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***

09/12/2025

Pine Ridge OpCo LLC
Pine Ridge Alzheimer's Special Care Center
12009 E Mission Ave
Spokane Valley, WA 99206

RE: Pine Ridge Alzheimer's Special Care Center # 2513

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 65587 (Completion Date 09/12/2025) and 62449 (Completion Date 07/17/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/12/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
**WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.**

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, Community Field Manager
Region 1, Unit B

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 an unannounced on-site follow-up on 07/11/2025 of:

Pine Ridge Alzheimer's Special Care Center
12009 E Mission Ave
Spokane Valley, WA 99206

This document references the following SOD dated: 07/17/2025

The following sample was selected for review during the unannounced on-site visit: 6 of 44 current residents and 0 former residents.

The department staff that inspected 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 — 07/29/2025 (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) — 7/30/25 (Date)

**WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.**

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to provide bathing assistance as agreed upon in the negotiated service agreement for 6 of 6 sampled residents (Residents 1, 2, 3, 4, 5, and 6). This failure resulted in the residents not receiving the bathing assistance that was agreed upon and a lack of hygiene care, and placed residents at risk for unmet care needs.

Findings included...

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 07/08/2025, showed the resident was admitted to the facility on [redacted]2025, had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facility's Recorded Care Report, dated 7/11/2025, showed no shower sheet documentation to indicate that Resident 1 had received any showers from 06/29/2025 to 07/11/2025.

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 | 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-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.**

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to provide bathing assistance as agreed upon in the negotiated service agreement for 6 of 6 sampled residents (Residents 1, 2, 3, 4, 5, and 6). This failure resulted in the residents not receiving the bathing assistance that was agreed upon and a lack of hygiene care, and placed residents at risk for unmet care needs.

Findings included…

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 07/08/2025, showed the resident was admitted to the facility on [redacted]/2025, had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facility's Recorded Care Report, dated 7/11/2025, showed no shower sheet documentation to indicate that Resident 1 had received any showers from 06/29/2025 to 07/11/2025.

<Resident 2>

Review of Resident 2's NSA, dated 04/10/2025, showed the resident was admitted to the facility on [redacted]/2023, had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facility's Recorded Care Report, dated 7/11/2025, showed no shower sheet documentation to indicate that Resident 2 had received any showers from 06/29/2025 to 07/11/2025.

<Resident 3>

Review of Resident 3's NSA, dated 07/10/2025, showed the resident was admitted to the facility on [redacted]/2024, had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facility's Recorded Care Report, dated 7/11/2025, showed no shower sheet documentation to indicate that Resident 3 had received any showers from 06/29/2025 to 07/11/2025.

<Resident 4>

Review of Resident 4's NSA, dated 03/27/2025, showed the resident was admitted to the facility on [redacted]/2024, had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facility's Recorded Care Report, dated 7/11/2025, showed no shower sheet documentation to indicate that Resident 4 had received any showers from 06/29/2025 to 07/11/2025.

<Resident 5>

Review of Resident 5's NSA, dated 04/18/2025, showed the resident was admitted to the facility on [redacted]/2024, had a diagnosis of [redacted], required staff to provide prompting and cueing for the duration of bathing task, and was care planned for a bathing frequency of twice a week.

Review of the facility's Recorded Care Report, dated 7/11/2025, showed no shower sheet documentation to indicate that Resident 5 had received any showers from 06/29/2025 to 07/11/2025.

<Resident 6>

Review of Resident 6's NSA, dated 04/18/2025, showed the resident was admitted to the facility on [redacted]/2023, had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facility's Recorded Care Report, dated 7/11/2025, showed no shower sheet documentation to indicate that Resident 6 had received any showers from 06/29/2025 to 07/11/2025.

In an interview on 07/11/2025 at 11:55 AM, Staff A, Health and Wellness Director, and Staff B, Resident Care Coordinator, verified that all residents were supposed to have two showers weekly, and that staff were supposed to document resident showers in Care Tracker and complete a shower sheet after assisting residents with care tasks. Staff A and Staff B further stated that if staff hadn't documented showers on a shower sheet to match the Care Tracker system, it was likely that the showers had not been provided, and that currently the facility was not in compliance with providing all residents with two showers weekly as identified in their NSA.

In an interview on 07/11/2025 at 01:10PM, Staff C, Caregiver, stated they did not believe residents were receiving showers if there was no supporting shower sheet turned in by care staff by the end of the staff's daily shift.

