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***

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

RE: Aspen Quality Care # 2636

Dear Administrator:

This document references Compliance Determination 40379 (04/29/2024), which included complaint number(s) 128056, 128168, 128492.
The Department completed a complaint investigation of your Assisted Living Facility on 04/29/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Anne Sinclair, NCI Community Complaint Investigator

**Consultation:**

**WAC 388-78A-2600 Policies and procedures.**

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(b) Provide the necessary care and services for residents, including those with special needs;

Facility provided review for all staff of facility fall policy and notification to supervisors after investigating a resident fall/staff response.

**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:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

**If You Have Any Questions:**
- Please contact me at (509)993-7821.

Sincerely,

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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Aspen Quality Care
**Provider Type:** Assisted Living Facility
**License/Cert.#:** 2636
**Compliance Determination #:** 40379
**Intake ID:** 128056
**Investigator:** Anne Sinclair
**Region/Unit #:** RCS Region 1 / Unit B
**Investigation Date(s):** 04/25/2024 through 04/29/2024
**Complainant Contact Date(s):**

**Allegation(s):**
Resident fall.

**Investigation Methods:**

**Sample:**
Total residents: 19
Resident sample size: 4
Closed records sample size: 0

**Observations:**
Residents
Activities
Staff to resident interactions
Resident to resident interactions
Resident rooms
Resident care equipment

**Interviews:**
Residents
Named resident representative
Caregiver
Manager
Assistant manager
Administrator

**Record Reviews:**
Named resident care plan/face sheet
Named resident facility investigation
Sample residents care plan/face sheet
Disclosure of services
Characteristic roster
Staff roster
Facility fall policy
Facility abuse/neglect reporting policy

**Investigation Summary:**
Staff had assisted and assessed named resident related to fall. Resident had been assessed, facility notified appropriate parties, and resident had been sent out for hospital evaluation. Facility had a policy to address resident falls. Named staff had been educated on fall protocol and notification and facility had planned re-training for

all staff related to fall policy and resident transfers. Staff interviewed were knowledgeable of staff response to resident falls. Residents interviewed had no concerns with staff response to care needs or transfers, and felt safe in facility. Residents were observed without unmet health needs and staff were observed assisting residents with care needs during unannounced facility visit. Consultation provided for WAC 388-78A-2600(1)(b) Policies and procedures.

---

**Conclusion / Action:**

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