STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 73905 (Completion Date 03/05/2026) and 70650 (Completion Date 01/08/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/05/2026 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-2160, WAC 388-78A-2450-2, WAC 388-78A-2450-2-b, WAC 388-78A-2450-2-h, WAC 388-78A-2450-2-h-iii, WAC 388-78A-2450-2-h-v, WAC 388-78A-2466, WAC 388-78A-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-2

The Department staff who did the on-site verification:
Joy Pipgras, LTC Surveyor
Brian Zbylski, ALF 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Fields Senior Living at Spokane Valley
License/Cert.#: 2669
Compliance Determination #: 70650
Investigator: Veronica Jackson
Provider Type: Assisted Living Facility
Intake ID: 206406
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 12/29/2025 through 01/08/2026
Complainant Contact Date(s): 01/02/2026, 01/29/2026, 12/29/2025

Allegation(s):

1. Residents are not getting safe and appropriate care.
2. Unsafe medication systems.
3. Care plans are outdated and inaccurately describe care needs.
4. Inappropriate level of care.
5. Residents sitting for long periods.
6. Inadequate monitoring of high risk residents.
7. Not enough staff.
8. Not enough staff to pass medications.
9. Training and onboarding is lacking.
10. Staff have to work long shifts.

Investigation Methods:

Sample:
Total residents: 98
Resident sample size: 4
Closed records sample size: 0

Observations:
Sample Residents
Staff to Resident interactions
Residents in common areas
Resident Rooms
Lunch Service
Medication Room
Medication Cart
Medication Storage and disposal
Narcotic medication storage, records and disposal practices.
Resident medication administration
Resident care

Interviews:
Administrator
Director of Alderbrook
Regional Staff
Residents
Resident representatives
Caregivers
Med Techs
Hospice Nurse

Record Reviews: Resident Records
Characteristic Roster
Facility policy's (multiple)
Staff List
Sampled Staff Training records
Staff Backgrounds
Staff fingerprints
Staff references checks

Investigation Summary:

1. A memory care resident did not receive safe and adequate care. The resident was not assisted as outlined in their negotiated service agreement. Failed practice identified and cited for WAC 388-78A-2160.
2.The facility's medication system and processes were observed and reviewed, and no concerns were identified. The facility's disposal of medication system was appropriate, the narcotic log book was accurate, and the medication ordering process was effective. Staff, resident and resident representative interviews were completed and no medication concerns were expressed. No failed practice identified.
3. Sampled resident care plans were reviewed, and residents and resident representatives were interviewed, and no concerns were noted. Review showed that records were up to date and noted to be accurate. No failed practice was identified.
4. One resident was noted to be found outside after normal business hours, staff observed this and were able to encourage the resident to return to the facility without incident. The facility reported to the department and completed an investigation. The facility implemented measures to decrease the chances of recurrence. The facility's security practices were reviewed and no failed practice was identified.
5. Residents, resident representatives, and staff were interviewed and no concerns were voiced. Observations showed staff were present and available to assist residents when needed. Staff were observed helping residents with transfer and mobility. No failed practice identified.
6. Staffing schedules were reviewed, staff, residents and resident representatives were interviewed and did not identify any substantiated resident care deficiencies. No failed practice identified.
7. Observation showed staff presence and availability. The facility staff schedule was reviewed and an interview with facility administration showed the facility had a plan to increase staffing. Interviews with staff and resident/resident representatives showed that residents received care services with reasonable wait times. Unmet care were not identified as a result of insufficient staff. No failed practice identified.
8. Two medication technicians stated that at times they felt staffing could be improved but denied that medication services were not provided appropriately. Resident medication records were reviewed and no omissions or errors were noted. No failed practice identified.
9. Sampled staff records were reviewed and were noted to be missing orientation, references, and background checks. Failed practice was identified and cited for: WAC 388-78A-2450 (2)(b)(h)(iii)(v) and 388-78A-2466 (1)(a)(b)(2).
10. Not a facility practice.

Conclusion / Action:

- [x] 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

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 12/29/2025 and 01/08/2026 of:

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

This document references the following complaint number(s): 206406

The following sample was selected for review during the unannounced on-site visit: 4 of 98 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Veronica Jackson, 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

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: 01/12/2026

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: 1-19-26

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to provide the assistance specified in the negotiated service agreement to 1 of 4 residents (Resident 1). This failure resulted in an unmet care need and placed the resident at risk of injury and a decreased quality of life.

