



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

10/06/2023

Summer Wood OpCo LLC
Summer Wood Alzheimer's Special Care Center
830 NW Sunburst Ct
Moses Lake, WA 98837

RE: Summer Wood Alzheimer's Special Care Center # 2514

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 30718 (Completion Date 10/06/2023) and 26630 (Completion Date 07/13/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/06/2023 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

The Department staff who did the On Site verification:

Sylvia Chauvin, Complaint Investigator

If you have any questions, please contact me at (509)514-3899.

Sincerely,

Lori Redford
Lori Redford, 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

Statement of Deficiencies	License #: 2514	Compliance Determination # 26630
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 1 of 5	Licenses: Summer Wood OpCo LLC	07/13/2023

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 07/11/2023 and 07/11/2023 of:

Summer Wood Alzheimer's Special Care Center
830 NW Sunburst Ct
Moses Lake, WA 98837

This document references the following SOD dated: 07/13/2023

The following sample was selected for review during the unannounced on-site visit: 4 of 54 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Janet Quirk, Long Term Care Surveyor

RECEIVED

AUG 03 2023

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

DSHS ALTSA RCS
SPOKANE VALLEY WA

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

07/26/2023

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.

Statement of Offenses

License # 2514

Compliance Determination # 26530

Plan of Correction

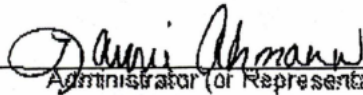
Summer Wood Alzheimer's Special Care Center

Completion Date

Page 2 of 5

Licensee: Summer Wood OpCo LLC

07/13/2023


Administrator (or Representative)

7/24/2023
Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff received a second tuberculosis test, one to three weeks after the first test, for 3 of 4 staff (Staff A, B, and C). This failure placed residents at risk of exposure to tuberculosis infection.

Findings included...

<Staff A>

Review of Staff A's personnel file showed they were a caregiver and had a hire date of 06/02/2023.

Staff A's personnel file showed they received their first step tuberculosis (TB, an infectious disease of the lungs) test on 06/05/2023. The personnel file further showed that Staff A did not receive their second TB test until 07/10/2023, 34 days after the first test.

<Staff B>

Review of Staff B's personnel file showed they were a cook and had a hire date of 06/13/2023.

Staff B's personnel file showed they received their first step TB test on 06/13/2023. The personnel file further showed that Staff B did not receive their second TB test until 07/05/2023, 22 days after the first test.

<Staff C>

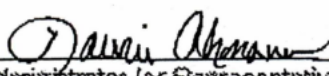
Review of Staff C's personnel file showed they were a dietary aide and had a hire date of

06/13/2023.

Staff C's personnel file showed they received their first step TB test on 06/13/2023. The personnel file further showed that Staff C did not receive their second TB test until 07/10/2023, 27 days after the first test.

In an interview on 07/11/2023 at 2:48 PM, Staff E, Administrator, stated they realized that they had missed the deadline for Staff A's second TB test.

This is an uncorrected deficiency previously cited on 05/16/2023.

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) <u>8/7/2023</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>7/27/2023</u> Date

WAC 388-78A-2465 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid Indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new OSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff completed a Washington state name and date of birth background check by the two-year expiration date for 2 of 4 staff (Staff H and I). This failure placed residents at risk of receiving unsupervised care and services from potentially disqualified staff.

Findings included...

Statement of Deficiencies	Licenses # 2514	Compliance Determination # 25530
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 4 of 5	Licensor: Summer Wood OpCo LLC	07/13/2023

<Staff H>

Review of Staff H's personnel file showed they were the activities coordinator and had a hire date of 03/23/2020.

Staff H's personnel file showed that they did not have a current Washington State name and date of birth background check (BGC).

In an interview on 07/11/2023 at 3:00 PM, Staff E, Administrator, stated that Staff H recently transferred from a sister facility. Staff E called the facility and found out that the last BGC at that facility was completed in 2021, over two years prior.

<Staff I>

Review of Staff I's personnel file showed that they were a dietary aide and had a hire date of 06/15/2021.

Staff I's personnel file showed they had a BGC on 04/20/2021, with an expiration date of 04/21/2023. The facility did not complete a BGC on Staff I by 04/21/2023, the two year expiration date.

In an interview on 07/11/2023 at 2:45 PM, Staff E, Administrator, stated that Staff I was added onto their spreadsheet as having a hire date of 06/16/2022 in error, rather than 06/15/2021, so they did not obtain a BGC after two years of employment.

This is an uncorrected deficiency previously cited on 05/16/2023.

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 8/7/2023.

