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

GRANDE MANOR CARE INC
Grand Manor Care, Inc
1718 W 9th Ave
Spokane, WA 99204

RE: Grand Manor Care, Inc License # 2658

Dear Administrator:

This letter addresses Compliance Determination(s) 62734 (Completion Date 07/17/2025) and 61223 (Completion Date 06/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/17/2025 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-24641-1, WAC 388-78A-3090-1-a

The Department staff who did the on-site verification:
Patricia Eddy, 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 06/12/2025, 06/13/2025 and 06/16/2025 of:
Grand Manor Care, Inc
1718 W 9th Ave
Spokane, WA 99204

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Patricia Eddy, Community 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 #: 2658	Compliance Determination # 61223
Plan of Correction	Grand Manor Care, Inc	Completion Date
Page 2 of 4	Licensee: GRANDE MANOR CARE INC	06/16/2025

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 — 06/24/2025 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.

Administrator (or Representative) — 07/08/2025 Date

WAC 388-78A-24641 Background checks Washington state name and date of birth background check. Unless the individual is eligible for an exception under WAC 388-113-0040 , if the results of the Washington state name and date of birth background check indicate the person has a disqualifying criminal conviction or a pending charge for a disqualifying crime under chapter 388-113 WAC, or a disqualifying negative action under WAC 388-78A-2470 , then the assisted living facility must:

(1) Not employ, directly or by contract, a caregiver, administrator, or staff person; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a staff with a disqualifying negative action identified on the Washington state name and date of birth background check, was not employed for 1 of 1 staff (Staff B). This failure resulted in residents receiving care from an individual with a disqualifying background check and placed residents at risk for harm.

Findings included...

Review of Staff B's, Caregiver, personnel file showed a hire date of 5/14/2025. The file showed a Washington state name and date of birth background check, dated 02/06/2025, with a disqualifying negative action.

Review of the staff schedule showed that Staff B worked on 05/14/2025, 05/15/2025, 05/16/2025, 05/28/2025, 05/29/2025, 05/30/2025, 06/04/2025, 06/05/2025, 06/06/2025, 06/07/2025, 06/09/2025, 06/11/2025, 06/12/2025.

In an interview on 06/13/2025 at 2:15 PM, Staff A, Manager, stated that they received Staff B's Washington state name and date of birth background check with a disqualifying negative action and subsequently received Staff B's fingerprint

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 _____

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) _____ Date _____

WAC 388-78A-24641 Background checks Washington state name and date of birth background check. Unless the individual is eligible for an exception under WAC 388-113-0040 , if the results of the Washington state name and date of birth background check indicate the person has a disqualifying criminal conviction or a pending charge for a disqualifying crime under chapter 388-113 WAC, or a disqualifying negative action under WAC 388-78A-2470 , then the assisted living facility must:

(1) Not employ, directly or by contract, a caregiver, administrator, or staff person; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a staff with a disqualifying negative action identified on the Washington state name and date of birth background check, was not employed for 1 of 1 staff (Staff B). This failure resulted in residents receiving care from an individual with a disqualifying background check and placed residents at risk for harm.

Findings included…

Review of Staff B's, Caregiver, personnel file showed a hire date of 5/14/2025. The file showed a Washington state name and date of birth background check, dated 02/06/2025, with a disqualifying negative action.

Review of the staff schedule showed that Staff B worked on 05/14/2025, 05/15/2025, 05/16/2025, 05/28/2025, 05/29/2025, 05/30/2025, 06/04/2025, 06/05/2025, 06/06/2025, 06/07/2025, 06/09/2025, 06/11/2025, 06/12/2025.

In an interview on 06/13/2025 at 2:15 PM, Staff A, Manager, stated that they received Staff B's Washington state name and date of birth background check with a disqualifying negative action and subsequently received Staff B's fingerprint

background check, dated 3/24/2025, with a disqualifying negative action.

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, Grand Manor Care, Inc is or will be in compliance with this law and / or regulation on (Date) 6/17/2025.

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

Administrator (or Representative) 7/1/2025 Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure a resident accessible area was kept clean and in good repair in 1 of 1 facility areas (the back outside area). This failed practice placed residents at risk of injury and a decreased quality of life.

Findings included...

Observation on 06/13/2025 at 9:30 AM, during the environmental tour with Staff A, Manager, showed an old refrigerator, two sinks, a stove, a screen door, and several large boxes with garbage, outside behind the facility on the ground.

In an interview on 06/13/2025 at 9:30 AM, Staff A stated the items listed above had been there since the facility reopened on 05/09/2025 and there was no current plan for removal, as the owner was currently out of the country.

background check, dated 3/24/2025, with a disqualifying negative action.

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, Grand Manor Care, Inc 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

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure a resident accessible area was kept clean and in good repair in 1 of 1 facility areas (the back outside area). This failed practice placed residents at risk of injury and a decreased quality of life.

Findings included…

Observation on 06/13/2025 at 9:30 AM, during the environmental tour with Staff A, Manager, showed an old refrigerator, two sinks, a stove, a screen door, and several large boxes with garbage, outside behind the facility on the ground.

In an interview on 06/13/2025 at 9:30 AM, Staff A stated the items listed above had been there since the facility reopened on 05/09/2025 and there was no current plan for removal, as the owner was currently out of the country.

Statement of Deficiencies	License #: 2658	Compliance Determination # 61223
Plan of Correction	Grand Manor Care, Inc	Completion Date
Page 4 of 4	Licensee: GRANDE MANOR CARE INC	06/16/2025

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, Grand Manor Care, Inc is or will be in compliance with this law and / or regulation on (Date) 7/10/2025 .

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

Administrator (or Representative) [signature] Date 7/1/2025

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

GRANDE MANOR CARE INC
Grand Manor Care, Inc
1718 W 9th Ave
Spokane, WA 99204

RE: Grand Manor Care, Inc # 2658

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/16/2025 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:

Stephanie Jenks, Community Field Manager
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-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:

(i) Bathrooms and toilet rooms;

(ii) Resident living rooms and resident sleeping rooms; and

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

The facility had been closed for over a year due to needing restoration work after extensive water damage. The facility had not put a new communication system in place after reopening on 05/09/2025. The owner placed an order for a new communication system immediately after it was brought to their attention.

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)993-7821.

Sincerely,

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

Enclosure

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

Enclosure