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

VOP Bishop Place, LLC
Bishop Place Senior Living
815 SE Klemgard St
Pullman, WA 99163

RE: Bishop Place Senior Living License # 2675

Dear Administrator:

This letter addresses Compliance Determination(s) 70095 (Completion Date 12/12/2025) and 67489 (Completion Date 10/23/2025).

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-2950-6, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2480-1

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

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 10/20/2025, 10/21/2025, 10/22/2025 and 10/23/2025 of:

Bishop Place Senior Living
815 SE Klemgard St
Pullman, WA 99163

The following sample was selected for review during the unannounced on-site visit: 15 of 103 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

Statement of Deficiencies	License #: 2675	Compliance Determination #:67489
Plan of Correction	Bishop Place Senior Living	Completion Date
Page 2 of 6	Licensee: VOP Bishop Place, LLC	10/23/2025

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 — 10/30/2025 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) — 11/6/2025 Date

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that hot water temperatures were maintained between 105- and 120-degrees Fahrenheit for 4 of 11 residents (Residents 2, 13, 14, and 16) and in 1 of 1 resident common area (Assisted Living Activities Room). This failure resulted in hot water temperatures above 120 degrees Fahrenheit in the residents' private sinks and a resident accessible common area, and placed residents at risk of burning or scalding injuries.

Findings included...

Review of the October 2025 facility maintenance log showed water temperatures exceeded 120 degrees Fahrenheit (F) on 10/06/2025 and 10/14/2025 in the Assisted Living Activities Room. Further review showed that temperature checks did not include resident rooms.

In an interview on 10/22/2025 at 2:08 PM, Staff G, Maintenance Director, stated that resident rooms were not included in their weekly water temperature checks.

<Resident 2>

Review of Resident 2's Service Plan (the facility's titled combined assessment and negotiated service plan), dated 04/03/2025, showed a diagnosis of [redacted].

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-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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that hot water temperatures were maintained between 105- and 120-degrees Fahrenheit for 4 of 11 residents (Residents 2, 13, 14, and 15) and in 1 of 1 resident common area (Assisted Living Activities Room). This failure resulted in hot water temperatures above 120 degrees Fahrenheit in the residents' private sinks and a resident accessible common area, and placed residents at risk of burning or scalding injuries.

Findings included…

Review of the October 2025 facility maintenance log showed water temperatures exceeded 120 degrees Fahrenheit (F) on 10/06/2025 and 10/14/2025 in the Assisted Living Activities Room. Further review showed that temperature checks did not include resident rooms.

In an interview on 10/22/2025 at 2:08 PM, Staff G, Maintenance Director, stated that resident rooms were not included in their weekly water temperature checks.

<Resident 2>

Review of Resident 2's Service Plan (the facility's titled combined assessment and negotiated service plan), dated 04/03/2025, showed a diagnosis of [redacted].

Observation on 10/23/2025 at 8:45 AM, showed a water temperature of 124.4 degrees F in the bathroom sink inside resident 2's room.

<Resident 13>

Review of Resident 13's Service Plan, dated 09/21/2025, showed a diagnosis of [redacted]

Observation on 10/22/2025 at 3:27 PM showed a water temperature of 125.2 degrees F in the bathroom sink inside Resident 13's room.

<Resident 14>

Review of Resident 14's Service Plan, dated 09/29/2025, showed a diagnosis of [redacted]

Observation on 10/22/2025 at 3:34 PM showed a water temperature of 124.1 degrees F in the bathroom sink inside Resident 14's room.

<Resident 15>

Review of Resident 15's Service Plan, dated 07/10/2025, showed a diagnosis of [redacted]

Observation on 10/22/2025 at 3:40 PM showed a water temperature of 123.8 degrees F in the bathroom sink inside Resident 15's room.

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, Bishop Place Senior Living is or will be in compliance with this law and / or regulation on (Date) 12/3/2025

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

Jamie Brown
Administrator (or Representative)

11/6/2025
Date

Observation on 10/23/2025 at 8:45 AM, showed a water temperature of 124.4 degrees F in the bathroom sink inside resident 2's room.

<Resident 13>

Review of Resident 13's Service Plan, dated 09/21/2025, showed a diagnosis of [redacted].

Observation on 10/22/2025 at 3:27 PM showed a water temperature of 125.2 degrees F in the bathroom sink inside Resident 13's room.

<Resident 14>

Review of Resident 14's Service Plan, dated 08/29/2025, showed a diagnosis of [redacted].

Observation on 10/22/2025 at 3:34 PM showed a water temperature of 124.1 degrees F in the bathroom sink inside Resident 14's room.

