



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 73294 (Completion Date 02/27/2026) and 70110 (Completion Date 01/06/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/27/2026 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-2040-2, WAC 388-78A-24681-2

The Department staff who did the on-site verification:
Sandra Fast, Community Complaint Investigator

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: Bishop Place Senior Living **Provider Type:** Assisted Living Facility

License/Cert. #: 2675

Intake ID: 204165

Compliance Determination #: 70110

Region/Unit #: RCS Region 1 / Unit B

Investigator: Sandra Fast

Investigation Date(s): 12/15/2025 through 01/06/2026

Complainant Contact Date(s):

Allegation(s):

1. The facility failed their Fire and Life Safety Code Inspection first follow up.
 2. The facility did not have a staff's required background check on file.
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Investigation Methods:

Sample:	Total residents: 105 Resident sample size: 0 Closed records sample size: 0
Observations:	NA, desk review.
Interviews:	Executive Director Concierge
Record Reviews:	Office of State Fire Marshall first reinspection report Characteristic Roster Disclosure of Services Staff List

Investigation Summary:

1. The facility failed to correct several of Fire and Life Safety Code deficiencies noted on the Office of the State Fire Marshal's first follow up inspection report. The facility was issued a citation according to Washington Administrative Code (WAC) 388-78a-2040(2).
 2. The facility failed to obtain a national fingerprint background check for a facility care partner staff. The facility was issued a citation according to WAC 388-78a-24681(2).
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Conclusion / Action:

- ☒ 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

Statement of Deficiencies	License #: 2675	Compliance Determination # 70110
Plan of Correction	Bishop Place Senior Living	Completion Date
Page 1 of 4	Licensee: VOP Bishop Place, LLC	01/06/2026

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 12/15/2025 of:

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

This document references the following complaint number(s): 204165

The following sample was selected for review during the unannounced on-site visit: 0 of 105 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

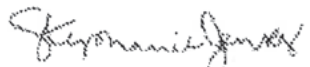
Sandra Fast, Community Complaint Investigator

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.

Statement of Deficiencies	License #: 2675	Compliance Determination # 70110
Plan of Correction	Bishop Place Senior Living	Completion Date
Page 2 of 4	Licensee: VOP Bishop Place, LLC	01/06/2026

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

01/16/2026
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)

1/16/2026
Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal when the facility failed their second Fire and Life Safety Inspection. This failure placed residents', staff and visitors' safety at risk.

Findings included...

Review of the Department's Electronic Working Papers System, on 12/15/2025, showed that the facility was licensed for 121 beds.

Review of an email communication from Staff A, Executive Director, dated 12/15/2025 at 4:55 PM, showed that Staff A indicated that the facility's census was 106.

Review of an email communication from Collateral Contact 1, State Fire Marshal, dated 12/15/2025 at 3:52 PM, showed the date of the facility's second failed Office of State Fire Marshal (OSFM) Life Safety Inspection (LSI) was 09/15/2025.

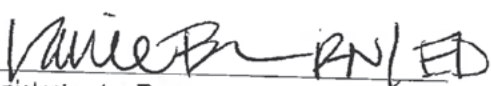
Review of the facility's second failed LSI, dated 12/03/2025, showed that the facility continued to be out of compliance with International Fire Code (IFC) standards in several categories. The Statement of Violation noted the following:

Statement of Deficiencies	License #: 2675	Compliance Determination # 70110
Plan of Correction	Bishop Place Senior Living	Completion Date
Page 3 of 4	Licensee: VOP Bishop Place, LLC	01/06/2026

The facility was found to continue to be out of compliance with one or more code requirements, as follows:

-Inspection and Maintenance (IFC 705.2 2021), Inspection, Testing and Maintenance (IFC 901.6 2021), Standards (IFC 903.3.1), Delayed Egress Locking System (IFC 1010.2.13.0 2021), Circuit Identification and Accessibility (NFPA 72 10.6.5.2).

In an interview on 12/15/2025 at 2:20 PM, Staff A stated they had knowledge of the most recent OFSM LSI and that the facility remained out of compliance on several of the LSI codes.

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) <u>2/19/2026</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
<u></u> Administrator (or Representative)	<u>1/16/2026</u> Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a fingerprint background check for 1 of 2 staff (Staff B). This failed practice placed residents at risk of receiving unsupervised care and services from a potentially disqualified caregiver.

Findings included...

Statement of Deficiencies	License #: 2675	Compliance Determination # 70110
Plan of Correction	Bishop Place Senior Living	Completion Date
Page 4 of 4	Licensee: VOP Bishop Place, LLC	01/06/2026

Review of an undated untitled facility document showed that Staff B was hired on 08/11/2025.

Review of the facility's staff schedules for December of 2025 and January of 2026, showed that Staff B worked as a CP at the facility one to two days a week.

Review of Staff B's, Care Partner (CP), personnel file showed no completed national fingerprint background check.

In an interview, Staff A, Executive Director, stated that they had been unsuccessful in getting Staff B's national fingerprint background check completed in the required amount of time.

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) 2/19/2026

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


Administrator (or Representative)

1/16/2026
Date