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

01/15/2026

Buena Vista ALF Operations LLC
Buena Vista Healthcare
151 Buena Vista Dr
Colville, WA 99114

RE: Buena Vista Healthcare # 2672

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 71557 (Completion Date 01/15/2026) and 69138 (Completion Date 11/20/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/15/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

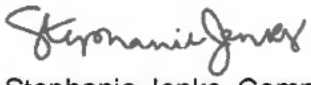
(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

The Department staff who did the On Site verification:
Joy Pipgras, LTC Surveyor

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 11/17/2025, 11/18/2025, 11/19/2025 and 11/20/2025 of:
Buena Vista Healthcare
151 Buena Vista Dr
Colville, WA 99114

The following sample was selected for review during the unannounced on-site visit: 5 of 19 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Joy Pipgras, LTC Surveyor

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 — 11/25/2025 (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) — 11-25-2025 (Date)

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the prescribing health care provider of medications refused by 1 of 5 residents (Resident 4). This failure resulted in the provider being unaware that the resident was not receiving their medications as prescribed and placed the resident at risk of health complications.

Findings included. .

Review of Resident 4's assessment, dated 05/01/2025, showed the resident was diagnosed with [redacted] and [redacted]. Further review showed that Resident 4 also received facility assistance with all medications.

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-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the prescribing health care provider of medications refused by 1 of 5 residents (Resident 4). This failure resulted in the provider being unaware that the resident was not receiving their medications as prescribed and placed the resident at risk of health complications.

Findings included…

Review of Resident 4's assessment, dated 05/01/2025, showed the resident was diagnosed with [redacted] and [redacted]. Further review showed that Resident 4 also received facility assistance with all medications.

Review of Resident 4's August 2025, September 2025, October 2025 and November 2025 medication administration records showed that the resident refused medications 69 times as follows:

-Alendronate Sodium (osteoarthritis medication) one refusal in August 2025 and one refusal in November 2025.

-Amlodipine (hypertension medication) five refusals in August 2025, one refusal in September 2025, and three refusals in November 2025.

-Oyst-Cal (vitamin supplement) five refusals in August 2025, one refusal in September2025, three refusals in October 2025, and three refusals in November 2025.

-Vitamin D (nutrient that strengthens bone density) five refusals in August 2025, one refusal in September 2025, three in October 2025, and three refusals in November 2025.

-Eliquis (medication to prevent stroke) six refusals in August 2025, one refusal in September 2025, three refusals in October 2025, and four refusals in November 2025.

-Metoprolol (medication to treat high blood pressure and heart failure) six refusals in August 2025, one refusal in September 2025, three refusals in October 2025, and four refusals in November 2025.

-Preservision Areds (medication for macular degeneration) -started on 10/16/2025, showed two refusals in October 2025 and four refusals in November 2025.

In an interview on 11/20/2025 at 08:15 AM, Staff A, Resident Care Coordinator, stated that Resident 4 often refused medications and believed that the family representative and the physician had been notified.

In an interview on 11/20/2025 at 9:37 AM, Staff A stated that they did not have documentation of any communication to the provider regarding Resident 4's medication refusals.

Statement of Deficiencies	License #: 2672	Compliance Determination # 891136
Plan of Correction	Buena Vista Healthcare	Completion Date
Page 4 of 4	Licensee: Buena Vista ALF Operations LLC	11/20/2026

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, Buena Vista Healthcare is or will be in compliance with this law and / or regulation on (Date) 1-1-2026

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

Administrator (or Representative) — 11-25-2025 Date

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, Buena Vista Healthcare 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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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Buena Vista ALF Operations LLC
Buena Vista Healthcare
151 Buena Vista Dr
Colville, WA 99114

RE: Buena Vista Healthcare # 2672

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 11/20/2025 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-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

The facility recently transitioned from written paper documentation to an electronic system. The new electronic system was not transferring required information onto the Service Plans (the facilities version of the negotiated service agreement) giving important information and direction to caregivers about the residents' needs and preferences. Staff interviewed were aware of the missing information and no potential or immediate harm was found. The facility contacted the program support system and was actively working on updating all resident Service Plans to match the Initial or Annual Assessments.

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:

[redacted]

[redacted]

[redacted]

- Request an Informal Dispute Resolution (IDR) review within 10 working days after you receive the letter. Your IDR request must include:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in person, by telephone or as a paper review.
  - You can make an IDR request and find directions on the IDR web page at https://www.dshs.wa.gov/altsa/dr

[redacted]

[redacted]

Sincerely,

[redacted]

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

Enclosure

• 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 You can make an IDR request and find directions on the IDR web page at:
    https://www.dshs.wa.gov/altsa/idr

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