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

Sycamore Glen At Quail Hollow LLC
Sycamore Glen at Quail Hollow
506 N Ehorn Lane
Chewelah, WA 99109

RE: Sycamore Glen at Quail Hollow License # 2556

Dear Administrator:

This letter addresses Compliance Determination(s) 61931 (Completion Date 07/01/2025) and 59656 (Completion Date 05/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/01/2025 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-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-2, WAC 388-78A-2474-4

The Department staff who did the on-site verification:
Carla Rose, NCI Community 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

Statement of Deficiencies	License # 2556	Compliance Determination # 539656
Plan of Correction	Sycamore Glen at Quail Hollow	Completion Date
Page 1 of 3	Licensee: Sycamore Glen At Quail Hollow LLC	06/15/2025

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 follow-up on 05/15/2025 of:
Sycamore Glen at Quail Hollow
606 N Ehorn Lane
Chewelah, WA 99109

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

The following sample was selected for review during the unannounced on-site visit: 0 of 19 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community 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

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 05/15/2025 of:

Sycamore Glen at Quail Hollow
506 N Ehorn Lane
Chewelah, WA 99109

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

The following sample was selected for review during the unannounced on-site visit: 0 of 19 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community 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

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: 05/22/2025

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: 5/30/25

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:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that developmental disabilities specialty training was completed by 5 of 10 sampled staff (Staff A, K, L, M, and N). This failure placed residents at risk of receiving care from untrained care staff.

Findings included...

Review of the facility's characteristic roster showed five residents were diagnosed with [redacted].

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-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:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that developmental disabilities specialty training was completed by 5 of 10 sampled staff (Staff A, K, L, M, and N). This failure placed residents at risk of receiving care from untrained care staff.

Findings included…

Review of the facility's characteristic roster showed five residents were diagnosed with [redacted].

Review of Staff A's, Registered Nurse, personnel file showed they were hired on 01/29/2024. Further review showed no documentation of specialty training for developmental disabilities.

Review of Staff K's, Caregiver, personnel file showed they were hired on 12/05/2024. Further review showed no documentation of specialty training for developmental disabilities.

Review of Staff L's, Home Care Aide, personnel file showed they were hired on 03/24/2024. Further review showed no documentation of specialty training for developmental disabilities.

Review of Staff M's, Nurse Assistant Certified, personnel file showed they were hired on 11/14/2024. Further review showed no documentation of specialty training for developmental disabilities.

Review of Staff N's, Nurse Assistant Certified, personnel file showed they were hired on 11/13/2024. Further review showed no documentation of specialty training for developmental disabilities.

In an interview on 05/15/2025 at 10:25 AM, Staff F, Executive Director, confirmed that staff A, K, L, M, and N were care staff and they had not taken the DD specialty training class.

This is an uncorrected deficiency previously cited on 03/28/2025 for subsections (2) (c) and a recurring deficiency previously cited on 02/06/2025 for subsections (2)(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, Sycamore Glen at Quail Hollow is or will be in compliance with this law and / or regulation on (Date) 6/29/25.

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

Administrator (or Representative) — Date 5/30/25

Review of Staff A's, Registered Nurse, personnel file showed they were hired on 01/29/2024. Further review showed no documentation of specialty training for developmental disabilities.

Review of Staff K's, Caregiver, personnel file showed they were hired on 12/05/2024. Further review showed no documentation of specialty training for developmental disabilities.

Review of Staff L's, Home Care Aide, personnel file showed they were hired on 03/24/2024. Further review showed no documentation of specialty training for developmental disabilities.

Review of Staff M's, Nurse Assistant Certified, personnel file showed they were hired on 11/14/2024. Further review showed no documentation of specialty training for developmental disabilities.

Review of Staff N's, Nurse Assistant Certified, personnel file showed they were hired on 11/13/2024. Further review showed no documentation of specialty training for developmental disabilities.

In an interview on 05/15/2025 at 10:25 AM, Staff F, Executive Director, confirmed that staff A, K, L, M, and N were care staff and they had not taken the DD specialty training class.

