STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 75827 (Completion Date 04/14/2026) and 74554 (Completion Date 03/31/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/14/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2466-1-b

The Department staff who did the on-site verification:
Anne Boyd, NCI Community Complaint Investigator

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Sycamore Glen at Quail Hollow
License/Cert.#: 2556
Compliance Determination #: 74554
Investigator: Anne Boyd
Provider Type: Assisted Living Facility
Intake ID: 216393
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 03/18/2026 through 03/31/2026
Complainant Contact Date(s): 03/16/2026, 03/27/2026, 03/30/2026, 03/31/2026

Allegation(s):
Staff failed to assist resident during self-harm episode.

Investigation Methods:

Sample:
Total residents: 23
Resident sample size: 8
Closed records sample size: 0

Observations:
Residents
Activities
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions
Kitchen

Interviews:
Residents
Housekeeping staff
Director of Nursing
Executive Director
Administrator
Caregiver
Behavioral Support specialist staff
Case manager
Guardian

Record Reviews:
Sample resident care plan/face sheet/behavioral support plan
Named resident care plan/face sheet/behavioral support plan
Disclosure of services
Characteristic roster
Staff roster
Facility abuse/neglect reporting policy
Facility assaultive residents policy
Facility investigation

Investigation Summary:

Facility immediately intervened during named resident's incident of behavior escalation. Facility had been following named resident's care planning related to resident ratio, had a process to call for help during incident for assistance with bathroom lock from supervisor, and provided for resident safety. Staff contacted crisis response and law enforcement during incident and the resident was sent out to hospital for evaluation. Facility had a process for staff response to resident aggression and resident behaviors were identified in behavioral care planning. Residents interviewed had no concerns with staff response to care needs, felt safe, and had staff to talk to about concerns. Staff interviewed had planned additional key mechanisms for staff use to ensure resident used bathrooms were able to be accessed on demand. Residents were observed without distress or unmet health needs, and staff were assisting residents during unannounced facility visit. Review of staff background check showed one sample staff did not have a valid background check. Failed practice identified and cited under WAC 388-78A-2466(1)(b).

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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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 03/18/2026 of:

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

This document references the following complaint number(s): 214883, 216393, 216691, 217242, 217720

The following sample was selected for review during the unannounced on-site visit: 8 of 23 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anne Boyd, NCI Community Complaint Investigator

From:
DSHS, Home and Community Living 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 — 04/09/2026 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) — 4/9/26 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:

(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 that a Washington state name and date of birth background check was valid for 1 of 3 sample staff (Staff A). This failure placed all residents at risk of having care and services performed by staff who had not been verified appropriately to work with vulnerable adults.

Findings included...

Record review showed that Staff A's, Caregiver, hire date at the facility was 03/24/2024.

Review on 03/18/2026 showed that Staff A's most current Washington state name and date of birth background check was last completed on 03/13/2024.

In an interview on 03/18/2026 at 2:46PM, Staff C, Executive Director, stated that Staff A was currently employed at the facility and worked directly with residents.

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

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(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 that a Washington state name and date of birth background check was valid for 1 of 3 sample staff (Staff A). This failure placed all residents at risk of having care and services performed by staff who had not been verified appropriately to work with vulnerable adults.

Findings included…

Record review showed that Staff A's, Caregiver, hire date at the facility was 03/24/2024.

Review on 03/18/2026 showed that Staff A’s most current Washington state name and date of birth background check was last completed on 03/13/2024.

In an interview on 03/18/2026 at 2:45PM, Staff C, Executive Director, stated that Staff A was currently employed at the facility and worked directly with residents.

In interview on 03/18/2026 at 2:30PM, Staff B, Administrator, stated their job duties included responsibility for ensuring all staff had valid and up-to-date background checks, and acknowledged Staff A's most current Washington state name and date of birth background check appeared overdue.

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) 4/10/26

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

Administrator (or Representative) — Date: 4/9/26

In interview on 03/18/2026 at 2:30PM, Staff B, Administrator, stated their job duties included responsibility for ensuring all staff had valid and up-to-date background checks, and acknowledged Staff A's most current Washington state name and date of birth background check appeared overdue.

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