This is an uncorrected deficiency previously cited on 05/15/2025 and a recurring deficiency previously cited on 03/20/2025 and 02/23/2023.

| Statement of Deficiencies | License # 2513 | Compliance Determination # 62449 |
|---|---|---|
| Plan of Correction | Pine Ridge Alzheimer's Special Care Center | Completion Date |
| Page 5 of 5 | Licensee: Pine Ridge OpCo LLC | 07/17/2025 |

**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, Pine Ridge Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 8/31/25.

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

Becky Bearden
Administrator (or Representative)

8/6/25
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, Pine Ridge Alzheimer's Special Care Center 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

Statement of deficiency:

WAC 388-7A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreementis mutually agreed upon between the assisted living facility and the resident or resident representative at the time the care and services are scheduled.

This requirement was not met as evidenced by:

Based on interviews and record review the facility failed to provide bathing assistance as agreed upon in the negotiated service agreement for 6 of the 6 sampled residents. This failure resulted in the residents not receiving the bathing assistance that was agreed upon and lack of hygiene care and placed residents at risk for unmet care.

Facility response:

Pine Ridge Alzheimer's Special Care shall immediately implement the following plan of correction:

1. Staff will be educated on the importance of following the negotiated service plan and scheduled care and services agreed upon unless a deviation is agreed upon by the facility, the resident or the resident representative at the time of service.
2. Administrator and RCC with the help of the Lead Med Tech will monitor documentation and schedule daily to ensure showers are being completed according to schedule and complete documentation is done timely and accurately.
3. Continue current process of all refusals of showers will be brought to the attention of the Med Tech to which will approach resident for 2nd approach, if still refused Med Tech can adjust shower schedule for next shift or next day.
4. Staff will continue to document showers in Electronic Medical Records platform
    a. At this time is ALIS Care Tracker.
5. Staff will continue to document as well on Skin Sheets and RCC will audit that showers are being documented.
    a. Ongoing trending and tracking of care refusals to allow leadership and resident/resident representative to make strategic changes to the negotiated service plan.

Estimated date of implementation: Will be completed by August 31, 2025

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 an unannounced on-site follow-up on 05/07/2025 of:
Pine Ridge Alzheimer's Special Care Center
12009 E Mission Ave
Spokane Valley, WA 99206

This document references the following SOD dated: 05/15/2025

The following sample was selected for review during the unannounced on-site visit: 9 of 50 current residents and 0 former residents.

The department staff that inspected 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 — 05/23/2025 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.

Becky Bearden
Administrator (or Representative) — 6/3/25 Date

**WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.**

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to provide bathing assistance as agreed upon in the negotiated service agreement for 9 of 9 sampled residents (Resident 1, 2, 3, 4, 5, 6, 7, 8, and 9). This failure resulted in a lack of hygiene care and placed residents at risk for unmet care needs and a decreased quality of life.

Findings included...

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 04/16/2025, showed the resident had a diagnosis of [redacted] required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facilities May 2025 shower log showed no documentation to indicate that Resident 1 had received any showers from 05/01/2025 to 05/07/2025.

<Resident 2>

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-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.**

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to provide bathing assistance as agreed upon in the negotiated service agreement for 9 of 9 sampled residents (Resident 1, 2, 3, 4, 5, 6, 7, 8, and 9). This failure resulted in a lack of hygiene care and placed residents at risk for unmet care needs and a decreased quality of life.

Findings included…

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 04/16/2025, showed the resident had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facilities May 2025 shower log showed no documentation to indicate that Resident 1 had received any showers from 05/01/2025 to 05/07/2025.

<Resident 2>

Review of Resident 2's NSA, dated 04/10/2025, showed the resident had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facilities May 2025 shower log showed no documentation to indicate that Resident 2 received any showers from 05/01/2025 to 05/07/2025.

<Resident 3>

Review of Resident 3's NSA, dated 03/25/2025, showed the resident had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for bathing a frequency of twice a week.

Review of the facilities May 2025 shower log showed no documentation to indicate that Resident 3 received any showers from 05/01/2025 to 05/07/2025.

<Resident 4>

Review of Resident 4's NSA, dated 04/16/2025, showed the resident had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facilities May 2025 shower log showed no documentation to indicate that Resident 4 received any showers from 05/01/2025 to 05/07/2025.

<Resident 5>

Review of Resident 5's NSA, dated 04/14/2025, showed the resident had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facilities May 2025 shower log showed no documentation to indicate that Resident 5 received any showers from 05/01/2025 to 05/07/2025.

