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

Cherrywood Care LLC
Cherrywood Care
100 E Dalke Ave
Spokane, WA 99208

RE: Cherrywood Care License # 2751

Dear Administrator:

This letter addresses Compliance Determination(s) 71184 (Completion Date 01/08/2026) and 67808 (Completion Date 11/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/08/2026 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-2140-5

The Department staff who did the on-site verification:
Amy Wright, NCI Complain 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: Cherrywood Care
Provider Type: Assisted Living Facility
License/Cert.#: 2751
Compliance Determination #: 67808
Intake ID: 198449
Investigator: Amy Wright
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 10/27/2025 through 11/12/2025
Complainant Contact Date(s):

Allegation(s):

1. Resident threatening other residents with physical harm.
2. Resident discharged after threatening other residents.

Investigation Methods:

Sample:	Total residents: 48 Resident sample size: 26 Closed records sample size: 1
Observations:	Alleged Victims Residents Resident care equipment Staff to resident interactions Resident to resident interactions
Interviews:	Executive Director Alleged Victims Alleged Perpetrator
Record Reviews:	*Characteristic roster *Resident face sheets *Resident care plan *Incident investigations *Discharge Documentation Policy *Eviction notice *Progress notes *Restraining order *Resident council letter *Abuse Prevention and Reporting Policy

Investigation Summary:

1. Interview and record review showed that the Alleged Perpetrator had a history of aggression toward other residents. Review of the Alleged Perpetrator's negotiated service agreement showed there were no interventions for staff to use when the aggressive behavior occurred. Failed facility practice identified and cited under WAC 388-78A-2140 Negotiated service agreement contents (5).
2. Interview with facility management showed that the Alleged Victim threatened

physical violence against another resident and staff. Record review showed that the Alleged Victim was evicted for the safety of others at the facility. Interview with the Alleged Victim showed that a suitable alternative placement was found for them. Record review showed that the facility had a policy to guide management when immediate discharge was necessary. No failed facility practice.

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 10/27/2025 of:

Cherrywood Care
100 E Dalke Ave
Spokane, WA 99208

This document references the following complaint number(s): 198449, 198524, 198565, 198646, 199122

The following sample was selected for review during the unannounced on-site visit: 26 of 48 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Amy Wright, NCI Complain 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 #: 2751	Compliance Determination #67806
Plan of Correction	Cherrywood Care	Completion Date
Page 2 of 4	Licensee: Cherrywood Care LLC	11/12/2025

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 — 11/19/2025 (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) — 12/1/25 (Date)

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document, in the resident's negotiated service agreement, appropriate behavioral interventions to address a resident's known history of physical and verbal aggression toward other residents for 1 of 1 resident (Resident 1). This failed practice placed residents at ongoing risk for aggression by Resident 1 due to lack of interventions to address the behavior.

Findings included...

Review of an incident investigation, dated 11/12/2024, showed that Resident 1 hit Resident 2 on their leg twice with their cane. The investigation showed that Resident 1 stated they would "burry" [Resident 2].

Review of an eviction notice for Resident 1, dated 11/18/2024, showed that the resident was given a 30-day notice of eviction that day due to their aggressive actions toward another resident on 11/12/2024, their subsequent verbal attacks on both residents and staff, and for hitting another resident with their cane.

Review of an incident investigation, dated 10/14/2025, showed that on that day, Resident 3 witnessed Resident 1 yell at Resident 2. The investigation showed that when

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

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Review of an incident investigation, dated 10/14/2025, showed that on that day, Resident 3 witnessed Resident 1 yell at Resident 2. The investigation showed that when

Resident 2 stepped into the elevator with Resident 1 and Resident 3, Resident 3 heard Resident 1 state to Resident 2, “You better get off you fat [derogatory term].” The investigation showed that Resident 1 then walked into the dining room and asked Staff A, Executive Director, “Why don’t you get that [derogatory term] out of here?” The investigation showed that when Staff A pointed out to Resident 1 that they were the one who initiated the aggression, Resident 1 yelled at Staff A and stated, “When I knock that [derogatory term] out it is going to be your fault.” The investigation showed that Resident 1 had a history of verbal aggression with other residents, especially Resident 2. The investigation showed that Resident 3 came to the office crying because they were afraid of Resident 1.

Review of letter signed by 23 facility residents, including Residents 4, 5, 6, 8, 9, 10, 11,12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, and 27, and dated 10/15/2025, showed that the residents felt Resident 1 was a “mean drunk,” and Resident 1 had frequently been loud and verbally abusive toward other residents. The letter showed that the residents found Resident 1’s behavior on 10/14/2025 to have been truly frightening. The letter showed that many residents were fearful to leave their rooms.

In an interview on 10/27/2025 at 10:52 AM, Staff A stated that Resident 1 was given an eviction notice last year though they would not agree to any of the places that were found for them. Staff A stated that on 10/14/2025, Resident 1 threatened Resident 2. Staff A stated that Resident 1 hit Resident 2 with their cane last year. Staff A stated that Resident 1 got in their face and started to chase Staff A’s spouse around the facility. Staff A stated that Resident 1 kept yelling and threatening to kill Staff A so the police were called and Resident 1 was taken to the hospital. Staff A stated Resident 1’s behavior affected everyone at the facility.

In an interview on 10/27/2025 at 12:01 PM, Resident 3 stated that the whole situation with Resident 1 made them feel uncomfortable at the facility.

In an interview on 10/27/2025 at 12:31 pm, Resident 2 stated that on 11/12/2024, Resident 1 called them a [derogatory term] then hit them with their cane. Resident 2 stated it left a big bruise. Resident 2 stated that on 10/14/2025, Resident 1 yelled and cussed and called them bad names.

In an interview on 10/27/2025 at 3:53 PM, Resident 1 stated that they had hit another resident with their cane.

Review of a Negotiated Service Agreement (NSA) for Resident 1, dated 09/11/2025, showed that during an assessment of Resident 1, Staff B, Registered Nurse, witnessed Resident 1 become very upset when Resident 2 walked by and stated that Resident 1 beat them. Staff B stated that Resident 1 stated, “I’m done with [them]. I’m done, I’m tired. If [they] say one more thing to me, I am going to beat [them] until [they] bleed and die. I didn’t beat [them] enough. I have been to prison before. I am not afraid.” The

Statement of Deficiencies	License #: 2751	Compliance Determination #67806
Plan of Correction	Cherrywood Care	Completion Date
Page 4 of 4	Licensee: Cherrywood Care LLC	11/12/2025

NSA showed that Resident 1 was verbally aggressive toward other residents. The NSA showed that Staff B witnessed when Resident 1 yelled and verbally abused a resident in the lobby. Further review of the NSA showed there were no interventions listed to guide staff in responding to Resident 1's aggressive and assaultive behavior toward other residents.

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, Cherrywood Care is or will be in compliance with this law and / or regulation on (Date) 12/1/25 .

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

Administrator (or Representative) — Date: 11/26/25

NSA showed that Resident 1 was verbally aggressive toward other residents. The NSA showed that Staff B witnessed when Resident 1 yelled and verbally abused a resident in the lobby. Further review of the NSA showed there were no interventions listed to guide staff in responding to Resident 1's aggressive and assaultive behavior toward other residents.

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

_____ _____

Administrator (or Representative) Date