



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

Veda Living Spokane Cataldo LLC
Colonial Court Assisted Living and Memory Care
12016 E Cataldo Ave
Spokane Valley, WA 99206

RE: Colonial Court Assisted Living and Memory Care License # 2674

Dear Administrator:

This letter addresses Compliance Determination(s) 66041 (Completion Date 09/23/2025) and 63484 (Completion Date 08/06/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/23/2025 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-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-2240, WAC 388-78A-2250-2, WAC 388-78A-2305-1, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e

The Department staff who did the on-site verification:
Patricia Eddy, Community Licenser

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

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

Colonial Court Assisted Living and Memory Care # 2674

09/23/2025

Page 2 of 2

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie Jenks". The signature is fluid and cursive, with the first name "Stephanie" written in a larger, more prominent script than the last name "Jenks".

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

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



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 # 2674	Compliance Determination #63484
Plan of Correction	Colonial Court Assisted Living and Memory Care	Completion Date
Page 1 of 14	Licensee: Veda Living Spokane Cataldo LLC	08/06/2025

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 the unannounced on-site full inspection and complaint investigation on 07/28/2025, 07/29/2025, 07/30/2025 and 07/31/2025 of:

Colonial Court Assisted Living and Memory Care
12016 E Cataldo Ave
Spokane Valley, WA 99206

This document references the following complaint numbers: 188891, 188680.

The following sample was selected for review during the unannounced on-site visit: 10 of 34 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Patricia Eddy, Community Licenser
Carla Rose, NCI Community Licenser

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.

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.

<u>J Salquist</u> Residential Care Services	<u>08/11/2025</u> Date
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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.

<u>Amber Barber</u> Administrator (or Representative)	<u>8/21/2025</u> Date
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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:

- (1) Individual's recent medical history, including, but not limited to:
 - (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;
 - (b) Chronic, current, and potential skin conditions; or
 - (c) Known allergies to foods or medications, or other considerations for providing care or services.
- (2) Currently necessary and contraindicated medications and treatments for the individual, including:
 - (a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;
 - (b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and
 - (c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.
- (3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.
- (4) Individual's sensory abilities, including:
 - (a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

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

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(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.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within 14 days of admission for 2 of 7 residents (Resident 3 and 5) and safety assessments for medical devices for 3 of 7 residents (Resident 3, 5, and 6) sampled for assessments. This failure placed residents at risk of unmet care needs due to not having a full assessment and risk of harm from use of a medical device that was not assessed to be safe.

Findings included...

In an interview on 07/29/2025 at 2:25 PM, Staff E, Resident Care Director/Registered Nurse, stated that when residents were admitted, they began working on the full assessment and completed them within 14 days.

In an interview on 07/30/2025 at 3:38 PM, Staff A, Executive Director/Owner, stated that safety assessments for medical devices should be in the care plans or assessments. Staff A further stated that if medical device safety assessments were not in the care plan or full assessment, then they did not have them.

Review of the most recent, undated characteristics roster showed that Resident 3 was admitted on [REDACTED]/2025, Resident 5 was admitted on [REDACTED]/2025, and Resident 6 was admitted on [REDACTED]/2023.

<Resident 3>

Observation on 07/31/2025 at 12:31 PM, showed Resident 3's bed had a bedrail attached to the side.

Review of Resident 3's Needs and Service Plan (NSP, the facility's titled negotiated

service agreement) dated 04/12/2025, showed it did not include any information related to their bedrail.

Review of Resident 3's full assessment shows it was completed on 04/14/2025, 26 days after the 14-day requirement. Further review showed it did not include a safety assessment for a bedrail.

In an interview on 7/29/2025 at 3:10 PM, Staff A stated they were unable to provide an assessment that was within the 14-day requirement for Resident 3.

<Resident 5>

Observation on 07/30/2025 at 10:40 AM, showed Resident 5's bed had a bedrail attached to the side and a trapeze (device installed above a bed used to assist in bed mobility) installed above the bed.

