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

New Day Senior Living Management LLC
Aspen Quality Care
9626 N Colfax Rd
Spokane, WA 99218

RE: Aspen Quality Care License # 2636

Dear Administrator:

This letter addresses Compliance Determination(s) 72880 (Completion Date 02/12/2026) and 70608 (Completion Date 12/30/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/12/2026 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-2120-4, WAC 388-78A-2466-2, WAC 388-78A-2100-2-a

The Department staff who did the on-site verification:
Brian Zbylski, ALF 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

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 the unannounced on-site full inspection on 12/19/2025, 12/23/2025 and 12/24/2025 of:

Aspen Quality Care
9626 N Colfax Rd
Spokane, WA 99218

The following sample was selected for review during the unannounced on-site visit: 5 of 19 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Brian Zbylski, ALF Licensor

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

Statement of Deficiencies	License #: 2636	Compliance Determination # 70608
Plan of Correction	Aspen Quality Care	Completion Date
Page 2 of 5	Licensee: New Day Senior Living Management LLC	12/30/2025

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 — 01/02/2026 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) — 01/05/2026 Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to notify the primary care provider of 1 of 2 residents (Resident 2) when blood pressure readings were outside of ordered parameters. This failed practice placed the resident at risk of health complications related to elevated blood pressures.

Findings included...

Review of Resident 2's Negotiated Care Plan, dated 06/30/2025, showed that the resident had diagnoses of [redacted] and [redacted].

Review of Resident 2's Medication Administration Records (MARs) for October 2025 and November 2025 showed that staff were to measure the resident's blood pressure every day and to notify the Primary Care Provider (PCP) if the readings were greater than 160/100. The MARs showed the following readings:

10/06/2025 – 172/105
10/20/2025 – 163/108
10/29/2025 – 166/107
11/14/2025 – 172/101
11/25/2025 – 193/105

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

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Administrator (or Representative) | Date

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10/06/2025 – 172/105
10/20/2025 – 163/108
10/29/2025 – 166/107
11/14/2025 – 172/101
11/25/2025 – 193/105

In an interview on 12/23/2025 at 12:55 PM, Resident 2 stated that they often felt dizzy and had double vision. In an observation at that time, Resident 2 moved from a seated position to laying down while reporting that they were currently seeing "two of you."

In an interview on 12/23/2025 at 3:20 PM, Staff A, Lead Medication Technician, stated that if blood pressure readings were above parameters that the PCP needed to be notified. Staff A stated that they would notify management or fax the PCP themselves when the readings were outside of parameters.

In an interview on 12/24/2025 at 11:55 AM, Staff F, Administrator, stated that if blood pressure readings were outside of parameters, then the PCP would be notified promptly.

Review of Resident 2's medical records for October 2025 and November 2025 showed no documentation that the PCP had been notified of the resident's elevated blood pressures.

This is a recurring deficiency previously cited on 06/06/2023.

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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) 02/07/2026 .

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

Administrator (or Representative) — Date 01/05/2026

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.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

In an interview on 12/23/2025 at 12:55 PM, Resident 2 stated that they often felt dizzy and had double vision. In an observation at that time, Resident 2 moved from a seated position to laying down while reporting that they were currently seeing “two of you.”

In an interview on 12/23/2025 at 3:20 PM, Staff A, Lead Medication Technician, stated that if blood pressure readings were above parameters that the PCP needed to be notified. Staff A stated that they would notify management or fax the PCP themselves when the readings were outside of parameters.

In an interview on 12/24/2025 at 11:55 AM, Staff F, Administrator, stated that if blood pressure readings were outside of parameters, then the PCP would be notified promptly.

Review of Resident 2’s medical records for October 2025 and November 2025 showed no documentation that the PCP had been notified of the resident’s elevated blood pressures.

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure a national fingerprint background check was completed by 1 of 3 staff (Staff C). This failure resulted in residents receiving care and services from staff who had not completed a national fingerprint background check as required.

Findings included...

Review of Staff C's, Caregiver, personnel file, showed that they were hired on 04/30/2025.

Observation on 12/19/2025 at 12:05 PM showed Staff C delivering plates of food to residents in the dining room.

In an interview on 12/24/2025 at 11:55 AM, Staff G, Manager/Cook, stated that Staff C had completed a national fingerprint background check at a previous employer, but that Staff C had not been able to retrieve the record to provide to the facility.

Observation on 12/24/2025 at 12:55 PM showed Staff C assisting residents in the living room and dining room of the facility.

Review of Staff C's personnel file on 12/24/2025, showed no documentation of a national fingerprint background check.

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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) 02/05/2026.

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

Administrator (or Representative) Date 01/05/2026

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure a national fingerprint background check was completed by 1 of 3 staff (Staff C). This failure resulted in residents receiving care and services from staff who had not completed a national fingerprint background check as required.

Findings included…

Review of Staff C's, Caregiver, personnel file, showed that they were hired on 04/30/2025.