<Resident 6>

Review of Resident 6's NSA, dated 04/02/2025, showed the resident had a diagnosis of

[redacted], required cueing by staff for bathing assistance, and was care planned for a bathing frequency of twice a week.

Review of the facilities May 2025 shower log showed no documentation to indicate that Resident 6 received any showers from 05/01/2025 to 05/07/2025.

<Resident 7>

Review of Resident 7's NSA, dated 04/16/2025, showed the resident had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facilities May 2025 shower log showed no documentation to indicate that Resident 7 received any showers from 05/01/2025 to 05/07/2025.

<Resident 8>

Review of Resident 8's NSA, dated 04/21/2025, showed the resident had a diagnosis of [redacted], required staff to provide standby or physical assistance with bathing, and was care planned for a bathing frequency of twice a week.

Review of the facilities May 2025 shower log showed that staff had documented Resident 8 received one shower from 05/01/2025 to 05/07/2025.

<Resident 9>

Review of Resident 9's NSA, dated 03/31/2025, showed the resident had a diagnosis of [redacted], required cueing by staff for bathing assistance, and was care planned for a bathing frequency of twice a week.

Review of the facilities May 2025 shower log showed no documentation to indicate that Resident 9 received any showers from 05/01/2025 to 05/07/2025.

In an interview on 05/07/2025 at 11:10 AM, Staff A, Executive Director, and Staff B, Health Services Director, verified that all residents were supposed to have two showers weekly, and that staff were supposed to document resident showers on the shower log after assisting them with care tasks. Staff A and Staff B further stated that if staff hadn't documented showers provided for residents on the shower log, then it was likely that the showers had not been provided.

In an interview on 05/07/2025 at 12:25 PM, Staff C, Caregiver, stated they did not believe residents were receiving showers if they were not documented on the facility shower log.

This is an uncorrected deficiency previously cited on 03/20/2025 and a recurring deficiency previously cited on 02/23/2023.

**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, Pine Ridge Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 7/1/25 6/29/25

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

Becky Bearden — Administrator (or Representative)

6/3/25 — Date

In an interview on 05/07/2025 at 12:25 PM, Staff C, Caregiver, stated they did not believe residents were receiving showers if they were not documented on the facility shower log.

This is an uncorrected deficiency previously cited on 03/20/2025 and a recurring deficiency previously cited on 02/23/2023.

**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, Pine Ridge Alzheimer's Special Care Center 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

Stephanie Jenks
Field Manager
Region 1, Unit B
8517 E. Trent Avenue
Suite 102
Spokane Valley, WA 99212-2329

RE: Pine Ridge Alzheimer's Special Care Center
Licensee Pine Ridge OpCo LLC
License 2513
Compliance Determination #59237

Ms. Jenks:

Attached is the plan of correction for the above Statement of Deficiencies.

Becky Beardan

Becky Beardan
Administrator

Plan of Correction – Pine Ridge Alzheimer's Special Care Center License #2513

On 5/23/25, Pine Ridge Alzheimer's Special Care Center was cited for violating the following Washington Administrative Code:

**WAC 388-78A-2160**

**Implementation of negotiated service agreement.**

The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

Specifically, Pine Ridge Alzheimer's Special Care Center was cited for failure to provide bathing assistance as agreed upon in the negotiated service agreement for 9 of 9 sampled residents.

**Policy Statement:**

**Pine Ridge Alzheimer's Special Care Center policy 10.B Bathing assistance is to provide residents with safe, hygienic, and thorough bathing assistance.**

**Procedure:**

**13. Document bathing assistance provided**

Our current documentation system is the root cause of the failure to comply with WAC 388-78A-2160. The documentation process is that the caregiver provides the bath or shower per the negotiated service agreement on a "shower sheet" and then that information is transcribed to a "shower log", a duplication of documentation and placed a review of the shower sheets shows that a failure to transcribe showers to the shower log has occurred which led to the failure to document.

**Immediate response:**

Staff have been educated to assure that the documentation is complete in both locations (shower sheet and shower log) and the importance of this has been re-emphasized.

**Monitoring systems established:**

Effective immediately, the Resident Care Coordinator will, on a daily basis, verify the shower sheet is documented in the shower log. This will be monitored by the Health Services Director on a weekly basis. Resident refusals of showers will be documented in the shower log as well and addressed on a case-by-case basis. Any and all missed

showers, either through refusal or failure of completion, will be rescheduled for the following day.

