STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 72461 (Completion Date 02/06/2026) and 70581 (Completion Date 01/16/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/06/2026 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-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b

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: Trustwell Living at Ridgeview Place
License/Cert.#: 2730
Compliance Determination #: 70581
Investigator: Sandra Fast
Provider Type: Assisted Living Facility
Intake ID: 203349
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 12/24/2025 through 01/16/2026
Complainant Contact Date(s): 12/19/2025

Allegation(s):

1. A resident with a change in condition was not appropriately assessed or given care.
2. The facility staff did not call emergency services when a resident had requested.
3. The facility failed to renew a staff's name and date of birth background check after two years.

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members Administrative staff
Record Reviews:	Medical records Incident investigation Facility policies Personnel files Staff training records Staff patterns

Investigation Summary:

1. All sampled residents interviewed stated no concerns regarding the facility or its staff. The residents stated that they received the cares that they required. All sampled resident's representatives interviewed stated they had no concerns regarding the facility. The representative stated that all the staff were willing to do any task that was requested. The facility's house policy for resident emergencies

reviewed showed that staff were instructed to summon emergency services immediately if there was a change that was a serious threat to a resident's health. All sampled staff stated what process to follow for resident emergencies and that they would contact emergency services immediately if a resident's health was seriously jeopardized. All sampled residents observed were well groomed, in fresh clothing and wore appropriated footwear. The residents were calm and showed no signs of distress. The facility's staff observed were rounding on residents and assisting them with their needs. Residents' records reviewed showed that appropriate assessments and monitoring were done. No failed facility practice was identified.
2. The identified residents interviewed stated that they did not require staff assistance and had no concerns regarding the facility or its staff. The identified residents observed were well groomed, in fresh clothing and wore appropriate footwear. The residents were calm and showed no distress. All sampled care staff interviewed stated that they would contact emergency services if a resident or their representative requested. No failed facility practice was identified.
3. A sampled staff's name and date of birth background check was expired. A citation was issued based on Washington Administrative Code 388-78a-2466(1)(a)(b).

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 12/24/2025 of:

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

This document references the following complaint number(s): 203349

The following sample was selected for review during the unannounced on-site visit: 4 of 49 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

Statement of Deficiencies	License #: 2730	Compliance Determination # 70581
Plan of Correction	Trustwell Living at Ridgeview Place	Completion Date
Page 2 of 3	Licensee: Spokane Valley AL, LLC	01/16/2026

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 — 01/23/2026 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) — 1/23/26 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. SB

(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

(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 interview and record review, the facility failed to ensure a current Washington state name and date of birth background check was on file for 1 of 2 staff (Staff B). This failed practice placed residents at risk of receiving care and services from potentially disqualified staff.

Findings include...

Review of Staff B's, Caregiver, personnel documents showed no current Washington state name and date of birth was on file.

Review of the facility's document titled, "Employee Log with Hire Dates," dated 12/24/2026, showed that Staff B's hire date was 02/05/2023.

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.

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Statement of Deficiencies	License #: 2730	Compliance Determination # 70581
Plan of Correction	Trustwell Living at Ridgeview Place	Completion Date
Page 3 of 3	Licensee: Spokane Valley AL, LLC	01/16/2026

Review of the facility's staff schedules for 11/02/2025 through 12/30/2025 showed that Staff B worked up to seven days in each 10-day period.

Observation on 12/24/2025 at 1:44 PM showed that Staff B was rounding on residents and interacting with them without supervision.

In an interview on 12/24/2025 at 4:23 PM, Staff A, Executive Director, stated that there was no current Washington state name and date of birth background check on file 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) 1/31/26 .

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

Ellyn Bandelier — Administrator (or Representative)

1/23/26 — Date

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

_____ _____

Administrator (or Representative) Date