Review of Resident 5's full assessment showed it was completed on 04/12/2025, five days after the 14-day requirement. Further review showed it did not include a safety assessment for a bedrail or trapeze.

Review of Resident 5's NSP dated 04/12/2025, showed it did not include any information related to their bedrail or trapeze.

In an interview on 07/30/2025 at 3:30 PM, Staff E stated that Resident 5's 14-day assessment was due prior to their employment with the facility, and the previous nurse had not completed a full assessment prior to 04/12/2025.

<Resident 6>

Observation on 07/31/2025 at 1:35 PM, showed Resident 6's bed had a bedrail attached to the side.

Review of Resident 6's full assessment showed it was completed on 06/13/2025. Further review showed it did not include a safety assessment for a bedrail.

Review of Resident 5's NSP dated 06/13/2025, showed it did not include any information related to their bedrail.

In an interview on 07/31/2025 at 12:40 PM, Staff A confirmed that Residents 3 and 6 did not have safety assessments for their bedrails.

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, Colonial Court Assisted Living and Memory Care is or will be in compliance with this law and / or regulation on (Date) 09/10/2025 .

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

Amber Barber

8/25/25

Administrator (or Representative)

Date

WAC 388-78A-2210 Medication services.

- (1) An assisted living facility providing medication service, either directly or indirectly, must:
- (b) Develop and implement systems that support and promote safe medication service for each resident.
- (2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :
- (a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to administer medications as prescribed for 1 of 10 residents (Resident 10). This failed practice contributed to Resident 10 to receive medications that should have been held and placed the resident at risk of health complications.

Findings included...

Review of Resident 10's Needs and Service Plan (NSP, the facility's titled negotiated service agreement) dated 08/12/2024, showed they had a diagnosis of [REDACTED] and [REDACTED]. Further review showed they received medication assistance from the facility.

Review of Resident 10's Medications Administration Record (MAR) for May, June and July 2025, showed they were prescribed carvedilol (medication to treat heart failure and HTN) to be administered twice daily. The order showed the medication should have been held when the systolic blood pressure (SBP, top number of blood pressure) was

below 100 or the heart rate (HR) was below 60. Further review showed the carvedilol was administered when it should have been held on the following dates:

05/12/2025 SBP 96, HR 52
05/20/2025 SBP 97
05/21/2025 SBP 97, HR 59
05/26/2025 HR 55
06/09/2025 SBP 96
06/12/2025 SBP 90, HR 57
06/13/2025 SBP 91, HR 56
06/22/2025 HR 52
07/08/2025 SBP 81, HR 59
07/09/2025 SBP 87
07/27/2025 HR 55
07/28/2025 HR 58

In an interview on 07/31/2025 at 5:05 PM, Staff E, Resident Care Director/Registered Nurse, stated that they tried to audit MARs twice a week but there were times they were unable to do so.

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, Colonial Court Assisted Living and Memory Care is or will be in compliance with this law and / or regulation on (Date) 09/02/2025

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

Amber Barber

08/25/25

Administrator (or Representative)

Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to order medications in a timely manner for 2 of 10 residents (Resident 3 and 7). This failed practice placed Resident 7 at risk for recurring urinary tract infections and resulted in residents missing doses of their medications.

Findings included...

< Resident 7>

Review of Resident 7's NSP dated 06/27/2025, showed they had a diagnosis of [REDACTED] and they were required to have a continuous foley catheter (thin, flexible tube inserted into the bladder to drain urine into a collection bag) due to urinary retention (inability to urinate). Further review showed they received medication assistance from the facility.

Review of Resident 7's July 2025 MAR, showed they had an order for sulfamethoxazole and trimethoprim (SMZ-TMP, antibiotic prescribed to prevent UTIs) and was to be administered "three times per week while foley catheter in place." Further review showed the medication was not administered from 07/07/2025 through 07/30/2025, for a total of 11 missed doses, because the medication was not available.

