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

Spokane Valley Seniors Housing, LLC
Fields Senior Living at Spokane Valley
16512 E Desmet Court
Spokane Valley, WA 99016

RE: Fields Senior Living at Spokane Valley License # 2669

Dear Administrator:

This letter addresses Compliance Determination(s) 61104 (Completion Date 06/11/2025) and 57483 (Completion Date 04/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/11/2025 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-2120-4, WAC 388-78A-2120-3-a, WAC 388-78A-2120-1, WAC 388-78A-24701-1, WAC 388-78A-2660-2, RCW 70.129.140.1, WAC 388-78A-2090-6-e, WAC 388-78A-2320-1-b, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1, WAC 388-78A-2710-3-a, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-d, WAC 388-78A-2290-4, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-d, WAC 388-78A-2620-2-a, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2484, WAC 388-78A-2610-1, WAC 388-78A-2610-2-a, WAC 388-78A-2100-2-a, WAC 388-78A-2100-2-b-i, WAC 388-78A-2100-2-b-ii

The Department staff who did the on-site verification:
Joy Pipgras, LTC Surveyor
Veronica Jackson, Assisted Living Facility 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 04/08/2025 and 04/11/2025 of:

Fields Senior Living at Spokane Valley
16512 E Desmet Court
Spokane Valley, WA 99016

The following sample was selected for review during the unannounced on-site visit: 10 of 66 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Joy Pipgras, LTC Surveyor
Jennifer Lee, Assisted Living Facility Licensor
Veronica Jackson, Assisted Living Facility Licensor
Carla Rose, NCI Community Licensor
Abigail Vanderkolk, Community Complaint Investigator

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

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

04/29/2025
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)

5/5/2025
Date

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

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

(3) Evaluate, in order to determine if there is a need for further action;

(a) The changes identified in the resident per subsection (2) of this section; and

(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 provide treatment for skin concerns for 1 of 9 residents (Resident 2). This failed practice placed the residents at risk of further skin breakdown and medical complications.

Findings included...

Review of the most recent characteristic roster provided to the department on 04/08/2025, showed that Resident 2 lived in the memory care unit.

Review of Resident 2's Service Plan Report (the facility's negotiated service agreement) dated 02/03/2025, showed that Resident 2 had a diagnosis of [redacted] and a history of a reoccurring pressure ulcer on the right buttock. Further review showed their skin care interventions included "[Resident 2] will develop and/or maintain clean and intact skin."

In an interview on 04/09/2025 at 2:10 PM, Staff E, Medication Technician, stated that care staff were to notify the licensed practical nurse (LPN) and the medical provider when a wound or medical concern was discovered. If the LPN was out of the facility, they were to call them and ensure it was documented in the progress notes.

<Rash>

Review of Resident 2's progress notes from 01/08/2025 through 04/08/2025 included notes that showed their Volteran gel (medicated gel applied to the skin to reduce inflammation and pain in tendons and joints) was held due to a rash on Resident 2's arm. The notes were documented as follows:

01/11/2025 at 7:07 PM - "Residents arm had a little bit of a rash, did not apply this topical this evening"

01/12/2025 at 2:47 PM and 5:26 PM - "Resident currently has a rash on [their] arm where we are to apply this medication, I do not want to irritate the skin any further and held this medication this evening"

01/18/2025 at 2:19 PM and 5:21 PM - "Held due to a rash on [their] arm that is healing but I don't want to irritate it more"

02/20/2025 at 1:00 PM - "has redness to left lower arm that is itchy fax was sent to [their] primary dr"

Further review of Resident 2's progress notes from 02/20/2025 through 04/08/2025, showed no additional notes regarding the condition of the rash.

Observation and interview on 04/10/2025 at 9:15 AM, showed Resident 2's lower left arm had redness and a scaly appearance from their elbow to their wrist. Resident 2 stated their left arm was very itchy.

In an interview on 04/09/2025 at 3:30 PM, Staff F, Director of Resident Services/LPN, stated they were unaware of the rash on Resident 2's arm.

