STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 77249 (Completion Date 05/12/2026) and 73667 (Completion Date 03/16/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/12/2026 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-2240

The Department staff who did the on-site verification:
Raul Gatchalian, 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: Cherrywood Care
Provider Type: Assisted Living Facility
License/Cert.#: 2751
Compliance Determination #: 73667
Intake ID: 213328
Investigator: Raul Gatchalian
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 03/02/2026 through 03/16/2026
Complainant Contact Date(s): 03/05/2026

Allegation(s):
Resident not getting their medications regularly.

Investigation Methods:

Sample:	Total residents: 51 Resident sample size: 8 Closed records sample size: 0
Observations:	Identified resident Residents Resident care equipment Staff to resident interactions Medication administration
Interviews:	Identified resident Nursing staff Residents Family members Resource care coordinator Administrator
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Staff training records

Investigation Summary:
The identified resident stated that for a week now they had not been getting their medications on time and sometimes not at all due to staff not having it in the facility. Sampled residents stated that they missed multiple doses of their medications. Sampled staff interviewed stated that they recently changed to a new pharmacy and had issues re-ordering and re-filling medications on time. Records reviewed showed that sampled residents missed their medications due to non-availability of medication. The facility failed to provide residents with medications in a timely manner. These failures placed residents at risk. Failed facility practice cited

under WAC 388-78A-2240.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Cherrywood Care
Provider Type: Assisted Living Facility
License/Cert.#: 2751
Compliance Determination #: 73667
Intake ID: 212868
Investigator: Raul Gatchalian
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 03/02/2026 through 03/16/2026
Complainant Contact Date(s):

Allegation(s):

1. Residents missing medications for days to weeks.
2. Residents miss doctor's appointments.

Investigation Methods:

Sample:	Total residents: 51 Resident sample size: 8 Closed records sample size: 0
Observations:	Residents Resident care equipment Staff to resident interactions Medication administration
Interviews:	Nursing staff Residents Family members Resource care coordinator Administrator
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Staff training records

Investigation Summary:

1. Sampled residents stated that they missed multiple doses of their medications. Sampled staff interviewed stated that they recently changed to a new pharmacy and had issues re-ordering and re-filling medications on time. Records reviewed showed that sampled residents missed their medications due to non-availability of medication. The facility failed to provide residents with medications in a timely manner. Failed facility practice cited under WAC 388-78A-2240.
2. All sampled residents had no concerns related to going to their appointments outside of the facility. Sampled staff stated that they assisted residents when making appointments and arranging transport either by the facility van or private

vehicle. The facility resource care coordinator stated that when a resident returned from an appointment the facility received a copy of the visit and immediately set up follow up if needed. The administrator stated they had not received any reports of missed appointments other than those personally cancelled by the resident themselves. The facility followed their policy. No facility failed 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
HOME AND COMMUNITY LIVING 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 03/13/2026 and 03/02/2026 of:

Cherrywood Care
100 E Dalke Ave
Spokane, WA 99208

This document references the following complaint number(s): 212868, 213376, 211329, 212029, 213328, 214386

The following sample was selected for review during the unannounced on-site visit: 8 of 51 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Raul Gatchalian, Community Complaint Investigator

From:
DSHS, Home and Community Living 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 # 73667
Plan of Correction	Cherrywood Care	Completion Date
Page 2 of 5	Licensee: Cherrywood Care LLC	03/16/2026

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 — 03/24/2026 (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) — 04/01/2026 (Date)

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to obtain medications in a timely manner for 3 out of 8 residents (Resident 1, 3, and 4). This failure resulted in missed medications for the residents and placed them at risk for health complications.

Findings included...

Review of the facility's policy titled "Medication Administration," dated 12/2024, showed that when a resident's medication had run out supply, staff could remove a dose from back-up supply/emergency kit or contact the pharmacy or an on-call pharmacy to request medication be sent as soon as possible. The policy showed that staff were required to contact the resident's physician when medication was not available.

<Resident 1>

Review of Resident 1's Negotiated Service Agreement (NSA), dated 05/01/2025, showed Resident 1 was admitted to the facility on [redacted]2023 and that they required medication assistance including storing, set-up and re-ordering.

Review of Resident 1's January 2026 Medication Administration Record (MAR), showed

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-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to obtain medications in a timely manner for 3 out of 8 residents (Resident 1, 3, and 4). This failure resulted in missed medications for the residents and placed them at risk for health complications.

Findings included…

Review of the facility's policy titled “Medication Administration,” dated 12/2024, showed that when a resident’s medication had run out supply, staff could remove a dose from back-up supply/emergency kit or contact the pharmacy or an on-call pharmacy to request medication be sent as soon as possible. The policy showed that staff were required to contact the resident’s physician when medication was not available.

<Resident 1>

Review of Resident 1’s Negotiated Service Agreement (NSA), dated 05/01/2025, showed Resident 1 was admitted to the facility on [redacted]/2023 and that they required medication assistance including storing, set-up and re-ordering.