This is an uncorrected deficiency previously cited on 03/28/2025 for subsections (2) (c) and a recurring deficiency previously cited on 02/06/2025 for subsections (2)(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, Sycamore Glen at Quail Hollow 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

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 03/27/2025 of:
Sycamore Glen at Quail Hollow
506 N Ehorn Lane
Chewelah, WA 99109

This document references the following SOD dated: 03/28/2025

The following sample was selected for review during the unannounced on-site visit: 3 of 19 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community 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

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 — 04/08/2025 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) — 4/18/2025 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:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure specialty training for mental health, dementia and developmental disabilities was completed by 3 of 4 staff (Staff A, B, and C) sampled for specialty training, and the 70-hour basic home care aide training and certifications by 3 of 3 staff (Staff C, H, and I) sampled for basic training and certification. These failures placed residents at risk of receiving care from untrained caregivers.

Findings included...

<Specialty Training>

Review of the facility's characteristic roster showed 11 residents were diagnosed with [redacted], 11 residents were diagnosed with [redacted], and six residents were diagnosed with [redacted].

Review of Staff A's, Registered Nurse, personnel file showed they were hired on 01/29/2024. Further review showed no documentation of specialty training for mental health, dementia, or developmental disabilities.

Review of Staff B's, Caregiver, personnel file showed a hire date of 07/09/2024. Further review showed no documentation of specialty training for mental health, dementia, or developmental disabilities .

Review of Staff C's, Caregiver, personnel file showed a hired date of 06/11/2024. Further review showed no documentation of specialty training for mental health, dementia, or developmental disabilities.

In an interview on 03/27/2025 at 9:55 AM, Staff G, Administrator, stated that they were unable to schedule Staff A, B or C for the required developmental disabilities specialty trainings.

In an interview on 03/28/2025 at 10:40 AM, Staff F, Executive Director, stated there were no specialty training records for Staff A, B, or C.

<70 Hour Basic Training and Home Care Aide Certification>

Review of Staff C's personnel file showed a hire date of 06/11/2024. Further review showed no documentation of the 70-hour basic training or the home care aide (HCA) certification.

Review of Staff H's, Caregiver, personnel file showed a hire date of 07/22/2024. Further review showed no documentation of the 70-hour basic training or the HCA certification.

Review of Staff I's, Caregiver, personnel file showed a hire date of 03/25/2024 Further review showed no documentation of the 70-hour basic training or the home care aide (HCA) certification.

In an interview on 03/27/2025 at 9:50 AM, Staff G confirmed that Staff C, H, and I were employed as caregivers.

In an interview on 03/27/2025 at 11:00 AM, Staff F stated that they did not have records of the 70-hour basic training or the HCA certifications for Staff C, H and I. Staff F further stated that they were unsure if Staff C, H, or I had completed the training.

The is an uncorrected deficiency previously cited on 02/06/2025 for subsections (2)(b)(c)(4).

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, Sycamore Glen at Quail Hollow is or will be in compliance with this law and / or regulation on (Date) 5/12/2025 .

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

Administrator (or Representative) — Date: 4/18/2025

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

Statement of Deficiencies	License #: 2556	Compliance Determination # 54274
Plan of Correction	Sycamore Glen at Quail Hollow	Completion Date
Page 1 of 8	Licensee: Sycamore Glen At Quail Hollow LLC	02/06/2025

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 the unannounced on-site full inspection and complaint investigation on 02/04/2025, 02/05/2025 and 02/06/2025 of:

Sycamore Glen at Quail Hollow
506 N Ehorn Lane
Chewelah, WA 99109

This document references the following complaint numbers: 165812, 164004.

The following sample was selected for review during the unannounced on-site visit: 5 of 19 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility Licensor
Jennifer Lee, Assisted Living Facility Licensor
Carla Rose, NCI Community 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

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 — 02/12/2025 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) — 2/20/2025 Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to complete the annual safety assessment for 1 of 2 residents (Resident 1) sampled for smoking assessments. This failed practice resulted in Resident 1 not being assessed to ensure they had the cognitive and physical abilities to safely smoke unsupervised.

Findings included...