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

Aug. 3. 2023 6:49PM SUMMER WOOD

No. 5645 P. 6/7

Statement of Deficiencies

License # 2614

Compliance Determination # 26530

Plan of Correction

Summer Wood Alzheimer's Special Care Center

Completion Date

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Licensee: Summer Wood OpCo LLC

07/13/2023

Dawn Ahmann
Administrator (or Representative)

7/27/2023
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

Statement of Deficiencies	License #: 2514	Compliance Determination # 23539
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 1 of 8	Licensee: Summer Wood OpCo LLC	05/16/2023

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 05/08/2023 and 05/11/2023 of:

Summer Wood Alzheimer's Special Care Center
 830 NW Sunburst Ct
 Moses Lake, WA 98837

The following sample was selected for review during the unannounced on-site visit: 7 of 42 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Janet Quirk, Long Term Care Surveyor
 Joy Pipgras, LTC Surveyor

RECEIVED

JUN 08 2023

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

DSHS ALTSA RCS
 SPOKANE VALLEY WA

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.

J. Salquist

Residential Care Services

06/01/2023

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)

Jane Hyde

Date

6/9/23

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that medications were renewed for 1 of 7 residents (Resident 2). This failed practice placed the resident at risk of health complications due to not receiving their medications as prescribed.

Findings included...

Review of Resident 2's undated medical records showed they admitted to the facility [REDACTED]/2020 with a diagnosis of [REDACTED] and [REDACTED]

Review of Resident 2's assessment dated 04/26/2023 showed the facility was to administer all medications.

Review of Resident 2's May 2023 medication administration record (MAR) showed the resident had an order for 5 mg glipizide, (medication prescribed for diabetes, a condition that results in too much sugar in the blood), two times daily, and 120 mg diltiazem (medication for high blood pressure) to be given once daily.

Further review of the May 2023 MARs showed Resident 2 had received only one dose of Glipizide on 05/05/2023 and 05/06/2023 and did not receive any glipizide on 05/07/2023, 05/08/2023, 05/09/23 and 05/10/2023. Resident 2 did not receive their diltiazem on 05/04/2023, 05/05/2023, 05/06/2023, 05/07/2023, 05/08/2023, 05/09/2023 and 05/10/2023. Both medications were documented as "Medication not available".

Review of Resident 2's medical chart on 05/09/2023 showed no documentation of communication with the provider, pharmacy, or resident representative regarding the glipizide or diltiazem.

In an interview on 05/11/2023 at 11:10 AM, Staff G, Health Services Director, stated there

Statement of Deficiencies	License #: 2514	Compliance Determination # 23539
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
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was a miscommunication regarding Resident 2's medication and confirmed the resident had not received the glipizide or diltiazem those days correctly.

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) June 23, 2023

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

Gavin Ahmari
Administrator (or Representative)

June 5, 2023
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.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide constipation medication of the correct dose for 1 of 7 residents (Resident 4). This failure placed the resident at risk of side effects for receiving increased doses of medication.

Findings included...

Review of Resident 4's April 2023 medication administration record (MAR) showed that Resident 4 was prescribed docusate sodium 250 mg soft gel, one time daily for constipation, to start on 03/31/2023 and to discontinue on 04/21/2023. Further review of Resident 4's April MAR showed an order for docusate sodium 100 mg tablet, to start on 04/21/2023.

Review of Resident 4's undated medical chart showed physician's orders for docusate sodium 250 mg soft gel to discontinue on 04/21/2023, and the 100 mg tablet to start on 04/21/2023.

Review of Resident 4's MAR showed that on 04/21/2023, 04/23/2023, 04/24/2023, 04/25/2023, and 04/26/2023, Resident 4 received both the 250 mg soft gel and 100 mg tablet of the docusate sodium.

Statement of Deficiencies	License #: 2514	Compliance Determination # 23539
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 4 of 8	Licensee: Summer Wood OpCo LLC	05/16/2023

In an interview on 05/10/2023 at 5:05 PM, Staff G, Health Services Director, stated the medication technicians use an electronic medication record administration system to administer medication. Staff G stated orders are received by fax and then placed on the EMAR. The discontinuation order for the 250 mg soft gel was misplaced which resulted in the medication not being discontinued on 04/21/2023.

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) June 23, 2023

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

Dawni Ahmadi
Administrator (or Representative)

June 5, 2023
Date

WAC 388-78A-2300 Food and nutrition services.

- (1) The assisted living facility must:
 - (c) Ensure all menus:
 - (iii) Include all food and snacks served that contribute to nutritional requirements;
 - (iv) Are kept at least six months;
- (2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:
 - (a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:
 - (iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to keep all menus at least six months and to ensure the diet manual was reviewed and approved by a dietician every five years. This failure potentially placed residents at risk for not receiving nutritious meals.

Findings included...