Findings included...

Review of the facility's Resident Characteristic Roster showed that Resident 1 was admitted on [redacted]/2024 and resided in the facility's memory care unit. Further review showed that the resident had dementia (age related cognitive deficits) and required moderate assistance with activities of daily living.

Review of Resident 1's Service Plan Report (SPR, the facility's titled negotiated service agreement), dated 12/31/2025, showed that the resident required assistance from facility staff with personal hygiene needs and changing their brief.

Review of Resident 1's Progress Notes, dated 12/04/2025, showed that the resident had a fall on 12/04/2026 during the night shift, and appeared to be off balance after that fall on the following day shift.

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

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Findings included…

Review of the facility's Resident Characteristic Roster showed that Resident 1 was admitted on [redacted]/2024 and resided in the facility's memory care unit. Further review showed that the resident had dementia (age related cognitive deficits) and required moderate assistance with activities of daily living.

Review of Resident 1's Service Plan Report (SPR, the facility's titled negotiated service agreement), dated 12/31/2025, showed that the resident required assistance from facility staff with personal hygiene needs and changing their brief.

Review of Resident 1's Progress Notes, dated 12/04/2025, showed that the resident had a fall on 12/04/2025 during the night shift, and appeared to be off balance after that fall on the following day shift.

Observation on 01/02/2026 at 12:28 PM showed that Resident 1 was in their room and wore only a shirt and underwear. Observation showed that the resident held a brief in their hand and requested assistance with putting on their brief, from the department licensor. The resident was observed to say, "Can you help me, I don't know how these work." Resident 1 was encouraged to request help by pushing their call light. Observation showed that the resident pushed the call light. The department licensor waited outside of Resident 1's room to observe staff response while also respecting the resident's privacy. Observation showed that two caregivers and a medication technician walked by Resident 1's room within the first fifteen minutes and did not answer the call light or enter the resident's room to help.

Observation on 01/02/2026 at 12:45 PM showed that Resident 1 had dressed independently without assistance and that the call light in the resident's room was still illuminated red, indicating it was still on.

In an interview on 01/02/2026 at 12:50 PM, Staff B, Medication Technician, stated that staff were alerted to call lights by the facility phones carried by staff. When asked if their phone showed any call lights on currently, Staff B stated that theirs was charging and not with them.

Observation on 01/02/2026 at 1:00 PM, showed Staff A, Director, walked out of Resident 1's room and had just answered the resident's call light.

In an interview on 01/02/2026 at 1:15 PM, Staff A stated staff had not answered Resident 1's call light because the staff were not carrying their phones.

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) 2-22-26 .

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

Administrator (or Representative) 1-19-26 Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

Observation on 01/02/2026 at 12:28 PM showed that Resident 1 was in their room and wore only a shirt and underwear. Observation showed that the resident held a brief in their hand and requested assistance with putting on their brief, from the department licensor. The resident was observed to say, “Can you help me, I don’t know how these work.” Resident 1 was encouraged to request help by pushing their call light. Observation showed that the resident pushed the call light. The department licensor waited outside of Resident 1’s room to observe staff response while also respecting the resident’s privacy. Observation showed that two caregivers and a medication technician walked by Resident 1’s room within the first fifteen minutes and did not answer the call light or enter the resident’s room to help.

Observation on 01/02/2026 at 12:45 PM showed that Resident 1 had dressed independently without assistance and that the call light in the resident’s room was still illuminated red, indicating it was still on.

In an interview on 01/02/2026 at 12:50 PM, Staff B, Medication Technician, stated that staff were alerted to call lights by the facility phones carried by staff. When asked if their phone showed any call lights on currently, Staff B stated that theirs was charging and not with them.

Observation on 01/02/2026 at 1:00 PM, showed Staff A, Director, walked out of Resident 1’s room and had just answered the resident’s call light.

In an interview on 01/02/2026 at 1:15 PM, Staff A stated staff had not answered Resident 1’s call light because the staff were not carrying their phones.

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

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

(h) Provide staff orientation and appropriate training for expected duties when staff begin work in the facility, including, but not limited to:

(iii) Specific duties and responsibilities;

(v) Policies, procedures, and equipment necessary to perform duties;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff references were verified before hire for 3 of 8 staff (Staff D, E, and F), failed to provide facility orientation to 4 of 8 staff (Staff C, E, G, and H), and failed to provide job specific orientation to 7 of 8 staff (Staff B, C, E, F, G, H, and J). This failure placed residents at risk of unmet care needs and injury due to receiving care from inadequately trained staff.

