STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

04/03/2026

SPOKANE UNITED METHODIST HOMES
Rockwood at Whitworth
10331 N Mayberry Drive
Spokane, WA 99218

RE: Rockwood at Whitworth # 2577

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 75248 (Completion Date 04/03/2026) and 72206 (Completion Date 02/13/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/03/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

The Department staff who did the On Site verification:
Tethra Wales, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2577	Compliance Determination #72205
Plan of Correction	Rockwood at Whitworth	Completion Date
Page 1 of 4	Licensee: SPOKANE UNITED METHODIST HOMES	02/13/2026

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 02/09/2026, 02/10/2026, 02/11/2026, 02/12/2026 and 02/13/2026 of:
Rockwood at Whitworth
10331 N Mayberry Drive
Spokane, WA 99218

The following sample was selected for review during the unannounced on-site visit: 9 of 74 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tethra Wales, Assisted Living Facility Licensor
Carla Rose, NCI Community Licensor
Joy Pipgras, LTC Surveyor

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 — 02-19-2026 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) — 3/6/26 Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the prescribing provider when a resident showed a consistent pattern of medication refusals for 1 of 9 residents (Resident 2). This failure placed the resident at risk of health complications.

Findings included...

Review of Resident 2's Service Plan Report (the facility's titled negotiated service agreement), dated 09/14/2025, showed that Resident 2 was diagnosed with [redacted] and [redacted] Further review showed that Resident 2 received medication assistance from

the facility.

Review of Resident 2's January 2026 and February 2026 Medication Administration Records showed that between 01/01/2026 and 02/10/2026, Resident 2 refused or spit out 49 doses of the following ordered medications:

Celexa (used to treat depression): 01/02/2026, 01/12/2026, 01/15/2026, 02/08/2026, 02/10/2026

Furosemide (used to treat edema): 01/15/2026, 02/08/2026, 02/10/2026

Levothyroxine sodium (used to treat hypothyroidism): 01/02/2026, 01/12/2026, 01/15/2026, 02/08/2026, 02/10/2026

Melatonin (used to treat insomnia): 01/14/2026, 01/16/2026, 01/21/2026

Acetaminophen (used to treat chronic pain): 01/02/2026, 01/12/2026, 01/14/2026, 01/15/2026, 01/16/2026, 01/18/2026, 01/20/2026, 01/21/2026, 01/27/2026, 02/03/2026, 02/04/2026, 02/08/2026, 02/10/2026

Chlorhexidine gluconate mouth/throat solution (used for dental hygiene): 01/02/2026, 01/12/2026, 01/13/2026, 01/15/2026, 01/18/2026, 01/21/2026, 01/27/2026, 02/03/2026, 02/08/2026, 02/10/2026

Quetiapine fumarate (used to treat agitation): 01/02/2026, 01/12/2026, 01/15/2026, 02/08/2026, 02/10/2026

Rivastigmine tartrate (used to treat dementia): 01/02/2026, 01/12/2026, 01/15/2026, 02/08/2026, 02/09/2026, 02/10/2026

In an interview on 02/13/2026 at 9:23 AM, Staff F, Health Care Services Director, stated that they did not have any documentation of communication with Resident 2's provider related to the refused medications.

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, Rockwood at Whitworth is or will be in compliance with this law and / or regulation on (Date) 3/20/26 .

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

Administrator (or Representative) — Date: 3/6/26

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

SPOKANE UNITED METHODIST HOMES
Rockwood at Whitworth
10331 N Mayberry Drive
Spokane, WA 99218

RE: Rockwood at Whitworth # 2577

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 02/13/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (02/13/2026), no later than 03/30/2026 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-2290 Family assistance with medications and treatments.

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

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

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

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

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

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

(a) The resident, if able;

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

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

The facility did not have documented agreements with resident representatives who provided medications for sampled residents. There were no missed medications, and the facility obtained signed family plan agreements prior to the conclusion of the

inspection.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(8) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105° F and 120° F at all times; and

During the environmental tour the facility had numerous water temperatures that were outside of the required parameters in the memory care unit, the assisted living common areas, and in resident rooms. The facility adjusted the water system to maintain temperatures between 105°F and 120°F prior to the end of the inspection.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

• Please contact me at (509)998-7821.

Sincerely,

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

Enclosure

inspection.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

During the environmental tour the facility had numerous water temperatures that were outside of the required parameters in the memory care unit, the assisted living common areas, and in resident rooms. The facility adjusted the water system to maintain temperatures between 105°F and 120°F prior to the end of the inspection.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

• Please contact me at (509)993-7821.

Sincerely,

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

Enclosure

Rockwood
AT WHITWORTH

10322 N Middleton Dr.
Spokane, WA 99218
T: 509.466.0411
www.rockwoodretirement.org

March 6, 2026

Stephanie Jenks, Community Field Manager
Residential Care Services, Region 1, Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

Re: Plan of Correction

Dear Ms. Jenks,

Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of truth of the facts alleged or conclusions cited as deficiencies in the department's report. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and/or State law. For the purpose of any allegation that the facility is not in substantial compliance with requirements of participation, the response and plan of correction constitute the facility's allegation of compliance.

The following plan of correction constitutes a summary of individual corrective actions, systemic changes, and measures to assure on-going compliance. Please accept the following plan of correction, with a planned date of correction being March 20, 2026, as our credible allegation of compliance for the deficiency cited following the unannounced on-site full inspection conducted 2/9/26, 2/10/26, 2/11/26, 2/12/26 and 2/13/26.

Please feel free to contact me if you have any questions or if additional information is needed.

Sincerely,

Stephen Collette, General Manager
Rockwood at Whitworth

Consultation:

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

It is the policy of Rockwood at Whitworth to have in place documented agreements with resident representatives who provide assistance with medications for residents. A system/agreement was in place identifying "all' medications for representatives who provide assistance. As indicated in the department's report, no medications were missed. However, the agreement was revised to identify/list "individual" medications for representatives who provide assistance with medications. Revised signed family plan agreements were obtained prior to the conclusion of the inspection. Rockwood at Whitworth continue to monitor to ensure compliance.

Consultation:

WAC 388-78A-2950 Water supply.

It is the policy of Rockwood at Whitworth to provide all sinks in resident apartments, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 degrees F and 120 degrees F at all times. As indicated in the department's report, the facility adjusted the water system to maintain water temperatures between 105 degrees F and 120 degrees F. Rockwood at Whitworth continue to monitor to ensure compliance.

Cited Deficiency:

WAC 388-78A-2230 Medication refusal.

It is the policy of Rockwood at Whitworth to notify the prescribing provider when a resident shows a consistent pattern of medication refusals.

Review of Resident 2's Service Plan (1 of 9 residents sampled/reviewed) did not have documentation of communication with Resident 2's provider related to a pattern of refused medications. Resident 2's provider was notified 2/13/26, with documentation of communication with the provider, related to refused medications.

In order to ensure compliance, the Health Care Services Directors and/or designee, contacted all practitioners requesting a standing order of instruction identifying when/if the practitioner wished to be notified of any pattern of refusal. Practitioner orders have been placed on the resident's medication administration record of each resident we've received orders for. Education, regarding notification for patterns of refusal, has been provided to team members. In addition, all resident service plans will be reviewed monthly for three (3) months, then routinely as necessary to ensure on-going compliance. Health Care Services Directors to ensure compliance.