10/2025 of:

Parkview Retirement & Assisted Living Residence
240 South Silke Road
Colville, WA 99114

The following sample was selected for review during the unannounced on-site visit: 10 of 46 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tethra Wales, Assisted Living Facility Licensor
Veronica Jackson, Assisted Living Facility 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 #: 2495	Compliance Determination # 69489
Plan of Correction	Parkview Retirement & Assisted Living Residence	Completion Date
Page 2 of 6	Licensee: Parkview Operations LLC	12/10/2025

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 — 12/17/2025 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) — 12/17/2025 Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(b) The resident's representative, if any;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain a written plan for family assistance with medication for 1 of 5 sampled residents (Resident 3). This failure placed the resident at risk of not receiving their medications as prescribed in the event that the family member was unable to or failed to provide them for the resident.

Findings included...

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

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Based on interview and record review, the facility failed to obtain a written plan for family assistance with medication for 1 of 5 sampled residents (Resident 3). This failure placed the resident at risk of not receiving their medications as prescribed in the event that the family member was unable to or failed to provide them for the resident.

Findings included…

Review of Resident 3's undated Face Sheet showed diagnoses of [redacted] and [redacted] and a history of heart attack.

Review of the facility's Characteristic Roster showed Resident 3's family was responsible for medication assistance.

Review of Resident 3's After Visit Summary, dated 11/07/2025, showed twelve scheduled medications including atorvastatin (an oral medication used to treat high cholesterol), empagliflozin (an oral medication used to treat diabetes), furosemide (an oral medication used to treat edema), Lantus Solostar (an insulin injection used to treat diabetes), metoprolol succinate (an oral medication used to treat high blood pressure), Mounjaro (an injection used to treat diabetes), and valsartan (oral medication used to treat high blood pressure and improve survival after a heart attack).

In an interview on 12/10/2025 at 2:15 PM, Resident 3 stated that Collateral Contact (CC1), family member, ordered all of their medications for them.

In an interview on 12/10/2025 at 2:36 PM, CC1, stated that they ordered all of Resident 3's medications for them.

Review of Resident 3's undated medical record showed plan for family assistance with medication.

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, Parkview Retirement & Assisted Living Residence is or will be in compliance with this law and / or regulation on (Date) 01/15/2026.

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

Administrator (or Representative) — Date 12/10/2025

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

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

_____ _____

Administrator (or Representative) 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:

(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 training requirements were met for dementia and mental health specialty training by 1 of 4 (Staff B). This failure placed the residents at risk of receiving care from untrained staff.

Findings included…

< Specialty Training>

Review of WAC 388-112A-0400 showed that specialty training was required for all long-term care workers to complete within 120 days of their hire date. Review showed that required content for specialty training for dementia was listed in WAC 388-112A-0440. Further review showed that required content for specialty training for mental health was listed in WAC 388-112A-0450.

Review of the facility's undated Disclosure of Services showed that the facility provided services to residents with diagnoses of [redacted].

Review of the facility's Characteristic Roster showed 14 residents listed with dementia and Alzheimer's (brain disorder affecting memory, thinking, and ability to carry out daily tasks).

Review of Resident 4's Face Sheet showed that the resident had primary diagnoses of [redacted] and [redacted].

Review of Resident 7's Face Sheet showed that the resident had primary diagnoses of [redacted] and [redacted].

Review of Staff B's, Resident Care Provider, personnel file showed that they were hired on 06/05/2024. Further review showed no documentation of dementia or mental health specialty trainings.

In an interview on 12/10/2025 at 11:45 AM, Staff C, Administrative Assistant, confirmed that Resident B did not have mental health or dementia training.

Statement of Deficiencies	License #: 2495	Compliance Determination # 69489
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Plan/Attestation Statement

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

Timothy Lee — Administrator (or Representative)

12/18/2025 — Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that required vaccinations were current for 1 of 3 pets (Pet A). This failure placed residents at risk of exposure to diseases transmitted from pets to humans.

Findings included...

Review of the facility's undated policy titled, "Pet Standard," showed that all immunizations were required to be up to date according to veterinarian's recommendation. The policy showed that a rabies vaccination was required for dogs and cats.

Review of Pet A's Certificate of Vaccination, dated 08/19/2024, showed that Pet A's rabies vaccination expired on 08/19/2025.

In an interview on 12/10/2025 at 3:00 PM, Staff A, Administrator, stated that they were not aware that Pet A was not current with required vaccinations. Staff A further stated that facility staff did not provide oversight of pet immunizations.

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, Parkview Retirement & Assisted Living Residence 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) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that required vaccinations were current for 1 of 3 pets (Pet A). This failure placed residents at risk of exposure to diseases transmitted from pets to humans.

Findings included…

Review of the facility's undated policy titled, "Pet Standard," showed that all immunizations were required to be up to date according to veterinarian's recommendation. The policy showed that a rabies vaccination was required for dogs and cats.

Review of Pet A's Certificate of Vaccination, dated 08/19/2024, showed that Pet A's rabies vaccination expired on 08/19/2025.

In an interview on 12/10/2025 at 3:00 PM, Staff A, Administrator, stated that they were not aware that Pet A was not current with required vaccinations. Staff A further stated that facility staff did not provide oversight of pet immunizations.

Statement of Deficiencies	License #: 2495	Compliance Determination # 69489
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Page 6 of 6	Licensee: Parkview Operations LLC	12/10/2025

Plan/Attestation Statement

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

Timothy Lotz

Administrator (or Representative)

12/18/2025

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, Parkview Retirement & Assisted Living Residence is or will be in compliance with this law and / or regulation on (Date)_____ .

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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

Parkview Operations LLC
Parkview Retirement & Assisted Living Residence
240 South Silke Road
Colville, WA 99114

RE: Parkview Retirement & Assisted Living Residence # 2495

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-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(iii) On-going assessments of the resident;

Two negotiated service agreements had not been updated to reflect interventions and monitoring care that residents required. The facility updated both agreements prior to the conclusion of the department's licensing visit.

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.

One resident received intermittent nursing services (nurse delegation) without a written consent. The facility obtained a signed consent for nurse delegation (nursing tasks performed by trained caregivers with the supervision of a registered nurse) from the resident prior to the conclusion of the department survey.

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(5) The release of audio or video monitoring recordings by the facility is prohibited. Each person or organization with access to the electronic monitoring must be identified in the resident's negotiated service agreement.

(6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

A video monitoring device was in use in a resident’s room. The facility had not obtained written consent from the resident and had not updated the resident's service agreement to include video monitoring or who had access to view the video footage. The facility updated and provided records that showed all requirements had been met prior to the conclusion of the department survey.

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:

• Please contact me at (509)993-7821.

Sincerely,

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

Enclosure

Sincerely,

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

Enclosure