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

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

RE: Rockwood at Whitworth License # 2577

Dear Administrator:

This letter addresses Compliance Determination(s) 68641 (Completion Date 11/13/2025) and 66367 (Completion Date 10/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/13/2025 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-24642-1

The Department staff who did the on-site verification:
Sandra Fast, 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
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

Residential Care Services
Investigation Summary Report

Provider/Facility: Rockwood at Whitworth

Provider Type: Assisted Living Facility

License/Cert.#: 2577

Intake ID: 195854

Compliance Determination #: 66367

Region/Unit #: RCS Region 1 / Unit B

Investigator: Sandra Fast

Investigation Date(s): 09/30/2025 through 10/10/2025

Complainant Contact Date(s): 09/30/2025, 10/10/2025

Allegation(s):

1. A resident had inappropriate touching behavior toward another resident.
2. Allegation not addressed properly.

Investigation Methods:

Sample:	Total residents: 24 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Medical records Incident investigation Facility policies Personnel files Staff training records

Investigation Summary:

1. The identified resident was calm and showed no distress. The identified resident was unable to be interviewed. The identified resident's representative interviewed stated no concerns regarding the facility and stated that the resident was safe. The representative further stated that the facility had put a plan in place to make sure the resident was safe. All sampled residents interviewed stated no concerns regarding the facility or the other residents and stated that the facility was a safe place. All sampled residents observed were calm and showed no signs of distress.

This document was prepared by Residential Care Services for the Locator website.

The nursing staff interviewed stated that the identified resident did not display any abnormal behaviors after the incident occurred. No failed facility practice was identified.
2. Review of staff records for the purpose of addressing appropriate staff response following an incident showed that one staff did not have a fingerprint background check. Failed practice identified under WAC 388-78A-24642.

Conclusion / Action:

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

This document was prepared by Residential Care Services for the Locator website.

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 09/30/2025 of:

Rockwood at Whitworth
10331 N Mayberry Drive
Spokane, WA 99218

This document references the following complaint number(s): 195854, 194308

The following sample was selected for review during the unannounced on-site visit: 4 of 24 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Sandra Fast, 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

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2577	Compliance Determination #: 66367
Plan of Correction	Rockwood at Whitworth	Completion Date
Page 2 of 3	Licensee: SPOKANE UNITED METHODIST HOMES	10/10/2025

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 — 10/15/2025 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) — 10/22/25 Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a national fingerprint background check was done within 120 days for 1 of 1 staff (Staff B). This failure placed residents at risk of receiving care from an unqualified staff.

Finding included...

Reviewed of Staff B's, Caregiver, personnel file showed that they were hired on 04/21/2025. Further review showed no documentation of a fingerprint background check

In an interview on 10/02/2025 at 2:07 PM, Staff A, Health Care Services Director, stated that there was no fingerprint background check done for Staff B.

This document was prepared by Residential Care Services for the Locator website.

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-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a national fingerprint background check was done within 120 days for 1 of 1 staff (Staff B). This failure placed residents at risk of receiving care from an unqualified staff.

Finding included…

Reviewed of Staff B's, Caregiver, personnel file showed that they were hired on 04/21/2025. Further review showed no documentation of a fingerprint background check.

In an interview on 10/02/2025 at 2:07 PM, Staff A, Health Care Services Director, stated that there was no fingerprint background check done for Staff B.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2577	Compliance Determination #:66367
Plan of Correction	Rockwood at Whitworth	Completion Date
Page 3 of 3	Licensee: SPOKANE UNITED METHODIST HOMES	10/10/2025

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, Rockwood at Whitworth is or will be in compliance with this law and / or regulation on (Date) 11/7/25.

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

Steve Gallubb, G.M. — Administrator (or Representative)

10/22/25 — Date

This document was prepared by Residential Care Services for the Locator website.

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)_____ .

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

_____ _____

Administrator (or Representative) Date

This document was prepared by Residential Care Services for the Locator website.

Rockwood
AT WHITWORTH

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

October 22, 2025

Stephanie Jenks, Community Field Manager
DSHS/RCS, 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, this 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 ongoing compliance. Please accept the following plan of correction, with a planned date of correction being November 7, 2025, as our credible allegation of compliance for the deficiency cited following an unannounced on-site complaint investigation on September 30, 2025.

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

Sincerely,

Stephen A. Collette, General Manager
Rockwood at Whitworth

This document was prepared by Residential Care Services for the Locator website.

WAC 388-78A-24642 Background checks National fingerprint background check.

It is the policy of the facility to ensure Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, complete a national fingerprint background check within 120 of employment and follow department procedures.

Staff B completed a national fingerprint background check October 6, 2025. The facility received the final fingerprint notification of background check result October 8, 2025. The background check result indicated "no background information reported." A record review of all staff members requiring national fingerprint background checks will be completed by November 7, 2025 to ensure the requirement is met.

In order to ensure ongoing compliance, Business Office designee will monitor, on an ongoing basis, as well as perform an annual audit of national fingerprint background checks to ensure that the requirement is met.

This document was prepared by Residential Care Services for the Locator website.