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

Sapphire at Brighton Court LLC
Brighton Court Assisted Living
1308 N Vercler Rd
Spokane Valley, WA 99216

RE: Brighton Court Assisted Living # 2629

Dear Administrator:

This document references Compliance Determination 62595 (07/17/2025), which included complaint number(s) 184520.

The Department completed a complaint investigation of your Assisted Living Facility on 07/17/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Amy Wright, NCI Complain Investigator

Consultation:

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

Record review showed that the facility was responsible for receiving the Alleged Victim's medications. Interview with the Alleged Victim's Representative showed that the resident did not receive their medication as ordered because the facility ran out of their medication. Record review showed that medication doses had been missed, though on a very infrequent basis. No harm was identified as a result of the missed medication doses.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately; and
• Complete correction as soon as possible.

You Are Not:
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:
• Inspect the facility to determine if you have corrected all deficiencies.

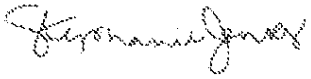
You May:
• Contact me for clarification of the deficiency or deficiencies found.

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)993-7821.

Sincerely,



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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brighton Court Assisted Living
License/Cert.#: 2629
Compliance Determination #: 62595
Investigator: Amy Wright
Provider Type: Assisted Living Facility
Intake ID: 184520
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 07/15/2025 through 07/17/2025
Complainant Contact Date(s): 07/15/2025, 07/23/2025

Allegation(s):
Medication not being administered as ordered.

Investigation Methods:

Sample:	Total residents: 43 Resident sample size: 3 Closed records sample size: 0
Observations:	Alleged Victim Residents Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Reporter Executive Director Medication Technician Alleged Victim Residents Alleged Victim's Representative
Record Reviews:	*Disclosure of Services *Characteristic roster *Staff roster *Resident face sheets *Resident care plans *Progress notes *Medication administration records *Medication Administration Standards Policy

Investigation Summary:
Record review showed that the facility was responsible for receiving the Alleged Victim's medications. Interview with the Alleged Victim's Representative showed that the resident did not receive their medication as ordered because the facility

ran out of their medication. Record review showed that medication doses had been missed, though on a very infrequent basis. No harm was identified as a result of the missed medication doses. Consultation provided under WAC 388-78A-2240 Nonavailability of medications.

Conclusion / Action:

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