Review of WAC 388-78A-2090 (6)(e) Full assessment topics, showed that significant known behaviors or symptoms of the individual causing concern or requiring special care, including: Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

<Resident 1>

Review of Resident 1's Negotiated Care Plan dated 11/20/2024, showed they were admitted on [redacted]2023. Further review showed the care plan did not contain an assessment of Resident 1's ability to safely smoke unsupervised.

In an interview on 02/04/2025 at 1:25 PM, Staff F, Executive Director, confirmed that resident assessments and negotiated service agreements were combined into one document titled Negotiated Care Plan.

In an interview on 02/04/2025, Staff F confirmed that Resident 1 smoked unsupervised. Staff F further stated that Resident 1's most recent annual assessment did not include the smoking safety assessment, because they had utilized an old assessment template.

An observation on 02/05/2025 at 3:05 PM, showed Resident 1 smoking outside unsupervised.

This is a reoccurring citation previously cited on 07/13/2023 for subsection (1) under WAC version 09/14/2022.

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, Sycamore Glen at Quail Hollow is or will be in compliance with this law and / or regulation on (Date) 3/23/2025 .

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

Administrator (or Representative) 2/20/25 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:

(a) Orientation and safety;

(b) Basic;

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this

section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the facility failed to ensure training requirements for specialty training for dementia, mental health and developmental disabilities were completed for 3 of 5 staff (Staff A, B, and C), training to perform cardiopulmonary resuscitation/first aid for 2 of 5 staff (Staff C and E), continuing education for 2 of 5 staff (Staff D and E) and basic training for home care aide certification, orientation and safety for 1 of 5 staff (Staff C). This failure placed the residents at risk of receiving care from untrained staff and staff that had not completed the required education hours for ongoing professional development.

Findings included...

<Specialty Training>

Review of the facility's undated Characteristic Roster provided to the department on 02/04/2025 showed eleven residents listed with mental health disorders and six residents listed with developmental disabilities. While residents with dementia was not noted on the characteristic roster, when sampled resident records were reviewed, there was a resident that had a primary diagnosis of [redacted] listed on their care plan.

Review of Staff A's, Registered Nurse, personnel file showed they were hired on 01/29/2024. Further review showed no documentation that specialty training for mental health, dementia or developmental disabilities had been completed.

Review of the facility's staff schedule dated from 02/01/2025 through 02/07/2025 showed that Staff A had worked and provided resident care on 02/05/2025 and 02/06/2025.

In an interview on 02/05/2025 at 3:25 PM, Staff A, stated that they could not provide records to show that they had completed specialty training for mental health, dementia or developmental disabilities. Staff A was observed providing resident care that day.

Review of Staff B's, Caregiver, personnel file showed a hire date of 07/09/2024. Further review showed no documentation that specialty training for mental health, dementia or developmental disabilities had been completed.

An observation on 02/05/2025 at 3:45 PM, showed Staff B was working in the facility and providing resident care.

Review of the facility's staff schedule dated from 02/01/2025 through 02/07/2025 showed that Staff B had worked and provided resident care on 02/01/2025, 02/04/2025, 02/05/2025 and 02/06/2025.

Review of Staff C's, Caregiver, personnel file showed a hired date of 06/11/2024. Further review showed no documentation that specialty training for mental health, dementia or developmental disabilities had been completed.

Review of the facility's staff schedule dated from 02/01/2025 through 02/07/2025 showed that Staff C had worked and provided resident care on 02/02/2025, 02/03/2025, 02/04/2025, 02/05/2025, and 02/06/2025.

In an interview on 02/05/2025 at 3:25 PM, Staff G, Administrator, stated that they were unable to schedule Staff B and C for the required specialty trainings and they had not completed the required trainings.

<Cardiopulmonary Resuscitation/First Aid>

Review of Staff C's, Caregiver, personnel file showed a hire date of 06/11/2024. Further review showed no documentation that cardiopulmonary resuscitation (CPR) or first aid had been completed.

Review of Staff E's, Home Care Aide, personnel file showed a hire date of 11/14/2022. Further review showed documentation that CPR/first aid had been completed and had expired on 01/31/2025.