In an interview on 05/08/2023 at 10:45 AM, Staff I, Cook, stated they were unaware that

Statement of Deficiencies	License #: 2514	Compliance Determination # 23539
Plan of Correction	Summer Wood Alzheimer's Special Care Center	Completion Date
Page 5 of 8	Licensee: Summer Wood OpCo LLC	05/16/2023

the dietary manual needed to be reviewed by a dietician every five years.

In an interview on 05/08/2023 at 2:29 PM, Staff F, Administrator, stated that the facility had been using the same menus repeatedly on a six-week cycle. Staff F stated they were unaware that the menus of what they served, including changes to the menu noted, needed to be saved for at least six months.

In an interview on 05/08/2023 at 3:30 PM, Staff F stated that they had searched the dietary manager's office and was unable to locate six months of menus and any changes that were made to the menus. Staff F stated the cook may make substitutions to the menu, however there was no record of what substitutions were made.

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) June 23, 2023

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

Dawn Ahmann
Administrator (or Representative)

June 5, 2023
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a 14-day assessment addressing resident needs and safety were completed for 1 of 7 residents (Resident 4). This failed practice potentially placed the resident at risk for unmet care needs.

Findings included...

Review of Resident 4's medical record showed they had an admission date of [REDACTED]/2023. The 14-day assessment was due to be completed by [REDACTED] 2023.

Review of Resident 4's 14-day assessment showed the assessment to be completed on [REDACTED]/2023, 13 days after the due date.

In an interview on 05/10/2023 at 10:11 AM, Staff G, Health Services Director, confirmed the 14-day assessment for Resident 4 was completed late.

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) June 28, 2023.

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

Dawn Ahmann
Administrator (or Representative)

June 5, 2023
Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff received a second Tuberculosis (TB) test, one to three weeks after the first test for 1 of 7 staff (Staff C). This failure placed residents at risk of exposure to TB infection, (a communicable disease).

Findings included...

Review of Staff C's personnel file showed they were the caregiver and had a hire date of 02/18/2022.

Staff C's personnel file showed they had a first TB test on 03/07/2023 but did not contain documentation of a second TB test.

In an interview on 05/10/2023 at 12:12 PM, Staff H, Business Office Manager, stated they did not have second TB test results for Staff C.

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) June 23, 2023.

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

Dawni Ahmanson
Administrator (or Representative)

June 5, 2023
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff completed a Washington state name and date of birth background check by the two-year expiration date for 1 of 7 staff (Staff B). This failure placed residents at potential risk of receiving unsupervised care and services from a potentially disqualified staff.

Findings included...

Review of Staff B's personnel file showed they were the caregiver and had a hire date of 04/20/2021.

Staff B's personnel file showed they had a name and date background check on 04/20/2021 with an expiration date of 04/21/2023. The facility did not complete a two-year background check by 04/21/2023.

In an interview on 05/10/2023 at 2:20 PM, Staff F, Administrator, stated they were aware that Staff B's personnel file did not have an updated background check.

This is a recurring deficiency previously cited on 10/18/2021.

Statement of Deficiencies

License #: 2514

Compliance Determination # 23539

Plan of Correction

Summer Wood Alzheimer's Special Care Center

Completion Date

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Licensee: Summer Wood OpCo LLC

05/16/2023

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, Summer Wood Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) June 23, 2023.

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

Danni Ahmann

Administrator (or Representative)

June 5, 2023

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

Summer Wood OpCo LLC
Summer Wood Alzheimer's Special Care Center
830 NW Sunburst Ct
Moses Lake, WA 98837

RE: Summer Wood Alzheimer's Special Care Center # 2514

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/16/2023 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 Mail the Plan/Attestation Statement and report with original signatures to:

Jessica Salquist, Field Manager
Residential Care Services
Region 1, Unit B
8517 E Trent Ave, Ste 102

Summer Wood Alzheimer's Special Care Center # 2514

05/16/2023

Page 2 of 3

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-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

- (1) The residents' characteristics and needs;
- (2) The degree of hazardousness or toxicity posed by the supplies or equipment;

During the environmental tour of the facility there was an unattended housekeeping cart containing mop water with cleaning chemicals, spray bottles containing chemicals within reach of residents in the back dining room, and sharp scissors left out in the activity room. The housekeeping/maintenance director removed these items immediately and did some staff training on storage expectations.

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

- (1) Ventilate rooms to:
 - (a) Prevent excessive odors or moisture; and
 - (b) Remove smoke.

The environmental tour of the facility showed vents in three locations were not working properly. The facility's maintenance staff contacted a local vendor to do a full assessment of the ventilation system, scheduled for 05/16/2023.

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:

Summer Wood Alzheimer's Special Care Center # 2514

05/16/2023

Page 3 of 3

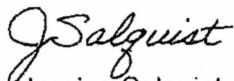
- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (509)323-7315.

Sincerely,



Jessica Salquist, Field Manager
Region 1, Unit B
Residential Care Services

Enclosure