<Wound>

Review of Resident 2's progress notes from 01/08/2025 through 04/08/2025 showed the following notes about a wound that was on Resident 2's buttock:

02/01/2025 at 2:24 PM – “sore on bottom is really bad, and pain to touch”

03/06/2025 at 10:00 PM – “resident has a large and severe sore on right side of [their] bottom, keep an eye to make sure it hasn’t popped and reposition every hour”

03/07/2025 at 11:03 AM – “called home health about resident having a bad sore on right side of bottom”

03/07/2025 at 1:44 PM – “home health called back…on Monday they will come out to see resident”

03/09/2025 at 9:06 PM – “sore on bottom has opened and was bleeding”

03/12/2025 at 11:31 AM – “still having some redness on bottom”

Further review of progress notes from 03/12/2025 through 04/08/2025, showed no additional notes to indicate that the wound on Resident 2’s buttocks was further assessed or treated.

In an interview on 04/10/2025 at 3:30 PM. Staff F stated that Resident 2 received care from home health for wounds on their heel since February 2025 and the wound on Resident 2’s buttocks was also managed by home health.

Review of Resident 2’s home health records dated 03/31/2025, 04/03/2025, 04/07/2025, and 04/10/2025, showed treatment for a heel wound only. Further review showed the home health visits did not include any treatment for the wound on Resident 2’s buttocks.

In an interview on 04/11/2025 at 11:30 AM, Staff F stated that they called home health [on 04/11/2025] and confirmed that home health was unaware of the wound on Residents 2’s buttocks, and they had not assessed nor provided care to the buttocks wound during that time.

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, Fields Senior Living at Spokane Valley is or will be in compliance with this law and / or regulation on (Date) 5/31/2025.

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

Administrator (or Representative) Juan Murdza Date 5/5/2025

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a character, competence and suitability review after a background check showed a non-disqualifying crime for 1 of 5 staff (Staff C). This failed practice placed residents at risk of receiving care from a potentially unsuitable staff member.

Findings included...

Review of personnel records showed Staff C, Nurse Assistant Certified, was hired on 09/09/2024. The personnel file included a fingerprint background check completed on 10/04/2024 which showed a history of a criminal charge on their record. Further review showed the personnel file did not contain a character, competence and suitability (CCS) review.

As of 04/11/2025, Staff A records did not contain a CCS to determine staff's suitability to work with vulnerable adults.

In an interview on 04/11/2025 at 10:35 AM, Staff A, Administrator, stated that a CCS review was not completed for Staff C.

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, Fields Senior Living at Spokane Valley is or will be in compliance with this law and / or regulation on (Date) 5/5/2025 .

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

Administrator (or Representative) Juan Mendoza Date 5/5/2025

RCW 70.129.140 Quality of life -- Rights.

(1) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(2) Ensure all staff persons provide care and services to each resident consistent with chapter 70.129 RCW;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to provide care in a manner which promoted dignity and resident rights when staff entered residents room without knocking for 2 of 9 sampled residents (Resident 8 and 9). This failed practice caused stress for the residents and violated the residents' privacy.

Findings included...

Per RCW 70.129.140 Quality of life – Rights, the facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

<Resident 9>

Observation and interview on 04/10/2025, at 1:23 PM, showed Resident 9 in their room with the department when Staff H, Caregiver, walked into the resident's room without knocking or being invited in. Resident 9 stated that Staff H has walked into their room without knocking on numerous occasions. Resident 9 further stated that multiple caregivers frequently did not knock, or they knocked, but did not wait for a response prior to entering, and that sometimes the resident was in their bathroom dressing or

toileting when this had happened, and it made them feel very uncomfortable.

<Resident 8>

In an interview on 04/10/2025 at 2:20 PM, Resident 8 stated that two nights prior, they went to sleep and woke up to a staff member in their kitchen. Resident 8 said they had not heard anyone knock and had not given permission for anyone to enter, and it scared them.

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, Fields Senior Living at Spokane Valley is or will be in compliance with this law and / or regulation on (Date) 5/31-2025 .

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

Administrator (or Representative) — Date: 5/5/2025

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:

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

(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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to complete a safety assessment for a bed cane for 1 of 1 resident (Resident 1). This failure placed the resident at risk of entrapment and harm due to no assessment evaluating the need or risk to the resident.

Findings included...

Review of Resident 1's Face Sheet showed that the resident admitted on [redacted]/2024 to the memory care unit with a diagnosis of [redacted].

