



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

05/20/2025

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 # 2669

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 59788 (Completion Date 05/20/2025) and 56659 (Completion Date 04/01/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/20/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(c) Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;

The Department staff who did the On Site verification:

Sandra Fast, Community Complaint Investigator

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit B

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services Investigation Summary Report

Provider/Facility: Fields Senior Living at
Spokane Valley

License/Cert.#: 2669

Compliance Determination #: 56659

Investigator: Sandra Fast

Investigation Date(s): 03/20/2025 through 04/01/2025

Complainant Contact Date(s): 03/20/2025

Provider Type: Assisted Living Facility

Intake ID: 172666

Region/Unit #: RCS Region 1 / Unit B

Allegation(s):

1. Nurse with invalid licensure
2. Background checks not completed

Investigation Methods:

Sample:	Total residents: 78 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions Medication administration Kitchen
Interviews:	Nursing staff Residents Kitchen staff
Record Reviews:	Medical records Facility policies Staff training records Personnel files

Investigation Summary:

1. The indicated nurse interviewed stated that they had worked at the facility for two weeks and a few days. Personnel records reviewed showed that the nurse did not have a valid Washington state license until 03/25/25. The resident care coordinator interviewed stated that the identified nurse's hire date was 03/03/25. Failed facility practice was identified, and a citation was issued according to Washington administrative code (WAC) 388-78A-2450(2)(c).
2. The facility had a process for assuring that staff background checks were valid and up to date. Personnel records reviewed showed that sampled staff had valid background checks that were current. The executive director interviewed stated

that all staff were required to have valid background checks in good standing before they were hired. No failed facility practice was identified.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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

Statement of Deficiencies	License #: 2669	Compliance Determination # 56659
Plan of Correction	Fields Senior Living at Spokane Valley	Completion Date
Page 1 of 3	Licensee: Spokane Valley Seniors Housing, LLC	04/01/2025

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 an unannounced on-site complaint investigation on 03/20/2025 of:

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

This document references the following complaint number(s): 170549, 169969, 172666

The following sample was selected for review during the unannounced on-site visit: 5 of 78 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

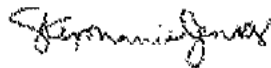
Sandra Fast, Community Complaint Investigator

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

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2669	Compliance Determination # 58659
Plan of Correction	Fields Senior Living at Spokane Valley	Completion Date
Page 2 of 3	Licensee: Spokane Valley Seniors Housing, LLC	04/01/2025

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.

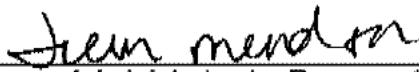


Residential Care Services

04/07/2025

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)

4-9-2025

Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(c) Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a staff license was current for 1 of 4 staff (Staff B). This failure resulted in residents receiving care from an individual who did not have current licensure and placed residents at risk for unmet care needs.

Findings included...

Review of personnel records for Staff B, Licensed Practical Nurse (LPN), showed that they had an active single state LPN license in another state. Further review of Staff B's records showed that Staff B did not have a current Washington state LPN license in good standing until 03/25/2025.

In an interview on 03/20/2025 at 10:06 AM, Staff B stated that they were the Director of Resident Services for the facility and that they had started working at the facility on 03/03/2025.

In an interview on 04/01/2025 at 3:37 PM, Staff A, Interim Executive Director, stated that Staff B's hire date was 03/03/2025. Staff A stated that they thought that it was fine

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-2450 Staff.

(2) The assisted living facility must:

(c) Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a staff license was current for 1 of 4 staff (Staff B). This failure resulted in residents receiving care from an individual who did not have current licensure and placed residents at risk for unmet care needs.

Findings included...

Review of personnel records for Staff B, Licensed Practical Nurse (LPN), showed that they had an active single state LPN license in another state. Further review of Staff B's records showed that Staff B did not have a current Washington state LPN license in good standing until 03/25/2025.

In an interview on 03/20/2025 at 10:06 AM, Staff B stated that they were the Director of Resident Services for the facility and that they had started working at the facility on 03/03/2025.

In an interview on 04/01/2025 at 3:37 PM, Staff A, Interim Executive Director, stated that Staff B's hire date was 03/03/2025. Staff A stated that they thought that it was fine

Statement of Deficiencies	License #: 2869	Compliance Determination # 56658
Plan of Correction	Fields Senior Living at Spokane Valley	Completion Date
Page 3 of 3	Licensee: Spokane Valley Seniors Housing, LLC	04/01/2025

for Staff B to work with a pending status on their license.

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) 5/20/2025
5/16/2025

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

Jean Mendenhall
Administrator (or Representative)

4-9-2025
Date

for Staff B to work with a pending status on their license.

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)_____ .

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

Administrator (or Representative)

Date

WAC 388-78A-2450

RE: Compliance Determination # 56659

Please accept this "Plan of Correction" (POC) for Field's Senior Living at Spokane Valley. We are committed to maintaining full compliance with the regulations. To that effort, please accept this POC submitted to you for your review.

The corrections for the deficiency will be addressed with the following actions:

The initial responsibility to "on-board" new staff will be assigned to the Business Office Manager. We will implement a complete list of employee requirements to be placed in each new file containing the required elements per regulation WAC-388-78A-2450

Before any employee begins physically working on the floor, the BOM must receive approval from the Executive Director ensuring all requirements are met.

For those requirements that require "tracking", a spreadsheet will be established, reviewed, and monitored to ensure each employee has all the requirements met at all times.

This action will also include a full review of all employee files to ensure they are complete. By 5/21/2025

**Alder Brook Director
Juan Mendoza**

