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 Special Care Community LLC
The Cottages of Spokane
6930 N Nevada St
Spokane, WA 99208

RE: The Cottages of Spokane License # 2591

Dear Administrator:

This letter addresses Compliance Determination(s) 76073 (Completion Date 04/20/2026) and 73180 (Completion Date 02/23/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/20/2026 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-2210-1-b, WAC 388-78A-2210-2-a

The Department staff who did the on-site verification:
Jennifer Lee, 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

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 02/19/2026, 02/20/2026 and 02/23/2026 of:

The Cottages of Spokane
6930 N Nevada St
Spokane, WA 99208

This document references the following complaint numbers: 212282, 211005.

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:

Jennifer Lee, Assisted Living Facility Licensor
Joy Pipgras, LTC Surveyor
Brian Zbylski, ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2591	Compliance Determination # 73180
Plan of Correction	The Cottages of Spokane	Completion Date
Page 2 of 3	Licensee: Spokane Special Care Community LLC	02/23/2026

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 — 02/26/2026 (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) — 3/2/26 (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.

(1) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250:

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure medication was administered as prescribed to 1 of 9 residents (Resident 1). This failure resulted in medication errors and placed the resident at risk of adverse health conditions.

Findings included...

Review of Resident 1's Admission Record showed that the resident was admitted to the facility on [redacted]/2025 and had a diagnosis of [redacted]

Review of Resident 1's Service Plan, dated [redacted]2025, showed that the resident received assistance from staff for medication administration.

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-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.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure medication was administered as prescribed to 1 of 9 residents (Resident 1). This failure resulted in medication errors and placed the resident at risk of adverse health conditions.

Findings included…

Review of Resident 1's Admission Record showed that the resident was admitted to the facility on [redacted]/2025 and had a diagnosis of [redacted].

Review of Resident 1's Service Plan, dated [redacted]/2025, showed that the resident received assistance from staff for medication administration.

Review of Resident 1's Primary Care Provider's (PCP) medication admission orders, dated 12/05/2025, showed an order for ferrous sulfate (Iron), one tablet by mouth every other day.

Review of Resident 1's Medication Administration Records (MAR) for December 2025, January 2026, and February 2026 showed the following documentation for ferrous sulfate:

-given 12/19/2025 and 12/20/2025 (two days in a row)
-given 12/28/2025 through 01/04/2026 (10 days in a row)
-given 01/08/2026 through 01/10/2026 (three days in a row)
-given 01/15/2026 and 01/17/2026 (two days in a row
-given 01/29/2026 through 01/31/2026 (three days in a row)
-given 01/06/2026 and 01/07/2026 (two days in a row)
-given 01/13/2026 and 01/14/2026 (two days in a row)

In an interview on 02/20/2026 at 11:37 AM, Staff F, Resident Care Coordinator, stated that the ferrous sulfate order was entered into the MAR system incorrectly and resulted in the medication not being administered per PCP orders, to Resident 1.

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, The Cottages of Spokane is or will be in compliance with this law and / or regulation on (Date) 4/1/26.

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

Collette Kalthauer — Administrator (or Representative)

3/2/26 — Date

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-given 01/16/2026 and 01/17/2026 (two days in a row
-given 01/29/2026 through 01/31/2026 (three days in a row)
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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date