**Long Term resolution:**

Pine Ridge Alzheimer's Special Care Center is in the final phases of implementation of an electronic documentation system ("Care Tracker") which will be instituted on Wednesday June 4th, 2025. This electronic documentation system will allow for live time monitoring with oversight by leadership staff of care provided and care that is not documented. It will allow increased compliance with negotiated service plans in a timely fashion.

**Compliance Date:**

Compliance will be assured as of ~~July 1st~~ 6/29/25, 2025

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Pine Ridge Alzheimer's Special Care Center
**License/Cert.#:** 2513
**Compliance Determination #:** 55595
**Investigator:** Anne Sinclair
**Provider Type:** Assisted Living Facility
**Intake ID:** 169807
**Region/Unit #:** RCS Region 1 / Unit B
**Investigation Date(s):** 02/28/2025 through 03/20/2025
**Complainant Contact Date(s):** 03/04/2025, 03/07/2025

**Allegation(s):**

1. Resident skin concern.
2. Dirty facility.
3. Resident not receiving showers.
4. Staff treatment of resident
5. Staff substance use.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 52<br>Resident sample size: 4<br>Closed records sample size: 0 |
| **Observations:** | Residents<br>Resident rooms<br>Staff to resident interactions<br>Resident to resident interactions |
| **Interviews:** | Residents<br>Resident representatives<br>Four caregivers<br>Executive Director<br>Health Services Specialist<br>Regional Vice President |
| **Record Reviews:** | Facility incident report<br>Facility Alert charting<br>Disclosure of Services<br>Characteristic roster<br>Staff roster<br>Sample residents care plan/face sheet<br>Sample staff credentials/specialty training |

**Investigation Summary:**

1. Staff interviewed reported a process by which residents were assessed for skin concerns during shower assistance from staff, staff recorded concerns on resident individual shower logs, and skin concerns were reported to nursing staff who follow

up. Nursing staff interviewed reported no known or reported skin concerns for named resident while they lived at the facility, and had been informed of named resident's skin concerns from family after they had moved named resident out of the facility. Record review showed named resident had no skin concerns noted on shower logs, and had been able to move about at will and ambulate independently. Resident representatives interviewed had no concerns with staff response to care needs or concerns, and stated they can talk to staff about concerns. 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.
2. Facility staff were observed in active housekeeping duties during unannounced facility visit, facility was observed clean, and organized, and no environmental concerns were noted. Staff interviewed reported a routine process for housekeeping staff to service common areas, and all resident rooms were serviced weekly on a planned schedule by housekeeping staff. Resident rooms observed appeared kept and orderly with no odors or stains present. Resident representatives interviewed had no concerns with staff response to care needs, and felt they can talk to staff about concerns. Findings do not support failed facility practice.
3. Staff interview and record review showed named staff had not been receiving bathing assistance as agreed upon in negotiated service agreement. Failed practice identified under WAC 388-78A-2160 Implementation of Negotiated Service agreement.
4. Staff interviewed reported no concerns from family, resident, or other staff related to staff treatment of residents. Staff interviewed reported knowledge of abuse/neglect reporting, and record review showed no male care givers had been scheduled at facility for work during overnight hours for the timeframe of the concern. One resident representative specifically mentioned the "wonderful" male staff at the facility who had been assisting their male family member. 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.
5. Staff followed protocol and notified supervisor of allegation. Facility investigated incident, educated staff to resident rights/abuse/neglect reporting, and had a process for staff to report concerns. Named staff had not been working at facility during investigation and the findings were unsubstantiated. Staff interviewed were knowledgeable of reporting process and reportable concerns, felt supported in their role. 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:**

- [x] 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***



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 02/28/2025 of:

Pine Ridge Alzheimer's Special Care Center
12009 E Mission Ave
Spokane Valley, WA 99206

This document references the following complaint number(s): 169223, 169807

The following sample was selected for review during the unannounced on-site visit: 4 of 52 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anne Sinclair, NCI Community Complaint Investigator
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

| Statement of Deficiencies | License #: 2513 | Compliance Determination # 55595 |
|---|---|---|
| Plan of Correction | Pine Ridge Alzheimer's Special Care Center | Completion Date |
| Page 2 of 4 | Licensee: Pine Ridge OpCo LLC | 03/20/2025 |

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 — 03/26/2025 (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) — 3/27/25 (Date)

**WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.**

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to provide bathing assistance as agreed upon in the negotiated service agreement for 2 of 3 sampled residents (Resident 1 and 2). This failure resulted in a lack of hygiene care and placed residents at risk for unmet care needs.

