



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

Spokane Valley AL, LLC
Trustwell Living at Ridgeview Place
12903 E Mission Ave
Spokane Valley, WA 99216

RE: Trustwell Living at Ridgeview Place License # 2730

Dear Administrator:

This letter addresses Compliance Determination(s) 54807 (Completion Date 03/14/2025) and 52798 (Completion Date 01/28/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/14/2025 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-2464-2, WAC 388-78A-2464-1, WAC 388-78A-2464

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

If you have any questions, please contact me at (509)323-7315.

Sincerely,

Jessica Salquist, Regional Administrator
Region 1, Unit B
Residential Care Services

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



Residential Care Services Investigation Summary Report

Provider/Facility: Trustwell Living at
Ridgeview Place

License/Cert.#: 2730

Compliance Determination #: 52798

Investigator: Sandra Fast

Investigation Date(s): 01/09/2025 through 01/28/2025

Complainant Contact Date(s): 01/08/2025, 01/30/2025

Provider Type: Assisted Living Facility

Intake ID: 159170

Region/Unit #: RCS Region 1 / Unit B

Allegation(s):

1. Insufficient staff.
2. Increased resident falls.
3. A caregiver was working unsupervised with vulnerable adults and had no background information in their records.

Investigation Methods:

Sample:	Total residents: 44 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions
Interviews:	Administrative staff Nursing staff Residents Family members
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Personnel files Staff training records

Investigation Summary:

- 1) The sampled residents observed were well groomed and in fresh clothing. The sampled residents showed no signs of distress of any kind. The sampled residents' representatives interviewed and stated no safety concerns. Facility staff were observed to be readily available and interacted gently with the residents. The interviewed staff stated no concerns regarding residents and stated they were able to accomplish all tasks for their shift. A referral was made to Labor and Industries for staffing related issues. No failed facility practice was identified.
- 2) All sampled residents were interviewed and had no concerns related to fall. The

sampled residents were observed and showed no signs of distress of any kind. All sampled residents' apartments were clean and organized with no lingering odors or trip hazards identified. All sampled residents were observed to have call pendants. The staff were observed to be readily available and interacted gently with the residents. The facility followed their policy regarding resident falls. The facility investigated the incident and implemented interventions to prevent future falls. The facility had a system for recording and tracking incidents. No failed facility practice was identified.

3. No Department background authorization or background information found for a care staff. A citation was issued based on Washington Administrative Code 388-78A-2464(1)(2).

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 #: 2730	Compliance Determination # 52798
Plan of Correction	Trustwell Living at Ridgeview Place	Completion Date
Page 1 of 3	Licensee: Spokane Valley AL, LLC	01/28/2025

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 an unannounced on-site complaint investigation on 01/09/2025 of:

Trustwell Living at Ridgeview Place
12903 E Mission Ave
Spokane Valley, WA 99216

This document references the following complaint number(s): 159170

The following sample was selected for review during the unannounced on-site visit: 3 of 44 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 #: 2730	Compliance Determination # 52798
Plan of Correction	Trustwell Living at Ridgeview Place	Completion Date
Page 2 of 3	Licensee: Spokane Valley AL, LLC	01/28/2025

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.

J. Salquist
Residential Care Services

02/03/2025
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.

Ashtley Chastan
Administrator (or Representative)

2/3/2025
Date

WAC 388-78A-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

- (1) Require the person to complete a DSHS background authorization form; and
- (2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on interview, observation, and record review the facility failed to ensure a staff member completed a Department background authorization prior to employment for 1 of 3 staff members (Staff B). This failure put residents at risk of exposure to a staff member with no background information on file.

Findings included...

In an interview on 01/09/2025 at 9:51 AM, Staff B, Caregiver, stated that they had worked at the facility for 3 weeks. Staff B explained that they performed all 1 person cares (unsupervised) for residents who did not require a second staff's help first and then did all 2 person cares with a second staff afterwards.

In an observation on 01/09/2025 between 9:00 - 10:00 AM, Staff B was observed interacting with and assisting residents without supervision. Staff B was observed entering residents' apartment without supervision.

In a record review on 01/09/2025, Staff B's personnel file showed no Department

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-2464 Background checks Process Background authorization form. Before the assisted living facility employs, directly or by contract, an administrator, staff person or caregiver, or accepts any volunteer, or student, the home must:

- (1) Require the person to complete a DSHS background authorization form; and
- (2) Submit to the department's background check central unit, including any additional documentation and information requested by the department.

This requirement was not met as evidenced by:

Based on interview, observation, and record review the facility failed to ensure a staff member completed a Department background authorization prior to employment for 1 of 3 staff members (Staff B). This failure put residents at risk of exposure to a staff member with no background information on file.

Findings included...

In an interview on 01/09/2025 at 9:51 AM, Staff B, Caregiver, stated that they had worked at the facility for 3 weeks. Staff B explained that they performed all 1 person cares (unsupervised) for residents who did not require a second staff's help first and then did all 2 person cares with a second staff afterwards.

In an observation on 01/09/2025 between 9:00 - 10:00 AM, Staff B was observed interacting with and assisting residents without supervision. Staff B was observed entering residents' apartment without supervision.

In a record review on 01/09/2025, Staff B's personnel file showed no Department

Statement of Deficiencies	License #: 2730	Compliance Determination # 52798
Plan of Correction	Trustwell Living at Ridgeview Place	Completion Date
Page 3 of 3	Licensee: Spokane Valley AL, LLC	01/28/2025

authorization for background check and did not contain any background information.

In an interview on 01/09/2025 at 11:16 AM Staff C, Business Office Manager, stated that they did not know where the Department background authorization was for Staff B.

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, Trustwell Living at Ridgeview Place is or will be in compliance with this law and / or regulation on
(Date) 02/28/2025

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

Ashley Chaatan
Administrator (or Representative)

2/3/2025
Date

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

authorization for background check and did not contain any background information.

In an interview on 01/09/2025 at 11:16 AM Staff C, Business Office Manager, stated that they did not know where the Department background authorization was for Staff B.

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, Trustwell Living at Ridgeview Place 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



Rushele Herrman
Residential Care Services
Aging and Long-Term Support Administration
Washington Department of Social and Health Services

Dear Rushelle Herrman,

Please see plan of Correction for Citation on 01/09/2025. (WAC 388-78A-2464 Background Checks).

Moving forward backgrounds will be completed in a timely manner to ensure we are in compliance, No staff member will be left unsupervised with residents until full background check is completed and in staff members files.

Facility will be in compliance with WAC 388-78A-2462 by 02/28/2025.

The Administrator and Administrative Assistant will both ensure backgrounds are completed, staff members will be removed from staffing schedule if background is not completed within appropriate time.

Ashley Chastain
Executive Director
Trustwell Living Ridgeview Place
achastain@trustwellliving.net