In an interview on 02/06/2025 at 11:10 AM, Staff E stated that they were not aware that their CPR/first aid had expired and was observed providing resident care that day.

In an interview on 02/05/2025 at 3:25 PM, Staff G, stated they did not have a current CPR/first aid certificate for Staff C and E.

<Continuing Education>

Review of WAC 388-112A-0611 sections (1)(a)(i)(iii) showed that certified home care aides and certified nursing assistants must complete 12 hours of continuing education every year from their birthday to their next birthday.

Review of Staff D's, Home Care Aide, personnel file showed a hire date of 05/20/2022. Further review showed that Staff D had three hours of CEU's for the requested period of

02/15/2023-02/15/2024. This did not meet the requirement for 12 hours.

Review of the facility's staff schedule dated from 02/01/2025 through 02/07/2025 showed that Staff D had worked and provided resident care on 02/04/2025 and 02/05/2025.

Review of Staff E's personnel file showed a hire date of 11/14/2022. Further review showed no documentation of continuing education hours for the requested period of 09/30/2023-09/30/2024.

Review of the facility's staff schedule dated from 02/01/2025 through 02/07/2025, showed that Staff E had worked and provided resident care on 02/03/2025, 02/04/2025, 02/05/2025, 02/06/2025, and 02/07/2025.

In an interview on 02/05/2025 at 3:25 PM, Staff G, stated they did not have documentation of continuing education hours for Staff D and E.

<Basic training, Home Care Aide and Orientation and Safety>

Review of Staff C's personnel file showed a hire date of 06/11/2024. Further review showed no documentation that basic training to obtain home care aide certification, or orientation and safety had been completed. Staff C was required to have the basic training and safety and orientation completed by 10/08/2024 (120 days after hire date) and to receive certification to work as a home care aide by 12/27/2024 (200 days after hire date).

In an interview on 02/05/2025 at 3:25 PM, Staff G, stated that Staff C had not completed basic training, obtained their home health aide certification or completed orientation and safety training. Staff G confirmed that Staff C was working as a caregiver.

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, Sycamore Glen at Quail Hollow is or will be in compliance with this law and / or regulation on (Date) TBD, see statement below:

Due to training limitations of when trainings are offered, we may not be in full compliance by 3/23/2025, however, we will have demonstrated improvement by this date. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Administrator (or Representative) — 2/20/2025 Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain a signature by the resident or their representative on the negotiated service agreement for 1 of 5 residents (Resident 1). This failed practice placed the resident at risk of unmet care needs related to not signing and acknowledging their plan of care.

Findings included...

Review of Resident 1's Negotiated Care Plan (the facility's titled combined assessment and negotiated service agreement) dated 11/20/2024, showed that it did not contain a signature by the resident or their representative to show agreement to the plan.

In an interview on 02/05/2025 at 10:25 AM Staff F, Executive Director, was unable to confirm that Resident 1's negotiated care plan had been sent to the resident's guardian to review and sign. Staff F further stated that they did not have a solid process in place to ensure that care plans were reviewed and signed by residents and/or their representatives.

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, Sycamore Glen at Quail Hollow is or will be in compliance with this law and / or regulation on (Date) 3/23/2025 .

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

Administrator (or Representative) 2/20/25 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

Sycamore Glen At Quail Hollow LLC
Sycamore Glen at Quail Hollow
506 N Ehorn Lane
Chewelah, WA 99109

RE: Sycamore Glen at Quail Hollow # 2556

Dear Administrator:

This document references the following complaint numbers 165812, 164004.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 02/06/2025 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:

Jessica Salquist, Regional Administrator
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-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

During the environmental tour of the facility, there were three broken washing machines observed in the north hallway, as well as a mini-refrigerator and an air conditioner observed sitting on the ground next to the sidewalk outside of the south hallway entrance. Prior to the completion of the department's survey, the facility cleared these items from the hallway and outside sidewalk areas.

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 Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

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

Sincerely,

J Salquist

Jessica Salquist, Regional Administrator
Region 1, Unit B
Residential Care Services

Enclosure