Review of a progress note dated 07/21/2025, showed that Resident 7 had a Urinary Tract Infection (UTI) and they appeared "to be more confused than [their] normal baseline."

Review of a visit note from Resident 7's primary care provider dated 07/29/2025, showed the resident had a diagnosis of [REDACTED].

In an interview on 07/31/2025 at 12:45 PM, Staff E stated that they thought the order for Resident 7's antibiotic was taken care of, and they had not followed up until 07/30/2025.

<Resident 3>

Review of Resident 3's Needs and Service Plan (NSP, the facility's titled negotiated service agreement) dated 04/12/2025, showed diagnoses of [REDACTED] and [REDACTED]

Further review showed they received medication assistance from the facility.

Review of Resident 3's Medications Administration Records (MARs) for June and July 2025, showed they were prescribed digoxin (medication to treat CHF and AF) to be administered twice a week. The MARs showed the medication was not administered on 06/02/2025 and 07/28/2025 because the medication was not available.

In an interview on 07/30/2025 at 3:30 PM, Staff E, Resident Care Director/Registered Nurse, stated that their facility process is that medications are ordered 10 days prior to

the last available dose. Staff E confirmed that Resident 3's digoxin was not ordered until the day it was scheduled to be administered and that Resident 3 did not receive the medication on 06/02/2025 and 07/28/2025.

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, Colonial Court Assisted Living and Memory Care is or will be in compliance with this law and / or regulation on (Date) 09/02/2025.

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

Amber Barber

08/25/25

Administrator (or Representative)

Date

WAC 388-78A-2250 Alteration of medications. The assisted living facility must generally provide medications in the form they are prescribed when administering medications or providing medication assistance to a resident. The assisted living facility may provide medications in an altered form consistent with the following:

(2) Residents must be aware that the medication is being altered or added to their food.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that memory care residents were aware that medications were mixed in their pudding for 2 of 10 residents (Resident 7 and 10). This failed practice placed the residents at risk from not having knowledge that they were being given medications.

Findings included...

Review of Resident 10's assessment dated 05/16/2025, showed they had a diagnosis of [REDACTED], and that they received medication assistance from the facility. Further review showed their medications were crushed when administered.

Review of Resident 7's Needs and Service Plan (NSP, the facility's titled negotiated service agreement) dated 06/27/2025, showed they had a diagnosis of [REDACTED], and they received medication assistance from the facility.

In an interview on 07/31/2025 at 09:25 AM, Staff C, Medication Technician, stated that

they often did not tell memory care residents that they were given medications. Staff C further stated that they did not tell them they had their medications, they told Resident 7 and 10 that they told them it was their "sweet treats" or their "vitamins."

In an interview on 07/31/2025 at 2:40 PM, Staff F, Caregiver/Medication Technician, confirmed that Resident 10 received their medication in chocolate pudding. Staff F then stated that Resident 10 liked chocolate and when they administered their medications, they did not tell them it had medicine in it, they told them "Here is your chocolate."

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, Colonial Court Assisted Living and Memory Care is or will be in compliance with this law and / or regulation on (Date) 8/15/2025.

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

Amber Barber

08/25/25

Administrator (or Representative)

Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to maintain on-site food service in compliance with the Washington State Retail Food Code related to dating opened foods and storing of opened food packages in 1 of 1 kitchens (Kitchen 1). This failed practice placed residents at risk of food borne illness.

Findings included...

Per the Washington State Retail Food Code 03526 (2)(4)(c), refrigerated, ready-to-eat food must be clearly marked when the original container is opened and with a procedure to discard food on or before the last date by which the food must be consumed.

<Kitchen 1>

Observation on 07/28/2025 at 1:55 PM, showed the following:

- A moldy cucumber and several moldy lemons in the walk-in refrigerator.

