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

Cornerstone Court LLC
Cornerstone Court
12322 W Ruby Rd
Spokane, WA 99218

RE: Cornerstone Court License # 2644

Dear Administrator:

This letter addresses Compliance Determination(s) 66910 (Completion Date 10/08/2025) and 64095 (Completion Date 08/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/08/2025 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-2230-1-c-ii, WAC 388-78A-2210-2-a, WAC 388-78A-2210-1-b

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
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 08/11/2025, 08/12/2025 and 08/13/2025 of:

Cornerstone Court
12322 W Ruby Rd
Spokane, WA 99218

The following sample was selected for review during the unannounced on-site visit: 10 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensor
Tethra Wales, Assisted Living Facility 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 #: 2644	Compliance Determination #:64095
Plan of Correction	Cornerstone Court	Completion Date
Page 2 of 6	Licensee: Cornerstone Court LLC	08/14/2025

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.

J. Salquist
Residential Care Services

08/18/2025
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.

Kyle Lee Mason
Administrator (or Representative)

8-19-25
Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the physician was notified when a resident refused medications for 1 of 7 residents (Resident 5). This failed practice placed the resident at risk of health complications.

Findings included...

Review of a facility policy titled "Managing Resident Medications" dated 04/12/2024, showed that when a resident refused a medication staff were "to report to the RN [registered nurse] and to the PCP [primary care physician]."

Review of Resident 5's Care Plan dated 01/06/2025, showed they had a diagnosis of [redacted] and [redacted]. Further review showed the facility provided

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Residential Care Services | Date

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Administrator (or Representative) | Date

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Statement of Deficiencies	License #: 2644	Compliance Determination #64095
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medication administration assistance.

Review of a provider order dated 10/23/2024, showed that Resident 5 had was prescribed lantanoprost (medicated eye drops that treat glaucoma) daily at bedtime.
Review of the Medication Administration Records (MAR) for June, July, and August 2025 showed that Resident 5 refused the latanoprost eye drops on the following dates:

06/03/2025 – refused
06/06/2025 – refused
06/14/2025 – refused
07/10/2025 – refused
07/13/2025 – refused
07/17/2025 – refused
07/20/2025 – refused
07/22/2025 – refused
07/27/2025 – refused
08/02/2025 – refused

In an interview on 08/12/2025 at 1:45 PM, Staff H, Resident Care Manager (RCM), stated that medication technicians were supposed to notify the RCM or the RN when a resident did not get their medication. Staff H further stated they were unaware that Resident 5 had not been getting their latanoprost eye drops and they would have notified had they been aware.

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, Cornerstone Court is or will be in compliance with this law and / or regulation on (Date) 9-28-25.

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

Ryslee Musser
Administrator (or Representative)

8-19-25
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.

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_____ _____
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 implement a medication system by not following physicians' orders to notify the physician when medications were not given to 1 of 7 resident (Resident 7). This failed practice placed residents at risk of health complications.

Findings included…

Review of Resident 7's Care Plan, dated 12/31/2024, showed they had a diagnosis of [redacted]. Further review showed that the resident received medication assistance.

Review of an Active Orders list dated 07/03/2025, showed it included an order for metoprolol (medication to treat heart conditions) to be given twice daily. Further review showed "Hold for HR (heart rate) < 60 or the BSP<100 & Notify MD (medical provider)."

In an interview on 08/14/2025 at 10:43 AM, Staff G, Registered Nurse, stated that in the order for the metoprolol, "BSP" refers to the systolic blood pressure (SBP).

Review of Resident 7's MAR for June, July and August 2025 showed that the metoprolol was held 47 times on the following dates:

06/01/2025 AM HR 57
06/01/2025 PM SBP 94
06/02/2025 AM SBP 97
06/03/2025 PM HR 58
06/04/2025 PM HR 57
06/05/2025 PM HR 58
06/06/2025 PM HR 56
06/07/2025 PM SBP 86
06/08/2025 AM HR 57
06/09/2025 AM SBP 95
06/11/2025 PM SBP 98
06/12/2025 PM HR 58
06/13/2025 PM HR 56
06/14/2025 PM SBP 94

06/16/2025 PM HR 56
06/17/2025 AM HR 54
06/19/2025 AM HR 59
06/20/2025 PM HR 58
06/21/2025 AM SBP 95
06/22/2025 PM HR 58
06/22/2025 PM SBP 98
06/23/2025 PM HR 58
06/25/2025 AM SBP 90
06/26/2025 AM HR 56
06/27/2025 AM SBP 99
06/27/2025 PM HR 56
07/03/2025 AM HR 57
07/04/2025 AM HR 56 SBP 95
07/05/2025 AM HR 56
07/11/2025 AM SBP 99
07/12/2025 AM HR 55
07/12/2025 PM SBP 99
07/13/2025 AM SBP 97
07/14/2025 AM HR 54
07/14/2025 PM HR 56
07/16/2025 AM HR 50
07/16/2025 PM SBP 92
07/17/2025 AM SBP 91
07/18/2025 PM HR 53
07/21/2025 AM HR 54
07/21/2025 PM SBP 94
07/23/2025 AM HR 56
07/23/2025 PM HR 55
07/24/2025 PM HR 58
07/26/2025 AM HR 59 SBP 90
07/27/2025 PM HR 56
07/28/2025 PM HR 55
07/30/2025 AM HR 55 SBP 98
07/30/2025 PM HR 56
07/31/2025 PM HR 58
08/01/2025 AM SBP 94
08/02/2025 AM HR 59
08/03/2025 AM SBP 97
08/04/2025 AM SBP 91
08/04/2025 PM HR 56
08/06/2025 PM HR 51
08/09/2025 PM HR 55
08/10/2025 AM SBP 78
08/11/2025 PM HR 54 SBP 94

In an interview on 08/15/2025 at 4:03 PM, Staff F, Administrator, confirmed that they had no documentation of communication with the provider as ordered when the metoprolol was held.

Statement of Deficiencies	License #: 2644	Compliance Determination #64095
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In an interview on 08/12/2025 at 1:45 PM, Staff H stated they had the ability to audit MARs electronically, but they did not utilize the function often. Staff H stated they relied on the medication technicians to notify the RCM or the nurse when a resident did not get their medications.

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, Cornerstone Court is or will be in compliance with this law and / or regulation on (Date) 9-28-25 .

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

Kaylee Mason — Administrator (or Representative)

8-19-25 — Date

In an interview on 08/12/2025 at 1:45 PM, Staff H stated they had the ability to audit MARs electronically, but they did not utilize the function often. Staff H stated they relied on the medication technicians to notify the RCM or the nurse when a resident did not get their medications.

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

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

Cornerstone Court LLC
Cornerstone Court
12322 W Ruby Rd
Spokane, WA 99218

RE: Cornerstone Court # 2644

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/14/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Jessica Salquist, Regional Administrator
Residential Care Services
Region 1, Unit B
Preferred methods:

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including

preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

The facility had not completed 14-day assessments on time during a transition between nurses. The new nurse at the facility completed outstanding 14-day assessments prior to the conclusion of the inspection.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Regional Administrator
Region 1, Unit B
Residential Care Services

Enclosure