



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

Moses Lake Operations, LLC
Avamere at Moses Lake
8425 Aspi Blvd NE
Moses Lake, WA 98837

RE: Avamere at Moses Lake License # 2463

Dear Administrator:

This letter addresses Compliance Determination(s) 61012 (Completion Date 06/11/2025) and 58481 (Completion Date 04/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/11/2025 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-2230-1-c

The Department staff who did the on-site verification:
Patricia Eddy, Community 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



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 8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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| Statement of Deficiencies | License #: 2463 | Compliance Determination # 58481 |
| Plan of Correction | Avamere at Moses Lake | Completion Date |
| Page 1 of 5 | Licensee: Moses Lake Operations, LLC | 04/24/2025 |

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 the unannounced on-site full inspection on 04/21/2025, 04/22/2025, 04/23/2025 and 04/24/2025 of:

Avamere at Moses Lake
 8425 Aspi Blvd NE
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The following sample was selected for review during the unannounced on-site visit: 9 of 63 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

- Patricia Eddy, Community Licensor
- Tethra Wales, Assisted Living Facility Licensor
- 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

This document was prepared by Residential Care Services for the Locator website.

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| Page 3 of 5 | Licensee: Moses Lake Operations, LLC | 04/24/2025 |

assistance.

Review of Resident 1's Order Summary Report, dated 01/06/2025, showed that the facility would "notify provider of medication refusals."

Review of Resident 1's February 2025, March 2025 and April 2025 Medication Administration Records (MARs) showed 131 doses of the following medications that were not administered due to refusal:

Amlodipine besylate (used to treat high blood pressure): Refused on 02/08/2025, 02/24/2025, 03/02/2025, 03/03/2025, 03/08/2025, 03/10/2025, 03/20/2025, 03/23/2025, 04/06/2025, 04/14/2025, 04/19/2025, and 04/20/2025.

Atorvastatin calcium (used to lower cholesterol and triglycerides (fats) levels): Refused on 02/24/2025, 03/02/2025, 03/08/2025, 03/10/2025, 03/12/2025, 03/23/2025, 04/14/2025, and 04/19/2025.

Cholecalciferol (vitamin D3 used to treat vitamin deficiency): Refused on 02/08/2025, 02/24/2025, 03/02/2025, 03/03/2025, 03/08/2025, 03/10/2025, 03/20/2025, 03/23/2025, 04/06/2025, 04/14/2025, 04/19/2025, and 04/20/2025.

Clopidogrel bisulfate (used to lower risk of stroke, blood clot, or serious heart problem): Refused on 02/08/2025, 02/24/2025, 03/02/2025, 03/03/2025, 03/08/2025, 03/10/2025, 03/20/2025, 03/23/2025, 04/06/2025, 04/14/2025, 04/19/2025, and 04/20/2025.

Januvia (used to lower blood sugar levels): Refused on 02/08/2025, 02/24/2025, 03/02/2025, 03/03/2025, 03/08/2025, 03/10/2025, 03/20/2025, 03/23/2025, 04/06/2025, 04/14/2025, 04/19/2025, and 04/20/2025.

Lantus (long-acting insulin used to control blood sugar levels): Refused on 02/08/2025, 02/24/2025, 03/03/2025, 03/08/2025, and 04/19/2025.

Losartan potassium (used to treat high blood pressure): Refused on 02/08/2025, 02/24/2025, 03/03/2025, 03/08/2025, 03/10/2025, 03/20/2025, 03/23/2025, 04/06/2025, 04/14/2025, 04/19/2025, and 04/20/2025.

Nystatin cream (an antifungal medication used to treat skin infections) applied twice daily: Refused on 02/15/2025 (both doses), 02/16/2025 (both doses), 02/17/2025 (one dose), 02/18/2025 (both doses), 02/19/2025 (both doses), 02/20/2025 (both doses), 02/21/2025 (both doses), 02/22/2025 (both doses), 02/23/2025 (one dose), 02/24/2025 (both doses), 02/26/2025 (both doses), 02/27/2025 (both doses), 02/28/2025 (both doses), 03/01/2025 (both doses), 03/02/2025 (one dose), 03/03/2025 (both doses),

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|---------------------------|--------------------------------------|----------------------------------|
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| Page 4 of 5 | Licensee: Moses Lake Operations, LLC | 04/24/2025 |

03/05/2025 (one dose), 03/06/2025 (one dose), 03/07/2025 (one dose), 03/08/2025 (both doses), 03/09/2025 (both doses), and 03/10/2025 (both doses).