Observation on 04/08/2025 at 11:50 AM, showed Resident 1's bed had a bed cane.

Review of Resident 1's Assessment dated 12/15/2024, showed no completed safety assessment that evaluated the need, benefits, and risks of the bed cane.

In an interview on 04/09/2025 at 12:42 PM, Staff A, Administrator, stated they could not locate a safety assessment for Resident 1's bed cane.

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, Fields Senior Living at Spokane Valley is or will be in compliance with this law and / or regulation on (Date) 5/31/2025.

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

Jean Merdon — Administrator (or Representative)

5/5/2025 — Date

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

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff had nurse delegation qualifications when administering delegated medications for 1 of 5 staff (Staff G) and failed to obtain written consents for nurse delegation for 2 of 4 residents (Resident 2 and 3). This failure resulted in residents receiving delegated medications they may not have consented to and from staff that had not met qualifications to provide delegated medications.

Findings included…

Per WAC 246-840-930: criteria for nurse delegation, before delegating a nursing task, the registered nurse delegator:

-(5) Assesses the ability of the nursing assistant (NA) or home care aid (HCA) to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.

-(8) Verify that the nursing assistant or home care aide:

-(8)(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;

-(10) If the registered nurse delegator determines delegation is appropriate, the nurse:

(10)(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care.

-(10)(b) Obtains written consent. Verbal consent may be acceptable if written consent is obtained within 30 days.

<Consents>

Resident 2

Review of Resident 2's Nurse Delegation Nursing Visit form dated 02/28/2025, showed that Resident 2 required nurse delegation services for all medications.

Review of Resident 2's Nurse Delegation Consent Form, showed a verbal consent was obtained on 03/01/2025. Further review showed that the document did not contain written consent.

In an interview on 04/11/2025 at 3:00 PM, Staff I, Resident Care Coordinator, confirmed that they did not obtain written consent for Resident 2.

Resident 3

Review of Resident 3's Nurse Delegation Nursing Visit form dated 02/28/2025, showed that Resident 3 received nurse delegation services for all medications.

Review of Resident 3’s March 2025 and April 2025 medication administration records (MARs), showed Staff G, had administered Resident 3’s medications on 19 days in the month of March and 3 days in the month of April.

Review of Resident 3's nurse delegation consent form showed that written consent was obtained on 04/11/2025 by the residents' representative.

In an interview on 04/11/2025 at 3:00 PM, Staff I stated that they had previously obtained written consent for Resident 3, but they could not locate the signed form. Staff I further stated they obtained a signature on a new consent form “today”.

<Staff Delegation>

Review of the facility's staff list dated 04/08/2025 showed Staff G's date of hire was 01/19/2025.

Review of the department of health's provider credential search results on 04/16/2025 showed that Staff G's Home Care Aide Certification had expired on 05/14/2021.

Review of Resident 2’s March 2025 and April 2025 medication administration records (MARs), showed Staff G, had administered Resident 2’s medications on 19 days in the month of March and 3 days in the month of April.

Review of Resident 2’s Nurse Delegation Nursing Visit form, dated 02/28/2025 showed that Staff G, Medication Technician, was not included on the list of delegated staff that were qualified to administer delegated medications.

In an interview on 04/11/2025 at 2:45 PM, Staff A, Administrator, stated that Staff G did not have the qualifications to be delegated, and they should not have administered delegated 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, Fields Senior Living at Spokane Valley is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 .

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

Administrator (or Representative) Juan Mendoza Date 5/5/2025

WAC 388-78A-2710 Disclosure of services.

(3) The assisted living facility must provide a minimum of thirty days written notice to the residents and the residents' representatives, if any:

(a) Before the effective date of any decrease in the scope of care or services provided by the assisted living facility, due to circumstances beyond the assisted living facility's control; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to update a decrease in nursing services hours on 1 of 1 document (disclosure of services). This failure resulted in residents and representatives not being aware of or informed of the decreased service hours.

Findings included...

Review of the facility's undated Disclosure of Services showed that the facility offered Registered Nurse (RN) services 40 hours a week, and Licensed Practical Nurse (LPN) services 168 hours a week. Further review showed the signature of a prior administrator.

Review of an undated staff list showed no RN on staff and one LPN 40 hours a week.

