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

Tekoa Operations, LLC
Tekoa Care Center
330 N Madison St
Tekoa, WA 99033

RE: Tekoa Care Center License # 2642

Dear Administrator:

This letter addresses Compliance Determination(s) 74526 (Completion Date 03/19/2026) and 71833 (Completion Date 01/26/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/19/2026 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-2320-3-c, WAC 388-78A-2320-3, WAC 388-78A-2930-1-a, WAC 388-78A-2930-1-a-iii, WAC 388-78A-2930-1

The Department staff who did the on-site verification:
Carla Rose, NCI Community 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
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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2642	Compliance Determination # 71833
Plan of Correction	Tekoa Care Center	Completion Date
Page 1 of 5	Licensee: Tekoa Operations, LLC	01/26/2026

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 01/22/2026, 01/23/2026 and 01/26/2026 of:
Tekoa Care Center
330 N Madison St
Tekoa, WA 99033

The following sample was selected for review during the unannounced on-site visit: 8 of 51 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

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

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Plan of Correction	Tekoa Care Center	Completion Date
Page 2 of 5	Licensee: Tekoa Operations, LLC	01/26/2026

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 — 02/03/2026 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) — 2/5/26 Date

WAC 388-78A-2320 Intermittent nursing services systems.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain written consents for nurse delegation for 3 of 5 residents (Resident 3, 5, and 8) and to ensure residents were assessed for suitability for nurse delegation for 2 of 5 residents (Resident 5 and 8). These failures resulted in the residents receiving nurse delegated tasks without consent and placed Resident 5 and Resident 8 at risk of harm from not having been assessed to safely receive nurse delegation.

Findings included...

Per WAC 246-840-930, written consent for nurse delegation must be obtained by the resident or the resident's representative.

Per WAC 246-840-930, a resident must be assessed by a Registered Nurse Delegator (RND) to determine if the resident's condition is stable and predictable.

<Resident 3>

Review of Resident 3's face sheet showed the resident was diagnosed with [redacted]

[redacted].

Review of Resident 3's November 2025, December 2025, and January 2026 M Medication Administration Records (MARs) showed that the medication techs performed blood glucose checks (a finger prick that shows sugar levels in the blood) once daily.

Review of the facility's nurse delegation book showed no documentation of a signed nurse delegation consent form for Resident 3.

<Resident 5>

Review of Resident 5's face sheet showed the resident was diagnosed with [redacted].

Review of Resident 5's November 2025, December 2025, and January 2026 MARs showed that the medication techs performed blood glucose checks twice daily.

Review of the facility's nurse delegation book showed no documentation of Resident 5 having been assessed for nurse delegation tasks. Further review showed no documentation of a signed consent form.

<Resident 8>

Review of Resident 8's face sheet showed the resident was diagnosed with type 2 [redacted].

Review of Resident 8's November 2025, December 2025, and January 2026 MARs showed that the medication techs performed blood glucose checks once daily.

Review of the facility's nurse delegation book showed no documentation of Resident 8 having been assessed for nurse delegation tasks. Further review showed no documentation of a consent form.

In an interview on 01/26/2026 at 10:06 AM, Staff H, Medication Tech, stated that they had performed finger sticks for blood glucose monitoring on Residents 3, 5, and 8.

In an interview on 01/26/26 at 10:47 AM, Staff G, Nursing Administration, stated that they had sent the consent to Resident 3's power of attorney to sign but had not followed up with them to ensure signage. Staff G further stated that they were not aware that staff had been doing blood glucose monitoring for Residents 5 and 8 and had

Statement of Deficiencies	License #: 2642	Compliance Determination # 71833
Plan of Correction	Tekoa Care Center	Completion Date
Page 4 of 5	Licensee: Tekoa Operations, LLC	01/26/2026

not assessed the residents for nurse delegation.

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, Tekoa Care Center is or will be in compliance with this law and / or regulation on (Date) 2/20/26

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

Administrator (or Representative) Molly Carrier Date 2/5/24

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(iii) Corridors, as well as common and outdoor areas accessible to residents.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure that exterior entrances had a call system to request staff assistance in place for 4 of 4 resident accessible areas. This failed practice placed residents at risk of not receiving assistance when needed.

Findings included...

Observation on 01/22/2026 at 9:40 AM showed that the facility did not have an exterior call system to request assistance, in any resident accessible access entrance areas into the facility.

In an interview on 01/26/2026 at 11:40 AM with Staff I, Maintenance/Housekeeping assistant, confirmed the facility did not have an exterior call system.

In an interview on 01/26/2026 at 11:48 AM, Staff A, Administrator, stated that one of the residents had ripped the old call system off one of the exterior walls and the facility had not replaced it. Staff A further stated the residents did not have individual pendants to call for assistance.

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Plan of Correction	Tekoa Care Center	Completion Date
Page 5 of 5	Licensee: Tekoa Operations, LLC	01/26/2026

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, Tekoa Care Center is or will be in compliance with this law and / or regulation on (Date) 2/10/26 .

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

Molly Carver 2/5/26

Administrator (or Representative) Date