



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**

New Day Senior Living Management LLC  
Aspen Quality Care  
9626 N Colfax Rd  
Spokane, WA 99218

RE: Aspen Quality Care License # 2636

Dear Administrator:

This letter addresses Compliance Determination(s) 50668 (Completion Date 11/21/2024) and 47075 (Completion Date 09/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/21/2024 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-2730-1-b, WAC 388-78A-2040-1, WAC 388-78A-2610-1, WAC 388-78A-2610-2-f, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b

The Department staff who did the on-site verification:

Brian Zbylski, ALF Licensor

If you have any questions, please contact me at (509)323-7315.

Sincerely,

A handwritten signature in black ink that reads "Jessica Salquist".

Jessica Salquist, Field Manager  
Region 1, Unit B  
Residential Care Services



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**

Statement of Deficiencies	License #: 2636	Compliance Determination # 47075
Plan of Correction	Aspen Quality Care	Completion Date
Page 1 of 7	Licensee: New Day Senior Living Management	09/23/2024

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 09/17/2024, 09/18/2024 and 09/19/2024 of:

Aspen Quality Care  
 9626 N Colfax Rd  
 Spokane, WA 99218

The following sample was selected for review during the unannounced on-site visit: 8 of 20 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Brian Zbylski, ALF Licensor  
 Carla Rose, NCI Community Licensor  
 Jennifer Lee, Assisted Living Facility 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

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.

*Stephanie Jones*

10/01/2024

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.



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**

Statement of Deficiencies	License #: 2636	Compliance Determination # 47075
Plan of Correction	Aspen Quality Care	Completion Date
Page 1 of 7	Licensee: New Day Senior Living Management	09/23/2024

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 09/17/2024, 09/18/2024 and 09/19/2024 of:

Aspen Quality Care  
9626 N Colfax Rd  
Spokane, WA 99218

The following sample was selected for review during the unannounced on-site visit: 8 of 20 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Brian Zbylski, ALF Licensor  
Carla Rose, NCI Community Licensor  
Jennifer Lee, Assisted Living Facility 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

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.

---

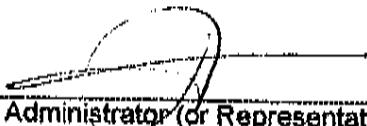
Residential Care Services

---

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.

Statement of Deficiencies	License #: 2636	Compliance Determination # 47075
Plan of Correction	Aspen Quality Care	Completion Date
Page 2 of 7	Licensee: New Day Senior Living Management	09/23/2024



Administrator (or Representative)

10/07/2024

Date

**WAC 388-78A-2730 Licensee's responsibilities.**

- (1) The assisted living facility licensee is responsible for:
- (b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to develop and implement a respiratory protection program as required and failed to ensure staff were fit tested for 5 of 5 sampled staff (Staff A, B, C, D, and E). This failure placed residents at risk for respiratory infection.

**Findings Included...**

Per Chapter 296-842 WAC, Respirators, the facility must implement a program/policy, conduct fit testing (test completed by specially trained personnel to ensure N95 masks seal effectively reducing chance of exposure to respiratory viruses), and provide effective training before employees are assigned duties that may require the use of respirators.

Per WAC 296-842-15005, facilities must conduct fit testing before employees are assigned duties that may require the use of respirators.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in long term care settings were responsible to "follow regulations pertaining to respiratory protection" including respirator fit testing for long term care workers.

In an interview on 09/17/2024 at 10:34 AM, Staff F, Administrator, stated that staff had been fit tested a couple years prior and they were not aware that fit testing was required annually.

In an interview on 09/19/2024 at 11:10 AM, Staff I, Caregiver, stated that they recently provided care for residents in the facility who were in isolation for COVID-19 (contagious respiratory virus). Staff I further stated that they wore an N95 respirator while caring for the residents, but they had not been fit tested for the respirator.

In an interview on 09/19/2024 at 11:15 AM, Staff H, Caregiver, stated that they recently provided care for residents in the facility who were in isolation for COVID-19. Staff H further stated that they wore an N95 respirator while caring for the residents, but they had not been fit tested for the respirator.