Omega-3-acid ethyl esters (fish oil supplement): Refused on 02/24/2025, 03/02/2025, 03/08/2025, 03/10/2025, 03/12/2025, 03/23/2025, 04/14/2025, and 04/19/2025.

PreserVision Areds (vitamins for the eye used to treat macular degeneration): Refused on 02/08/2025, 02/24/2025, 03/03/2025, 03/08/2025, 03/10/2025, 03/20/2025, 03/23/2025, 04/06/2025, 04/14/2025, 04/19/2025, and 04/20/2025.

Sulfamethoxazole-trimethoprim (an antibiotic used to treat urinary tract infections), twice daily: Refused on 03/23/2025 (both doses).

In an interview on 04/22/2025 at 11:20 AM, Staff A, Executive Director, stated that they had not notified Resident 1's provider about the missed medications due to refusal.

Review of Resident 1's facility medical records showed no documentation of contact to the resident's health care provider to notify them of the refusals.

<Resident 9>

Review of Resident 9's Assessment, dated 02/14/2025, showed the resident had diagnoses of

[REDACTED], and [REDACTED].

Further review showed Resident 9 required medication assistance from the facility staff and could be reluctant to accept care.

Review of Resident 9's February 2025, March 2025, and April 2025 MARs showed 33 doses of the following medications that were not administered due to refusal:

Amlodipine (used to treat hypertension): Refused on 02/04/2025.

Buspirone (used to treat anxiety): Refused on 02/02/2025, 02/07/2025, 02/08/2025, 02/13/2025, 02/16/2025, 02/17/2025, and 03/09/2025.

Duloxetine (used to treat depression): Refused on 02/02/2025, 02/07/2025, 02/08/2025, 02/13/2025, 02/16/2025, 02/17/2025, 03/09/2025.

Enalapril (used to treat hypertension): Refused on 02/04/2025.

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|---------------------------|--------------------------------------|----------------------------------|
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| Plan of Correction | Avamere at Moses Lake | Completion Date |
| Page 5 of 5 | Licensee: Moses Lake Operations, LLC | 04/24/2025 |

Levothyroxine (used to treat hypothyroidism): Refused on 02/02/2025, 02/10/2025, and 03/31/2025.

Metoprolol (used to treat hypertension): Refused on 02/02/2025, 02/07/2025, 02/08/2025, 02/13/2025, 02/16/2025, 02/17/2025, and 03/09/2025.

Seroquel (used to treat Alzheimer dementia): Refused on 02/02/2025, 02/07/2025, 02/08/2025, 02/13/2025, 02/16/2025, 02/17/2025, and 03/09/2025.

In an interview on 04/24/2025 at 1:40 PM, Staff G, Director of Health Services, stated that they had not informed Resident 9's prescribing provider about Resident 9's missed medications due to refusal.

Review of Resident 9's facility medical records showed no documentation of contact to the resident's health care provider to notify them of the refusals.

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, Avamere at Moses Lake is or will be in compliance with this law and / or regulation on (Date) 6-5-25.

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

Administrator (or Representative) Jodi Mantoya

Date 5-5-25

This document was prepared by Residential Care Services for the Locator website.



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Moses Lake Operations, LLC
Avamere at Moses Lake
8425 Aspi Blvd NE
Moses Lake, WA 98837

RE: Avamere at Moses Lake # 2463

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/24/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Return the Plan/Attestation Statement and report with signatures to:

Stephanie Jenks, Community Field Manager
Residential Care Services
Region 1, Unit B
Preferred methods:

eFax: (509) 921-2426

Email: rcsregion1email@dshs.wa.gov

Optional method:

8517 E Trent Ave, Ste 102

Spokane Valley, WA 99212

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

One current staff member had not completed the mental health and dementia specialty training within 120 days of hire. The staff member had completed both specialty trainings at the time of the Department inspection and all other sampled staff had completed specialty trainings.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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; or

Fax: (360) 725-3225

Avamere at Moses Lake # 2463

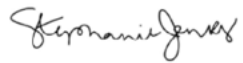
04/24/2025

Page 3 of 3

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

Enclosure