



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*

FAIRVIEW ASSISTED LIVING INC  
FAIRVIEW ASSISTED LIVING INC  
1617 N CALISPEL  
SPOKANE, WA 99205

RE: FAIRVIEW ASSISTED LIVING INC # 1146

Dear Administrator:

This document references Compliance Determination 62427 (Completion Date 07/10/2025).

The Department completed a full inspection of your Assisted Living Facility on 07/10/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Veronica Jackson, Assisted Living Facility Licensor  
Brian Zbylski, ALF Licensor  
Tethra Wales, Assisted Living Facility Licensor

**Consultation:**

**WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:**

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is

permitted in the assisted living facility.

The facility reported that safety assessments for the residents' medical devices (bed rail and bed cane) were completed by the resident's physical therapist. Unable to obtain copies of the safety assessments from the physical therapy team, the facility conducted safety assessments for the bed rail and bed cane while the survey team was on site for the inspection.

**WAC 388-78A-2060 Preadmission assessment. The assisted living facility must conduct a preadmission assessment for each prospective resident that includes the following information, unless unavailable despite the best efforts of the assisted living facility:**

- (1) Medical history;
- (2) Necessary and contraindicated medications;
- (3) A licensed medical or health professional's diagnosis, unless the prospective resident objects for religious reasons;
- (4) Significant known behaviors or symptoms that may cause concern or require special care;
- (5) Mental illness diagnosis, except where protected by confidentiality laws;
- (6) Level of personal care needs;
- (7) Activities and service preferences; and
- (8) Preferences regarding other issues important to the prospective resident, such as food and daily routine.

The facility reported that after admission, updated information was added to residents' preadmission assessment documents and the dates were edited to create a full assessment document within 14 days of move-in. The assessments reviewed were accurate and the residents' assessed needs were being met. The facility changed their process to provide clarity and ensure that all assessment timeline requirements were met.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**

- Inspect the facility to determine if you have corrected all deficiencies.

**You May:**

- Contact me for clarification of the deficiency or deficiencies found.

**In Addition, You May:**

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency; and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - o Send your request to:

Email: [RCSIDR@dshs.wa.gov](mailto:RCSIDR@dshs.wa.gov); or

Fax: (360) 725-3225

**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