Statement of Deficiencies	License #: 2636	Compliance Determination # 47075
Plan of Correction	Aspen Quality Care	Completion Date
Page 2 of 7	Licensee: New Day Senior Living Management	09/23/2024

Administrator (or Representative)

Date

**WAC 388-78A-2730 Licensee's responsibilities.**

- (1) The assisted living facility licensee is responsible for:
- (b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to develop and implement a respiratory protection program as required and failed to ensure staff were fit tested for 5 of 5 sampled staff (Staff A, B, C, D, and E). This failure placed residents at risk for respiratory infection.

Findings Included...

Per Chapter 296-842 WAC, Respirators, the facility must implement a program/policy, conduct fit testing (test completed by specially trained personnel to ensure N95 masks seal effectively reducing chance of exposure to respiratory viruses), and provide effective training before employees are assigned duties that may require the use of respirators.

Per WAC 296-842-15005, facilities must conduct fit testing before employees are assigned duties that may require the use of respirators.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in long term care settings were responsible to "follow regulations pertaining to respiratory protection" including respirator fit testing for long term care workers.

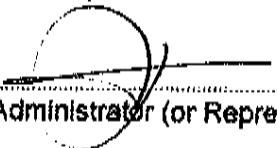
In an interview on 09/17/2024 at 10:34 AM, Staff F, Administrator, stated that staff had been fit tested a couple years prior and they were not aware that fit testing was required annually.

In an interview on 09/19/2024 at 11:10 AM, Staff I, Caregiver, stated that they recently provided care for residents in the facility who were in isolation for COVID-19 (contagious respiratory virus). Staff I further stated that they wore an N95 respirator while caring for the residents, but they had not been fit tested for the respirator.

In an interview on 09/19/2024 at 11:15 AM, Staff H, Caregiver, stated that they recently provided care for residents in the facility who were in isolation for COVID-19. Staff H further stated that they wore an N95 respirator while caring for the residents, but they had not been fit tested for the respirator.

Statement of Deficiencies	License #: 2636	Compliance Determination # 47075
Plan of Correction	Aspen Quality Care	Completion Date
Page 3 of 7	Licensee: New Day Senior Living Management	09/23/2024

Review of undated personnel files for Staff A, B, C, and E, Caregivers, and Staff D, Lead Med Tech, showed they did not contain records for a medical evaluation or fit testing.

<b>Plan/Attestation Statement</b>	
<p>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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) <u>11/07/2024</u>.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
 Administrator (or Representative)	<u>10/07/2024</u> Date

#### WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain a medical testing site waiver license to perform on-site COVID-19 testing for 2 of 3 residents (Residents 1 and 7) sampled for on-site COVID-19 testing. Due to this failure, the facility performed COVID-19 tests for two residents without oversite which placed residents at risk of receiving inaccurate test results.

Findings included...

Review of a Department of Social and Health Services provider letter dated 08/03/2022, showed that it stated that "certain types of medical testing require a state Medical Test Site Waiver (MTSW) license. One type of activity requiring a MTSW license is testing residents for COVID-19."

Per WAC 246-338 Medical Test Site Rules, under sections 246-338-001 through 246-338-020, facilities that performed on-site medical tests were required to obtain a test waiver and were required to follow chapter 70.42 RCW Medical Test Sites.

Review of RCW 70.42 Medical Test Sites, showed it was established to regulate licensing standards for medical test sites, consistent with federal law and regulation, related to

Statement of Deficiencies	License #: 2636	Compliance Determination # 47075
Plan of Correction	Aspen Quality Care	Completion Date
Page 3 of 7	Licensee: New Day Senior Living Management	09/23/2024

Review of undated personnel files for Staff A, B, C, and E, Caregivers, and Staff D, Lead Med Tech, showed they did not contain records for a medical evaluation or fit testing.

**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, Aspen Quality 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

**WAC 388-78A-2040 Other requirements.**

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to obtain a medical testing site waiver license to perform on-site COVID-19 testing for 2 of 3 residents (Residents 1 and 7) sampled for on-site COVID-19 testing. Due to this failure, the facility performed COVID-19 tests for two residents without oversite which placed residents at risk of receiving inaccurate test results.