Review of Resident 1’s January 2026 Medication Administration Record (MAR), showed

Resident 1 was diagnosed with [redacted] and [redacted].

Review of Resident 1's February 2026 MAR showed the following medications were not given multiple times due to nonavailability:

- Gabapentin (used to treat nerve pain), missed 62 times.
- Tamsulosin (used to treat enlarged prostate), missed 16 times.
- Solifenacin (used to treat overactive bladder), missed 15 times.
- Atorvastatin (used to treat high cholesterol), missed 11 times.
- Sertraline (used to treat depression and anxiety), missed 12 times.

In an interview on 03/02/2026 at 03:50 PM, Resident 1 stated that they had been out of gabapentin and tamsulosin medications for weeks.

<Resident 3>

Review of Resident 3's NSA, dated 12/12/2025, showed Resident 3 was admitted to the facility on [redacted]/2025 and that they required medication assistance including storing, set-up and re-ordering

Review of Resident 3's January 2026 MAR showed Resident 3 was diagnosed with [redacted] and [redacted].

Review of Resident 3's February 2026 MAR showed the following medications were not given multiple times due to nonavailability:

- Eliquis (blood thinner), missed 1 time.
- Omeprazole (used to treat acid reflux), missed 2 times.
- Anoro Ellipta (inhaled medication used to treat airway obstruction) , missed 3 times.
- Fluticasone Propionate (inhaled medication used to treat airway obstruction), missed 4 times.

In an interview on 03/05/2026 at 04:26 PM, Resident 3 stated that they missed medications over the weekend due to medications not being refilled on time.

<Resident 4>

Resident 1 was diagnosed with [redacted] and [redacted].

Review of Resident 1's February 2026 MAR showed the following medications were not given multiple times due to nonavailability:

- Gabapentin (used to treat nerve pain), missed 62 times.
- Tamsulosin (used to treat enlarged prostate), missed 16 times.
- Solifenacin (used to treat overactive bladder), missed 15 times.
- Atorvastatin (used to treat high cholesterol), missed 11 times.
- Sertraline (used to treat depression and anxiety), missed 12 times.

In an interview on 03/02/2026 at 03:50 PM, Resident 1stated that they had been out of gabapentin and tamsulosin medications for weeks.

<Resident 3>

Review of Resident 3's NSA, dated 12/12/2025, showed Resident 3 was admitted to the facility on [redacted]/2025 and that they required medication assistance including storing, set-up and re-ordering

Review of Resident 3's January 2026 MAR showed Resident 3 was diagnosed with [redacted] and [redacted].

Review of Resident 3's February 2026 MAR showed the following medications were not given multiple times due to nonavailability:

- Eliquis (blood thinner), missed 1 time.
- Omeprazole (used to treat acid reflux), missed 2 times.
- Anoro Ellipta (inhaled medication used to treat airway obstruction) , missed 3 times.
- Fluticasone Propionate (inhaled medication used to treat airway obstruction), missed 4 times.

In an interview on 03/05/2026 at 04:26 PM, Resident 3 stated that they missed medications over the weekend due to medications not being refilled on time.

<Resident 4>

Review of Resident 4's NSA, dated 01/20/2026, showed Resident 4 was admitted to the facility on [redacted]/2023 and that they required medication assistance including storing, set-up and re-ordering.

Review of Resident 4's January 2026 MAR, showed Resident 4 was diagnosed with [redacted] and [redacted].

Observation of the facility's medication cart on 03/02/2026 at 03:15 PM, showed Resident 4 was out of the following medications.

- Fluoxetine (used to treat depression)
- Famotidine (used to treat acid reflux)
- Olanzapine (used to treat psychological disorders)

Review of Resident 4's February 2026 MAR showed the following medications were not given multiple times due to nonavailability:

- Tizanidine (muscle relaxant), missed 6 times.
- Losartan (used to treat high blood pressure), missed 3 times.
- Naprosyn (pain medication), missed 1 time.
- Nifedipine (used to treat high blood pressure), missed 1 time.
- Premarin (hormone replacement), missed 3 times.
- Fluoxetine (used to treat depression), missed 21 times.
- Mirtazapine (used to treat depression), missed 4 times.

In an interview on 03/02/2026 at 03:00 PM, Staff A, Medication tech, stated that since switching pharmacies in December of 2025, they had experienced difficulty receiving medications in a timely manner.

In an interview on 03/02/2026 at 03:13 PM, Staff B, Medication tech, stated that one resident that day did not received their medications due to non-availability.

Statement of Deficiencies	License #: 2751	Compliance Determination # 73667
Plan of Correction	Cherrywood Care	Completion Date
Page 5 of 5	Licensee: Cherrywood Care LLC	03/16/2026

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) 05/01/2026 .

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

Administrator (or Representative) — Date: 04/01/2026

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)_____ .

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

_____ _____

Administrator (or Representative) Date