- An open bag of shredded lettuce with brown leaves and an open bag of leafy lettuce in the walk-in refrigerator.

Observation on 07/29/2025 at 09:25 PM, showed the following:

- A moldy tomato and eggplant in the walk-in refrigerator.

In an interview on 07/28/2025 at 1:55 PM, Staff G, Food Services Director, stated they often had more fruits and vegetables than what they used and they went bad quickly.

Per the Washington State Retail Food Code 03306 (1)(d), Preventing food and ingredient contamination, stored food in packages must have covered containers or wrappings.

Observation on 07/28/2025 at 1:55 PM, showed the following:

- Pickles, sliced onions, mayonnaise with a darker surface color, sliced cheese with a dark yellow color that appeared hard from air exposure, shredded carrots, shredded cheese, sliced ham, chopped lettuce, and mixed chopped fruit salad uncovered on the sandwich station.
- Chopped lettuce, cucumber and tomato medley, and butter uncovered in the refrigerator below the sandwich station.
- Three trays of Jell-O, cooked broccoli and cheese frittata, tray of uncooked biscuits with reddish-orange liquid splattered on several of them, and tray of seared chicken uncovered in the walk-in refrigerator.
- An open bag of chicken, an open bag of corn, and three containers of ice cream with unsecured lids in the freezer.
- An unsealed bag of gravy in the pantry.

In an interview on 07/28/2025 at 1:55 PM, Staff G stated that the food in the sandwich station was served at lunch and dinner. Staff G further stated his practice was to leave all of the containers in the sandwich station uncovered from throughout the day and then cover them at night.

Observation on 07/29/2025 at 09:25 AM, showed the following items uncovered in the walk-in refrigerator:

- The broccoli and cheese frittata from the prior day.
- Cooked brussels sprouts from dinner the night before.
- Two trays of red and orange Jell-O, prepared the previous day.
- A second tray of orange Jell-O, that was almost empty.
- A bowl of melon and grape ambrosia salad.
- A tray of raw fish.

In an interview on 07/29/2025 at 09:25 AM, Staff J, Cook, stated that when they had leftover food, it was supposed to be placed in the walk-in refrigerator and then covered once it was cooled. Staff J stated that the frittata, Jell-O, and fish should have been

covered. Staff J then stated that the empty Jell-O tray should have been removed. Staff J further stated they would season the fish for the meal that day and then cover it.

Observation on 07/29/2025 at 09:40 AM, showed the following uncovered on the sandwich station:

- Pickles
- Mayonnaise with a darker surface color
- Diced tomatoes
- Herbs
- Shredded cheese
- Mixed chopped fruit salad

In an interview on 07/29/2025 at 09:40 AM, Staff G stated that the fruit salad was prepared the day prior and would be served at lunch.

Observation on 07/29/2025 at 3:45 PM, showed the following uncovered in the walk-in refrigerator:

- Three trays of Jell-O.
- Tray of raw fish.
- A bowl of melon and grape ambrosia salad.
- Container of cooked bacon slices.

Observation on 07/29/2025 at 3:49 PM, showed the following in the freezer:

- Open bag of chicken.
- Open bag of corn.
- Three containers of ice cream with unsecured lids.
- Open bag of fish.
- Three trays of small bowls of sorbet uncovered.

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, Colonial Court Assisted Living and Memory Care is or will be in compliance with this law and / or regulation on (Date) 08/15/25

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

Amber Barber

08/25/25

Administrator (or Representative)

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:

- (c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
- (d) Cardiopulmonary resuscitation and first aid; and
- (e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff completed the required continuing educational training for 1 of 4 staff (Staff B) and required specialty mental health training and first aid training for 1 of 4 staff (Staff D). This failed practice placed residents at risk of receiving care by untrained staff.

Findings included...

<Staff B>

Review of Staff B's, Caregiver, undated personnel file showed a hire date of 01/27/2025. Further review showed it did not contain documentation for continuing education for the needed timeframe.