<Resident 15>

Review of Resident 15's Service Plan, dated 07/10/2025, showed a diagnosis of [redacted].

Observation on 10/22/2025 at 3:40 PM showed a water temperature of 123.9 degrees F in the bathroom sink inside Resident 15's room.

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, Bishop Place Senior Living 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-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

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:

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

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to ensure that a Washington state name and date of birth background check was completed every two years by 1 of 6 sampled staff (Staff F). This failure resulted in residents receiving care and services from staff who had not completed a background check within two years of their previous review.

Findings included...

Review of Staff F's, Medication Aide, personnel file showed a hire date of 04/02/2009. Further review showed that Staff F had a Washington state name and date of birth background check completed on 02/05/2022 and a subsequent check completed on 10/23/2025.

Review of the facility's staff schedule showed that Staff F worked on 10/03/2025, 10/04/2025, 10/05/2025, 10/06/2025, 10/07/2025, 10/08/2025, 10/09/2025, 10/10/2025, 10/11/2025, 10/12/2025, 10/13/2025, 10/14/2025, 10/15/2025, 10/16/2025, 10/17/2025, 10/18/2025, 10/19/2025, 10/20/2025, 10/21/2025, 10/22/2025, and 10/23/2025.

Observation on 10/20/2025 at 2:18 PM showed Staff F did laundry in the memory care laundry room.

Observation on 10/22/2025 at 3:42 PM showed Staff F exited a resident room and conferred with another staff member in the common area of memory care.

In an interview on 10/23/2025 at 1:30 PM, Staff A, Executive Director, stated that the facility did not have a record to show that Staff F completed an updated background check within the two-year time frame requirement.

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, Bishop Place Senior Living is or will be in compliance with this law and / or regulation on (Date) 12/3/2025.

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

Administrator (or Representative) — Date: 11/6/2025

WAC 388-78A-2460 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that testing for tuberculosis had been completed within three days of hire for 1 of 6 staff (Staff B). This failure placed residents at risk of contracting and spreading a contagious disease.

Findings included...

Review of Staff B's, Medication Aide, personnel file showed a hire date of 09/14/2024, and that they were tested for Tuberculosis (TB, a contagious respiratory infection) on 10/17/2024, 34 days after the date of hire.

Review of the facility's staff schedule showed that Staff B worked on 10/03/2025, 10/04/2025, 10/06/2025, 10/10/2025, 10/11/2025, 10/12/2025, and 10/13/2025.

In an interview on 10/23/2025 at 1:30 PM, Staff A, Executive Director, stated that they did not know why Staff B did not complete TB testing in the required time frame. Staff A confirmed that Staff B had been working as a caregiver as of 09/14/2024.

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, Bishop Place Senior Living 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-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that testing for tuberculosis had been completed within three days of hire for 1 of 6 staff (Staff B). This failure placed residents at risk of contracting and spreading a contagious disease.

Findings included…

Review of Staff B's, Medication Aide, personnel file showed a hire date of 09/14/2024, and that they were tested for Tuberculosis (TB, a contagious respiratory infection) on 10/17/2024, 34 days after the date of hire.

Review of the facility's staff schedule showed that Staff B worked on 10/03/2025, 10/04/2025, 10/06/2025, 10/10/2025, 10/11/2025, 10/12/2025, and 10/13/2025.

In an interview on 10/23/2025 at 1:30 PM, Staff A, Executive Director, stated that they did not know why Staff B did not complete TB testing in the required time frame. Staff A confirmed that Staff B had been working as a caregiver as of 09/14/2024.

Statement of Deficiencies	License #: 2675	Compliance Determination #67489
Plan of Correction	Bishop Place Senior Living	Completion Date
Page 6 of 6	Licensee: VOP Bishop Place, LLC	10/23/2025

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, Bishop Place Senior Living is or will be in compliance with this law and / or regulation on (Date) 12/3/2025

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

Daniel Brown — Administrator (or Representative)

11/6/2025 — 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, Bishop Place Senior Living 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

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

VOP Bishop Place, LLC
Bishop Place Senior Living
815 SE Klemgard St
Pullman, WA 99163

RE: Bishop Place Senior Living # 2675

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/23/2025 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-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:

(a) Orientation and safety;

One of the sampled staff members completed safety and orientation training 52 days after they started working as a medication aide. Safety and Orientation is required to be completed prior to providing care to residents. The facility discovered this oversight prior to the annual inspection and ensured that the staff member completed the training prior to resuming resident care.

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.

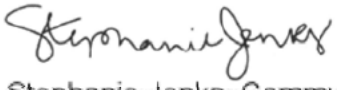
In Addition, You May:

• 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 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

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