Findings included…

<Reference checks>

Review of Staff D's, Former Resident Care Coordinator, personnel file showed a hire date of 04/30/2025. Further review showed references checks were completed on 01/06/2026, after the employee no longer worked at the facility.

Review of Staff E's, Caregiver, personnel file showed a hire date of 01/28/2025 and that reference checks were not completed until 01/05/2026.

Review of Staff F's, Medication Technician, personnel file showed a hire date of 11/06/2025 and that reference checks were not completed until 01/05/2026.

In an interview on 01/08/2026 at 11:05 AM, Staff I, Care and Compliance Specialist, stated that reference checks for Staff D, E, and F had not been completed prior to hire.

< Facility orientation>

Review of Staff C's, Medication Technician, personnel file showed a hire date of 05/16/2025 and that facility orientation was not completed until 01/06/2026.

Review of Staff E's personnel file showed a hire date of 01/28/2025 and that facility orientation was not completed until 06/09/2025.

Review of Staff G's, Caregiver, personnel file showed a hire date of 10/07/2025 and that facility orientation was not completed until 01/05/2026.

Review of Staff H's, Caregiver, personnel file showed a hire date of 05/16/2025 and that facility orientation was not completed until 01/05/2026.

In an interview on 01/08/2026 at 11:05 AM, Staff I confirmed that facility orientation for Staff C, E, G, and H had not been completed during the new employee orientation period.

<Job Specific Orientation Training>

Review of the facility's policy titled, "Staff Training," dated 07/11/2025, showed that care staff orientation would include job specific duties and responsibilities for providing resident care.

The following staff personnel files were reviewed and showed no job specific orientation training:

Staff B, Medication Technician, date of hire on 09/08/2023
Staff C, Medication Technician date of hire on 06/16/2025
Staff E, Caregiver, date of hire on 01/28/2025.
Staff F, Medication Technician, date of hire on 11/06/2025
Staff G, Caregiver, date of hire on 10/07/2025
Staff H, Caregiver, date of hire on 05/16/2025
Staff J, Medication Technician, date of hire on 10/02/2025

In an interview on 01/08/2026 at 11:05 AM, Staff I confirmed Staff B, C, E, F, G, H and J had not completed job specific orientation training.

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) 1-19-26 Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

(2) A national fingerprint background check is valid for an indefinite period of time. The assisted living facility must ensure there is a valid national fingerprint background check completed for all administrators and caregivers hired after January 7, 2012. To be considered valid, the national fingerprint background check must be initiated and completed through the department's background check central unit after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was completed within the required timeframe for 1 of 8 sampled staff (Staff B) and that a national fingerprint background check was completed for 1 of 8 sampled staff (Staff C). This failure placed residents at risk of receiving unsupervised care from potentially disqualified staff.

Findings included...

Review of Staff B's, Medication Technician, personnel file showed a hire date of 08/09/2023. Further review showed that a name and date of birth background check was completed on 08/08/2023 and then again on 01/08/2026.

Plan/Attestation Statement

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Administrator (or Representative) Date

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was completed within the required timeframe for 1 of 8 sampled staff (Staff B) and that a national fingerprint background check was completed for 1 of 8 sampled staff (Staff C). This failure placed residents at risk of receiving unsupervised care from potentially disqualified staff.

Findings included…

Review of Staff B's, Medication Technician, personnel file showed a hire date of 09/08/2023. Further review showed that a name and date of birth background check was completed on 09/08/2023 and then again on 01/06/2026.

Review of Staff C's, Medication Technician, personnel file showed a hire date of 05/16/2025. Further review showed that no national fingerprint background check had been completed.

In an interview on 01/08/2026 at 11:00 AM, Staff I, Care and Compliance Specialist, stated that Staff B's name and date of birth background had expired and that Staff C's fingerprint check had not been completed.

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: 1-19-26

Review of Staff C's, Medication Technician, personnel file showed a hire date of 05/16/2025. Further review showed that no national fingerprint background check had been completed.

In an interview on 01/08/2026 at 11:00 AM, Staff I, Care and Compliance Specialist, stated that Staff B's name and date of birth background had expired and that Staff C's fingerprint check had not been completed.

Plan/Attestation Statement

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Administrator (or Representative) Date