In an interview on 04/10/2025 at 2:31 PM, Staff A, Administrator, stated that the previous RN gave a 30-day notice, and that their last day of employment was 02/12/2025. Staff A further stated that were not going to hire an RN until the facility was at 80% capacity and that no 30-day notification with the decrease in nursing hours had been provided to any residents or their representatives and confirmed that the facility currently had one LPN at 40 hours a week.

In an interview on 04/10/2025 at 2:35 PM Staff A stated that a Disclosure of Services was provided to each resident upon admission. Staff A further confirmed that residents who were admitted after 02/12/2025 received a Disclosure of Services with inaccurate information regarding nursing service hours.

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, Fields Senior Living at Spokane Valley is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 .

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

Jean Merritt — Administrator (or Representative)

5/5/2025 — Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain a family assistance with medications plan for 1 of 1 resident (Resident 7). This failure placed Resident 7 at risk of not receiving medications as ordered or medical supplies as needed, if family were unable to provide them.

Findings included...

Review of Resident 7's Face Sheet showed they were admitted on [redacted]/2023 with a diagnosis of [redacted] and [redacted].

Review of Resident 7's Level of Care and Service Plan (facility's assessment and negotiated service agreement), updated 03/04/2025, stated that the resident required assistance with medication administration, ordering medications, communication with the pharmacy, and that supplies [for over-the-counter (OTC) medications and diabetic medications] were provided by the family.

Review of Resident 7's undated medical chart did not contain a written and signed family assistance with medication plan to ensure there was a system in place for the resident to receive OTC medications and diabetic supplies.

In an interview on 04/10/2025 at 1:47 PM, Staff A, Administrator, stated they did not have a written or signed family plan to assist Resident 7 with obtaining medication and supplies.

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, Fields Senior Living at Spokane Valley is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 .

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

Administrator (or Representative) [signature] Date 5/5/2025

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure pets had current vaccinations for 4 of 9 resident pets (Pets 1, 2, 3, and 4). This failure placed residents at risk of contact from unvaccinated animals.

Findings included...

Review of Pet 1's pet records showed no examination or vaccination records.

Review of Pet 2's pet records showed no examination or vaccination records.

Review of Pet 3's pet records showed no examination or vaccination records.

In an interview on 04/11/2025 at 2:14 PM, Staff A, Administrator, stated that they did not have current vaccination records for Pets 1, 2, 3, and 4.

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, Fields Senior Living at Spokane Valley is or will be in compliance with this law and / or regulation on (Date) 5/31/2025.

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

Susan Morgan — Administrator (or Representative)

5/5/2025 — Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited

to:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that facility orientation training was completed by 1 of 5 staff (Staff C), and failed to ensure cardiopulmonary resuscitation and first aid certification training was obtained by 1 of 5 staff (Staff B). These failures placed residents at risk of receiving care from untrained facility staff.

Findings included...

Review of WAC 388-112A-0200 (1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

<Staff B>

Review of Staff B's, Medication Technician, personnel records showed a hire date of 01/23/2025. Further review showed no documentation that cardiopulmonary resuscitation (CPR) and first aid training had been completed.

In an interview on 04/11/2025 at 10:45 AM, Staff A, Administrator, stated they could not locate any CPR and first aid training for Staff B.

Review of the March 2025 and April 2025 staff schedule showed that Staff B worked on 03/23/2025, 03/30/2025, and 04/06/2025.

<Staff C>

Review of Staff C's, Nurse Assistant Certified, personnel records showed a hire date of 09/09/2024 and did not contain any records for the facility orientation.

In an interview on 04/11/2025 at 12:09 PM, Staff A stated they could not locate any facility orientation training records for Staff C.

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on observation and record review, the facility failed to ensure staff received tuberculosis two step testing for 3 of 5 sampled staff (Staff B, C, and D). This failure placed residents at risk of exposure to a communicable disease.

Findings included…

<Staff B>

Review of personnel records for Staff B, Medication Technician, showed they were hired on 01/23/2025. Further review showed the file did not contain any records of tuberculosis (TB, a communicable respiratory disease) testing.

In an interview on 04/11/2025 at 10:45 AM, Staff A, Administrator, stated they could not locate any TB testing result records for Staff B.