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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

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete annual full assessments for 2 of 5 residents (Resident 2 and 5). This failure placed the residents at risk of not receiving needed care and services.

Findings included...

Review of Resident 2's Personal Data Sheet showed that the resident was admitted to the facility on [redacted]/2024.

Review of Resident 5's Personal Data Sheet showed that the resident was admitted to the facility on [redacted]/2023.

In an interview on 12/23/2025 at 10:25 AM, Staff F, Administrator, stated that resident assessments were completed annually by a contracted nurse.

Review of Resident 2's and Resident 5's undated medical records showed they did not contain current annual full assessments completed by the facility or their contracted qualified nurse .

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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) 02/05/2026.

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

Administrator (or Representative) — Date: 01/05/2026

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete annual full assessments for 2 of 5 residents (Resident 2 and 5). This failure placed the residents at risk of not receiving needed care and services.

Findings included…

Review of Resident 2's Personal Data Sheet showed that the resident was admitted to the facility on [redacted]2024.

Review of Resident 5's Personal Data Sheet showed that the resident was admitted to the facility on [redacted]/2023.

In an interview on 12/23/2025 at 10:25 AM, Staff F, Administrator, stated that resident assessments were completed annually by a contracted nurse.

Review of Resident 2's and Resident 5's undated medical records showed they did not contain current annual full assessments completed by the facility or their contracted qualified nurse .

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, Aspen Quality Care 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

Attestation for on-site full inspection of

Aspen Quality Care, 9626 N. Colfax Dr.

Spokane, Washington 99218

Inspection Dates: 12/19/2025, 12/23/2025, 12/24/2025

DSHS Washington State

I, Erica Anchondo, Administrator of Aspen Quality Care, hereby attest to the following:

Regarding WAC 388-78A-2120 – Monitoring residents well-being

To ensure all clients receive high-quality care that is tailored to their individual needs and preferences, that staff/providers are qualified and responsible for delivering these services in a safe and effective manner.

All applicable policies, procedures, and resident records are reviewed by facility staff appropriately with respect to residents' well-being as required by WAC 388-78A-2120.

-Documentation of blood pressure readings in residents' health records, including date, time, systolic/diastolic values, and any notable observations.

-Timely notice with appropriate follow-up for abnormal readings (signs of hypertension/hypotension), including physician, NP/PA communication, and care plan adjustments as needed.

-Staff training on blood pressure measurement techniques, use of validated devices, and interpretation of results.

-Review of blood pressure data daily, care conferences, and ongoing quality improvement efforts to ensure that abnormal findings trigger standardized escalation paths (e.g., supervisor notification, documentation of actions taken and refer to clinician follow through.

-Management/Administrator to monitor and evaluate training effectiveness by soliciting feedback from staff and clients, to improve the training program and ensure the training is within the needs of all parties involved.

-Management team and/or Administrator provide ongoing training and supervision tailored to the care needs of each individual resident to ensure all workers are competent to perform the services they are assigned.

Regarding WAC 388-78A-2466 – Background checks

To ensure the facility maintains staff records, documentation, and background checks in compliance with WAC 388-78A-2466

-Maintain required staff paperwork prior to employment and/or as mandated (e.g., licensure/certifications, identity, work eligibility, non-criminal background checks).

-Completion of appropriate background checks (criminal history, as required) through approved sources and timely clearance decisions.

-Maintenance of accurate, secure, and accessible personnel files.

-Procedures for expungement, exclusion, or remediation of disqualifying findings in accordance with policy and regulatory requirements.

-Enforce pre-employment clearance before start date, with tracked expectations.

-Training on background check policies, privacy, and data handling in parallel with regular audits to confirm up-to-date status by verifying corrective actions with closure dates.

Regarding WAC 388-78A-2100 – Ongoing assessments

To ensure facility compliance with ongoing assessments for all residents including initial, 14-day, and annual with respect to DSHS funded residents who will require a secondary assessment (initial, annual).

All residents are to receive high-quality care that is tailored to their individual needs and preferences, that staff/providers are qualified and responsible for delivering these services in a safe and effective manner detailed in ongoing assessments, although not limited to.

-Review and update assessment policies to explicitly specify initial, 14-day, and annual assessment timing, triggers for early assessments, and documentation standards.

-Implement standardized assessment templates/prompts for initial, 14-day, and annual assessments with regular audits of timeliness, completeness, and alignment with care plans.

-Training on regulatory requirements for assessments including data elements and documentation standards, providing on-going refreshers and competency validation.

-Confirming review results to utilize for the continuous improvement and regulatory readiness.

-Adhering to these guidelines, the facility will be well equipped to provide timely and effective care services, which play a crucial role in resident health and well-being.

All measures shall be obtained and completed by the date specified on the returned full investigation report (30 days from the date received).

I certify that the above statements are true and accurate to the best of my knowledge.

Erica Anchondo

Administrator

Aspen Quality Care

erica.anchondo@theNDSLM.com

509-464-9486

509-850-5906

509-465-4041 (fax)

01/08/2026