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

12/11/2025

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

RE: Trustwell Living at Ridgeview Place # 2730

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 69999 (Completion Date 12/11/2025) and 67937 (Completion Date 10/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/11/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(c) Maintain and provide staff persons with the necessary training, supplies, equipment, and personal protective equipment for preventing and controlling the spread of infections by:

(d) Provide all resident care and services according to current acceptable standards for infection control;

The Department staff who did the On Site verification:
Brian Zbylski, ALF 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

Residential Care Services
Investigation Summary Report

Provider/Facility: Trustwell Living at Ridgeview Place
License/Cert.#: 2730
Compliance Determination #: 67937
Investigator: Brian Zbylski
Investigation Date(s): 10/28/2025 through 10/29/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 199377
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):
Named resident fell and sustained an injury.

Investigation Methods:

Sample:	Total residents: 44 Resident sample size: 7 Closed records sample size: 0
Observations:	Resident appearance. Resident footwear and use of ambulatory aides. Pendant and call system. Environmental safety conditions. Staff assisting residents.
Interviews:	Current residents. Caregivers. Licensed nurse. Executive Director. Resident Care Wellness Coordinator.
Record Reviews:	Resident records including face sheets, assessments, service plans. Incident reports. Disclosure of Services. Resident Characteristic Roster. Staff List.

Investigation Summary:
The named resident sustained an injury from a fall. The facility took action to assess the resident and sent out for further medical evaluation. The facility investigated the incident. The resident's assessment and service plan reflected the current needs of the resident. Staff were aware of fall prevention interventions that were being used in the facility. There was a system in place to communicate residents' changes of conditions for frontline caregiving staff. Deficient practice not identified related to falls. The facility had a current COVID outbreak and was issued a citation due to not practicing infection control. Washington Administrative Code (WAC) 388-

78A-2610 (1); (2-c,d) Infection control.

Conclusion / Action:

- [x] 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

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 10/28/2025 of:

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

This document references the following complaint number(s): 199377

The following sample was selected for review during the unannounced on-site visit: 7 of 44 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Brian Zbylski, ALF 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 #: 2730	Compliance Determination # 67937
Plan of Correction	Trustwell Living at Ridgeview Place	Completion Date
Page 2 of 4	Licensee: Spokane Valley AL, LLC	10/29/2025

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 — 11/03/2025 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.

Administrator (or Representative) — 11/4/25 Date

WAC 388-78A-2610 Infection control. EB - 11/4/25 - will be in Compliance on 11/28/25

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(d) Provide all resident care and services according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that infection control interventions were implemented and recommended personal protective equipment was used by 3 of 3 staff (Staff C, D, and E) during a COVID outbreak. This failure resulted in staff members not wearing recommended respirators and placed the residents at risk of contracting a contagious virus.

Findings included...

Review of Washington State Department of Health recommendations for healthcare settings, dated June 2025, showed that healthcare workers should use a National Institute of Occupational Health and Safety approved respirator (N95) when providing care for patients with suspected or confirmed SARS-Co-V-2 [COVID, (contagious respiratory virus)].

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

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Administrator (or Representative) | Date

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Review of facility's policy titled, "Infection Control: COVID-19 Policy and Procedure," dated 02/15/2024, showed that staff were to use N95 respirators when caring for quarantined, positive, suspected or presumed positive residents.

In an interview on 10/28/2025 at 12:30 PM, Staff A, Executive Director, stated that a total of five residents had tested positive for COVID on 10/27/2025 and 10/28/2025 in the Memory Care unit.

In an interview on 10/28/2025 at 1:45 PM, Staff E, Resident Care Assistant, stated that there were currently five residents in the Memory Care unit that had tested positive for COVID, and that staff wore N95 respirators when they entered their private rooms. Observation at that time showed Staff E wearing a surgical mask.

Observation on 10/28/2025 at 1:53 PM, showed Staff C, Medication Technician, wearing a surgical mask while they assisted Resident 2 in the Memory Care common area. At that time, Staff E was observed assisting Resident 1 in a wheelchair in the common area. An unidentified resident was also observed in the common area at that time.

In an interview on 10/28/2025 at 1:55 PM, Staff C stated that Residents 1 and 2 tested positive for COVID and were unable to be quarantined in their private rooms due to their cognitive status. Staff C stated that they had not been fit-tested for an N95 respirator and had not been given any instructions to wear an N95 while in the common areas of the unit.

Observation on 10/28/2025 at 1:55 PM, showed Staff D, Medication Technician, wearing a surgical mask in the common area of the Memory Care unit.

In an interview on 10/28/2025 at 3:00 PM, Staff B, Health Services Director/Nurse, stated that staff were to wear "at least" a surgical mask during an outbreak, and to wear N95 respirators when they entered the private room of a resident positive with COVID.

In an interview on 10/28/2025 at 3:40 PM, Staff A stated that they were responsible for performing staff fit-testing for N95 respirators upon hire and that Staff C, Staff D, and Staff E had not been fit-tested since their date of hire.

Statement of Deficiencies	License #: 2730	Compliance Determination #67937
Plan of Correction	Trustwell Living at Ridgeview Place	Completion Date
Page 4 of 4	Licensee: Spokane Valley AL, LLC	10/29/2025

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, Trustwell Living at Ridgeview Place is or will be in compliance with this law and / or regulation on (Date) 11/28/25.

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

Ellyn Barndollar — Administrator (or Representative)

11/4/25 — 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, 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