Findings included...

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 02/25/2025, showed the resident was admitted to the facility on [redacted]/2025, had a diagnosis of [redacted], required cueing by staff for bathing assistance, and was care planned for a bathing frequency of twice a week.

In interview on 03/06/2025 at 9:25AM, Collateral Contact 1(CC1), Resident Representative, stated that they felt Resident 1 had not received bathing assistance or a clothing change for five days, shortly after being admitted to the facility on [redacted]/2025.

Review of the facility's shower schedule showed Resident 1 was scheduled for assistance with bathing twice weekly on Wednesday and Saturday evenings.

Review of the facility's February 2025 shower log showed that staff documented providing Resident 1 bathing assistance four total times for that month.

Review of the facility's skin monitoring documents showed Resident 1 received bathing assistance on 02/01/2025, 2/3/2025, 02/05/2025, and 2/25/2025.

In interview on 03/12/2025 at 10:05AM, Staff A, Health Services Director, stated that CCI had contacted them after CCI discharged Resident 1 from the facility, and had expressed concerns about Resident 1's lack of bathing frequency while they were living at the facility. Staff A verified that after review of facility records, they did substantiate that Resident 1 had not received bathing assistance as outlined in their NSA.

<Resident 2>

Review of Resident 2's NSA, dated 03/13/2025, showed the resident was admitted to the facility on [redacted]/2025, had a diagnosis of [redacted], required cueing by staff for bathing assistance, and was care planned for a bathing frequency of twice a week.

Review of the facility's shower schedule showed Resident 1 was scheduled for assistance with bathing twice weekly on Wednesday and Saturday mornings.

Review of the facility's February 2025 shower log showed that staff documented providing Resident 2 shower assistance one time that month.

Review of the facility's skin monitoring documents showed Resident 2 had received bathing assistance on 02/26/2025.

In interview on 03/14/2025 at 10:35AM, Staff A stated that facility staff use the facility's shower schedule as the guidance for all residents' bathing frequency, that all residents were supposed to have two showers weekly, and that staff were supposed to document showers on the shower log and skin monitoring forms.

| Statement of Deficiencies | License #: 2513 | Compliance Determination # 55595 |
|---|---|---|
| Plan of Correction | Pine Ridge Alzheimer's Special Care Center | Completion Date |
| Page 4 of 4 | Licensee: Pine Ridge OpCo LLC | 03/20/2025 |

**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, Pine Ridge Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) ~~3/27/25~~ 4/30/25

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

Administrator (or Representative) Becky Bearden Date 3/27/25

Statement of deficiency:

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or resident representative at the time the care or services are schedule.

This requirement was not met as evidenced by:

Based on interviews and record review, the facility failed to provide bathing assistance as agreed upon in the negotiated service agreement for 2 of 3 sampled residents. This failure resulted in a lack of hygiene care and placed resident at risk for unmet care needs.

FACILITY RESPONSE:

Pine Ridge Alzheimer's special Care Center shall immediately implement the following plan of correction:

1) Staff will be educated on the importance of proper and accurate documentation of all care aspects as it relates to the negotiated service agreement (initially completed on 3/19/25 and ongoing, both formal and 'in the moment' education – see exhibit A).
2) Administrator and Health Services Director to monitor on a daily basis to assure completion of documentation of showers.
3) Implement a process of notification of HSD for all shower refusals (initiated on 3/27/25 – see exhibit B).
    a. Current process is for shower refusal, medication technician is notified upon refusal.
    b. Revised process is that for all shower refusals that are brought to the medication technician, the medication technician will immediately notify the HSD and interventions will occur in the moment and will be documented in the resident's progress notes as they occur
4) Implementation of a computerized point of care documentation system.
    a. Facility's electronic medical record system does not currently allow for electronic caregiver documentation which has the following negative impacts:
        i. Lack of immediate transparency of care being delivered
        ii. Inhibits the real time monitoring of incompletion of tasks in the negotiated service agreement

iii. Inhibits the real time accountability of staff complying with the negotiated service agreement

b. Facility is currently in the process of implementing electronic point of care documentation system that will provide the following compliance assistance:
    i. Real time reporting of care delivery and refusals of care
    ii. Real time accountability for compliance with the negotiated service plan.
    iii. Ongoing trending and tracking of care refusals to allow leadership and resident/resident representative to make strategic changes to the negotiated service plan.
c. Estimated date of implementation: Will be completed by April 30, 2025