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***

Royal Park Retirement ALF Operations, LLC
Royal Park Retirement Center
302 E Wedgewood Ave
Spokane, WA 99208

RE: Royal Park Retirement Center License # 2671

Dear Administrator:

This letter addresses Compliance Determination(s) 70092 (Completion Date 12/12/2025) and 66877 (Completion Date 10/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/12/2025 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-2474-4

The Department staff who did the on-site verification:
Jennifer Lee, 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
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***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 and complaint investigation on 10/08/2025, 10/09/2025 and 10/10/2025 of:

Royal Park Retirement Center
302 E Wedgewood Ave
Spokane, WA 99208

This document references the following complaint numbers: 196793, 196638.

The following sample was selected for review during the unannounced on-site visit: 13 of 87 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Tethra Wales, Assisted Living Facility Licensor
Brian Zbylski, ALF Licensor
Jennifer Lee, 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

10/16/2025
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)

10.20.25
Date

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

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that home-care aide certification was completed by 1 of 5 staff (Staff B). This failed practice placed residents at risk due to receiving care from untrained staff.

Findings included ..

Review of WAC 246-980-040 showed that home care aides (HCAs) must successfully complete required trainings within 120 days and become certified within 200 days of hire.

Review of Staff B's, Caregiver, personnel file showed that their date of hire was 12/13/2023.

Review of the facility's Personnel Action Form showed that Staff B transitioned from a hospitality aide to a caregiver on 07/16/2024.

Review of the Washington State Department of Health (DOH) provider credential search website on 10/10/2025, showed no valid HCA credential for Staff B.

In an interview on 10/10/2025 at 2:10 PM, Staff F, Director of Nursing, stated that Staff

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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In an interview on 10/10/2025 at 2:10 PM, Staff F, Director of Nursing, stated that Staff

B had not completed certification and that they were unaware of the current status.

**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, Royal Park Retirement Center is or will be in compliance with this law and / or regulation on (Date) 11.23.25.

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

Amy Stafford — Administrator (or Representative)

10.20.25 — Date

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**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, Royal Park Retirement Center 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

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***8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212***



Royal Park Retirement ALF Operations, LLC
Royal Park Retirement Center
302 E Wedgewood Ave
Spokane, WA 99208

RE: Royal Park Retirement Center # 2671

Dear Administrator:

This document references the following complaint numbers 196793, 196638.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 10/14/2025 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:

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-2690 Electronic monitoring equipment Resident requested use.**

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

Two of the residents' electronic monitoring evaluations were not completed on a quarterly basis and were past due. The facility explored ways of ensuring timely evaluations going forward and obtained signed re-evaluations for the two residents which were provided to the department before the inspection was finalized.

**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