Findings included...

Review of a Department of Social and Health Services provider letter dated 08/03/2022, showed that it stated that "certain types of medical testing require a state Medical Test Site Waiver (MTSW) license. One type of activity requiring a MTSW license is testing residents for COVID-19."

Per WAC 246-338 Medical Test Site Rules, under sections 246-338-001 through 246-338-020, facilities that performed on-site medical tests were required to obtain a test waiver and were required to follow chapter 70.42 RCW Medical Test Sites.

Review of RCW 70.42 Medical Test Sites, showed it was established to regulate licensing standards for medical test sites, consistent with federal law and regulation, related to

Statement of Deficiencies	License #: 2636	Compliance Determination # 47075
Plan of Correction	Aspen Quality Care	Completion Date
Page 4 of 7	Licensee: New Day Senior Living Management	09/23/2024

quality control, quality assurance, records, personnel requirements, proficiency testing, and licensure waivers.

Review of the CLIA (Clinical Laboratory Improvement Amendments) database showed the facility did not have a MTSW license.

In an interview on 09/17/2024 at 10:34 AM, Staff F, Administrator, stated that they were unaware that the facility was required to obtain a MTSW license and that they conducted COVID-19 (contagious respiratory virus) tests on residents.

Review of a progress note, dated 08/31/2024, showed that staff tested Resident 1, and received a positive COVID-19 result.

Review of a progress note, dated 08/31/2024, showed that staff tested Resident 7, and received a positive COVID-19 result.

#### 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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) 11/07/2024.

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

  
Administrator (or Representative)

10/07/2024  
Date

#### WAC 388-78A-2610 Infection control

- (1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.
- (2) The assisted living facility must:
- (f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to report a COVID-19 outbreak to the Complaint Resolution Unit for 3 of 3 residents (Resident 1, 7 and 8) sampled for COVID-19. This failure precluded the department from having an opportunity to review the infection control actions taken by the facility.

Statement of Deficiencies	License #: 2636	Compliance Determination # 47075
Plan of Correction	Aspen Quality Care	Completion Date
Page 4 of 7	Licensee: New Day Senior Living Management	09/23/2024

quality control, quality assurance, records, personnel requirements, proficiency testing, and licensure waivers.

Review of the CLIA (Clinical Laboratory Improvement Amendments) database showed the facility did not have a MTSW license.

In an interview on 09/17/2024 at 10:34 AM, Staff F, Administrator, stated that they were unaware that the facility was required to obtain a MTSW license and that they conducted COVID-19 (contagious respiratory virus) tests on residents.

Review of a progress note, dated 08/31/2024, showed that staff tested Resident 1, and received a positive COVID-19 result.

Review of a progress note, dated 08/31/2024, showed that staff tested Resident 7, and received a positive COVID-19 result.

#### **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, Aspen Quality 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

#### **WAC 388-78A-2610 Infection control.**

- (1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.
- (2) The assisted living facility must:
  - (f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC.

#### **This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to report a COVID-19 outbreak to the Complaint Resolution Unit for 3 of 3 residents (Resident 1, 7 and 8) sampled for COVID-19. This failure precluded the department from having an opportunity to review the infection control actions taken by the facility.

Statement of Deficiencies	License #: 2636	Compliance Determination #: 47075
Plan of Correction	Aspen Quality Care	Completion Date
Page 5 of 7	Licensee: New Day Senior Living Management	09/23/2024

## Findings included...

Review of a Department of Social and Health Services provider letter dated 01/22/2024, showed that COVID-19 (contagious respiratory virus) outbreaks must be reported to the CRU (Complaint Resolutions Unit). Further review showed an outbreak is defined as "2 cases of probable or confirmed COVID-19 among residents, with epi-linkage". The definition of epi-linkage provided in the Dear Provider letter, stated that there is an "overlap on the same unit or ward, or other resident care location, or having the potential to have been cared for by common HCP (health care provider) within a 7-day time period of each other."

In an interview on 09/18/2024 at 3:30 PM, Staff F, Administrator, stated they were unaware of the current reporting requirements and confirmed they did not report the most recent outbreak to the CRU.