Review of the staff schedules from 07/04/2025-07/31/2025, showed that Staff B worked 15 shifts.

In an interview on 07/31/2025 at 12:40 PM, Staff A, Executive Director, stated they were not aware of the requirement for assisted living facilities to ensure long-term care workers meet the training requirements for continuing education.

In an interview on 07/31/2025 at 4:15 PM, Staff B stated they did not have any documentation that showed they completed any continuing education hours for the needed timeframe.

<Staff D>

Review of Staff D's, Caregiver, undated personnel file showed a hire date of 05/01/2024. Further review showed it did not contain documentation for mental health specialty

training and only showed a cardiopulmonary resuscitation (CPR) training certification without first aid.

Review of the staff schedules from 07/04/2025-07/31/2025, showed that Staff D worked 15 shifts.

In an interview on 07/31/2025 at 3:55 PM, Staff A stated they were unable to provide Staff D's mental health specialty training certificate. Staff A stated they were unaware that Staff D's CPR training did not cover first aid.

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, Colonial Court Assisted Living and Memory Care is or will be in compliance with this law and / or regulation on (Date) 9/17/25.

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

Amber Barber

08/25/25

Administrator (or Representative)

Date



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

Veda Living Spokane Cataldo LLC
Colonial Court Assisted Living and Memory Care
12016 E Cataldo Ave
Spokane Valley, WA 99206

RE: Colonial Court Assisted Living and Memory Care # 2674

Dear Administrator:

This document references the following complaint numbers 188891, 188680.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 08/06/2025 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:

Jessica Salquist, Regional Administrator
Residential Care Services

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

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-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

- (1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

The facility did not have all negotiated service agreements signed annually. The administrator said they had difficulty getting resident representatives to return signed agreements. They were unaware that residents with representatives could sign their own agreements. The administrator met with the residents and obtained signed agreements prior to the conclusion of the survey.

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

(e) Other information determined necessary by the assisted living facility.

(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.

The facility has verbiage in the signed admission paperwork that referenced family plans; however it did not meet the requirements of the regulations. The facility created a family plan document that addressed each requirement of the regulation and had the plans signed prior to the conclusion of the survey.

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.

The facility had a previous employee who oversaw tuberculosis (TB) testing of new hires. Once that staff member no longer worked there, they discovered all of the TB testing records were missing and retested each staff member in June 2025. Employees hired after June all had TB tests that met the requirements, and the nurse managed the TB files.

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(iii) Corridors, as well as common and outdoor areas accessible to residents.

The facility did not have an outdoor communication system for residents, staff, and visitors to use to summon staff in the building. The facility placed dedicated pendants in a secure location in both outdoor common areas prior to the conclusion of the survey.

WAC 388-78A-3040 Laundry.

(3) The assisted living facility must use washing machines that have a continuous supply of hot water with a temperature of 140 F measured at the washing machine intake, that automatically dispenses a chemical sanitizer as specified by the manufacturer, or that employs alternate sanitization methods recommended by the manufacturer.

The facility was not using a sanitizer to wash house laundry. It was discovered that the washing machines they use have a built-in sanitizing setting that can be used per the manufacturer's recommendations to sanitize laundry. Prior to the conclusion of the survey, the facility educated staff on the use of selecting the sanitize setting for house laundry and began washing all house linens using that setting.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The facility checks water temperatures monthly. The last monthly check on 07/25/2025 showed the water temperatures were not within 105 degrees to 120 degrees. The facility adjusted the water heater and corrected the temperatures of the water prior to the conclusion of the survey.

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)323-7315.

Sincerely,

J Salquist

Colonial Court Assisted Living and Memory Care #2674

08/06/2025

Page 5 of 5

Jessica Salquist, Regional Administrator

Region 1, Unit B

Residential Care Services

Enclosure

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