<Staff C>

Review of personnel records for Staff C, Nurse Assistant Certified, showed they were hired on 09/09/2024. Further review showed the file did not contain records of any TB testing.

In an interview on 04/11/2025 at 12:00 PM, Staff F, Director of Resident Services, stated that they did not have any records of TB testing for Staff C.

<Staff D>

Review of personnel records for Staff D, Medication Technician, showed they were hired on 08/13/2024. Further review showed the file did not contain any records of TB testing.

In an interview on 04/11/2025 at 10:45 AM, Staff A, stated they did not have any TB

testing result records for Staff D.

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, Fields Senior Living at Spokane Valley is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 .

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

Juan Meneses
Administrator (or Representative)

5/5/2025
Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to perform annual N95 respirator fit testing when 1 of 1 resident (Resident 10) tested positive for Covid 19 for 5 of 5 staff (Staff A, B, C, D, and E). This failure placed residents and staff at risk of contracting and spreading infections when a resident recently tested positive for Covid 19.

Findings included...

Center for Disease Control (CDC) stated when implementing Transmission Based Precautions/Airborne Precautions required to reduce the spread of Covid 19 (Coronavirus Disease, a contagious respiratory virus), the CDC recommended healthcare personnel use a National Institute for Occupational Safety and Health (NIOSH) approved, fit-tested respirator (N95) for all encounters of suspected or confirmed airborne illnesses that could spread when an infected person coughed, sneezed, or spoke. Fit testing is an activity where the seal of a respirator is tested to determine if it's adequate and is required to be completed annually to ensure continued effectiveness.

Review of Resident 10's progress notes showed that on 04/09/2025 the resident was sent to the hospital and tested positive for Covid 19. The progress notes further showed that the resident was quarantined in their room and staff placed a personal protective

equipment (PPE) cart outside their door.

In an interview on 04/11/2025 at 10:50 AM, Staff K, Medication Technician, stated that Resident 10 recently tested positive for Covid, and that staff put on PPE prior to providing care for the resident. When questioned further, Staff K stated the PPE included gowns, gloves, shields and N95 masks.

Review of Staff A's, Administrator, personnel record showed a hire date of 02/16/2025. Further review showed that no fit testing had been completed.

Review of Staff B's, Medication Technician, personnel record showed a hire date of 01/23/2025. Further review showed that no fit testing had been completed.

Review of Staff C's, Nursing Assistant Certified, personnel record showed a hire date of 09/09/2024. Further review showed that no fit testing had been completed.

Review of Staff D's, Medication Technician, personnel record showed a hire date of 08/13/2024. Further review showed that Staff D completed the medical release for FIT testing on 02/28/2024, but no fit testing had been completed.

Review of Staff E's, Medication Technician, personnel record showed a hire date of 02/24/2025. Further review showed that no fit testing had been completed.

In an interview on 04/11/2025 at 1:38 PM, Staff A, Administrator, stated that the facility did not have any records of fit testing that had been completed since March of 2024.

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, Fields Senior Living at Spokane Valley is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 .

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

Administrator (or Representative) [signature] Date 5/15/2025

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;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to complete an on-going safety assessment for a bed cane for 1 of 1 resident (Resident 1). This failure placed the resident at risk of entrapment and harm due to no assessment evaluating the need or risk to the resident.

Findings included…

Review of Resident 1's Face Sheet showed that the resident admitted on [redacted]/2024 to the memory care unit with a diagnosis of [redacted].

Observation on 04/08/2025 at 11:50 AM, showed Resident 1's bed had a bed cane.

Review of Resident 1's Assessment dated 12/15/2024, showed no completed safety assessment that evaluated the need, benefits, and risks of the bed cane.

In an interview on 04/09/2025 at 12:42 PM, Staff A, Administrator, stated they could not locate a safety assessment for Resident 1's bed cane.

Statement of Deficiencies	License #: 2669	Compliance Determination # 57483
Plan of Correction	Fields Senior Living at Spokane Valley	Completion Date
Page 20 of 20	Licensee: Spokane Valley Seniors Housing, LLC	04/16/2025

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, Fields Senior Living at Spokane Valley is or will be in compliance with this law and / or regulation on (Date) 5/31/2025 .

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

Administrator (or Representative) Jen Meyer Date 5/5/2025