Review of the hospital discharge summary for Resident 8 showed the resident tested positive for COVID-19 and was discharged back to the facility on [REDACTED]/2024.

In an interview on 09/19/2024 at 11:40 AM, Staff F, stated that Resident 8 returned from the hospital after testing positive for COVID and was placed in isolation at the facility.

Review of progress notes dated 08/31/2024, showed that Resident 1 tested positive for COVID-19.

Review of progress notes dated 08/31/2024, showed that Resident 7 tested positive for COVID-19.

Review of the CRU database showed the facility did not report the outbreak to the department.

## 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, Aspen Quality Care is or will be in compliance with this law and / or regulation on (Date) 11/07/2024.

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

  
Administrator (or Representative)

10/07/2024  
Date

Statement of Deficiencies	License #: 2636	Compliance Determination # 47075
Plan of Correction	Aspen Quality Care	Completion Date
Page 5 of 7	Licensee: New Day Senior Living Management	09/23/2024

Findings included...

Review of a Department of Social and Health Services provider letter dated 01/22/2024, showed that COVID-19 (contagious respiratory virus) outbreaks must be reported to the CRU (Complaint Resolutions Unit). Further review showed an outbreak is defined as “2 cases of probable or confirmed COVID-19 among residents, with epi-linkage”. The definition of epi-linkage provided in the Dear Provider letter, stated that there is an “overlap on the same unit or ward, or other resident care location, or having the potential to have been cared for by common HCP [health care provider] within a 7-day time period of each other.”

In an interview on 09/18/2024 at 3:30 PM, Staff F, Administrator, stated they were unaware of the current reporting requirements and confirmed they did not report the most recent outbreak to the CRU.

Review of the hospital discharge summary for Resident 8 showed the resident tested positive for COVID-19 and was discharged back to the facility on [REDACTED]/2024.

In an interview on 09/19/2024 at 11:40 AM, Staff F, stated that Resident 8 returned from the hospital after testing positive for COVID and was placed in isolation at the facility.

Review of progress notes dated 08/31/2024, showed that Resident 1 tested positive for COVID-19.

Review of progress notes dated 08/31/2024, showed that Resident 7 tested positive for COVID-19.

Review of the CRU database showed the facility did not report the outbreak to the department.

#### **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, Aspen Quality 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

Statement of Deficiencies	License #: 2636	Compliance Determination # 47075
Plan of Correction	Aspen Quality Care	Completion Date
Page 6 of 7	Licensee: New Day Senior Living Management	09/23/2024

### **WAC 388-78A-2210 Medication services.**

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

#### **This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to provide medications as prescribed for 1 of 5 residents (Resident 1). This failure resulted in medication errors and placed Resident 1 at risk of health complications.

Findings included...

Review of Resident 1's Personal Data Sheet, showed the resident was admitted on [REDACTED]/2023 and had a diagnosis of [REDACTED].

Review of Resident 1's Medication Administration Records (MAR) for August 2024 and September 2024, showed the resident had a physician order for gentamicin sinus rinse (antibiotic nasal rinse used to treat sinusitis) to be given twice daily. The MARs showed that the medication was not given between the evening dose on 08/31/2024 and the morning dose on 09/05/2024, a total of 10 doses.

In an interview on 09/18/2024 at 2:55 PM, Staff D, Lead Med Tech, stated that staff were directed to not give Resident 1 their gentamicin sinus medication while they had COVID-19 (contagious respiratory virus).

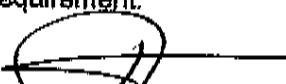
Review of Resident 1's progress notes, showed the resident tested positive for COVID-19 on 08/31/2024.

In an interview on 09/18/2024 at 3:27 PM, Staff G, Manager, stated that staff did not give Resident 1 their gentamicin sinus medication because the resident had COVID and was "so wet [nasal congestion]." Staff G stated that the facility had not received a physician order to hold the medication.

Statement of Deficiencies	License #: 2636	Compliance Determination # 47075
Plan of Correction	Aspen Quality Care	Completion Date
Page 7 of 7	Licensee: New Day Senior Living Management	09/23/2024

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, Aspen Quality Care /S or will be in compliance with this law and / or regulation on (Date) 11/07/2024

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

  
Administrator (or Representative)

10/07/2024  
Date

Statement of Deficiencies

License #: 2636

Compliance Determination # 47075

Plan of Correction

Aspen Quality Care

Completion Date

Page 7 of 7

Licensee: New Day Senior Living Management

09/23/2024

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, Aspen Quality 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



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**

New Day Senior Living Management LLC  
Aspen Quality Care  
9626 N Colfax Rd  
Spokane, WA 99218

RE: Aspen Quality Care # 2636

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 09/23/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Stephanie Jenks, Field Manager  
Residential Care Services  
Region 1, Unit B  
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-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:**

(1) Individual's recent medical history, including, but not limited to:

- (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;
- (b) Chronic, current, and potential skin conditions; or
- (c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

- (a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;
- (b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and
- (c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

- (a) Vision; and
- (b) Hearing.

(5) Individual's communication abilities, including:

- (a) Modes of expression;
- (b) Ability to make self understood; and

(c) Ability to understand others.

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

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(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.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a

substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

The facility had been utilizing the CARE (Comprehensive Assessment Reporting Evaluation) assessment provided by the DSHS (Department of Social and Health Services) case manager as the 14-day assessment. The facility was unaware that they were required to complete their own assessment and agreed to do so going forward.

**WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:**

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

The facility had two small, friendly dogs that lived on the premises that were due for their vaccinations. The facility made a vet appointment for the end of the month to have their exams and vaccinations completed.

**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:

IDR Program Manager  
Department of Social and Health Services  
Aging and Long-Term Support Administration  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600

**If You Have Any Questions:**

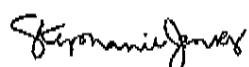
Aspen Quality Care # 2636

09/23/2024

Page 5 of 5

- Please contact me at (509)993-7821.

Sincerely,



Stephanie Jenks, Field Manager  
Region 1, Unit B  
Residential Care Services

Enclosure

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

Aspen Quality Care # 2636

09/23/2024

Page 5 of 5

- Please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager

Region 1, Unit B

Residential Care Services

Enclosure

Attestation for on-site full inspection of

RECEIVED

Aspen Quality Care, 9626 N. Colfax Dr.

OCT 08 2024

Spokane, Washington 99218

DSHS ALTSA RCS  
SPOKANE VALLEY WA

Inspection Dates: 09/24/2024, 09/25/2024, 09/26/2024

DSHS Washington State

I, Erica Anchondo, Administrator of Aspen Quality Care, hereby attest to the following:

**Regarding WAC 388-78A-2730 – Licensee's Responsibilities**

To ensure all workers/care team receive initial fit testing/training before providing services to clients including ongoing training thereafter covering included topics although not limited to client right, infection control and basic caregiving skills.

-Management/Administrator will conduct a needs assessment to identify the specific training needs of staff, which include reviewing client feedback, staff surveys and possible consultation with subject matter experts.

-Management/Administrator to develop a comprehensive training plan that outlines the specific topics, learning objectives, and evaluation methods.

-Resources can include although not limited to training courses, facility training manual and in-person training sessions.

-To ensure that the Management team and/or Administrator provide ongoing training and supervision tailored to the needs and abilities of

each individual worker to ensure all workers are competent to perform the services they are assigned.

To document the training and supervision; maintain in management/worker's file.

-Management/Administrator to monitor and evaluate training effectiveness by soliciting feedback from staff and clients, to improve the training program and ensure the training is within the needs of all parties involved.

#### Regarding WAC 388-78A-2040 – Other Requirements

To ensure facility compliance and dedication on delivering accurate and reliable testing services, ultimately contributing to the health and safety of our community.

-The facility to ensure the highest standards of health and safety by maintaining a CLIA waiver for COVID-19 testing. This waiver allows the facility to perform tests that meet stringent regulatory requirements, thereby ensuring the accuracy and reliability of the facility's results.

-By adhering to these guidelines, the facility will be equipped to provide timely and effective testing services, which play a crucial role in the early detection and management of COVID-19. Our trained staff will conduct tests using approved methodologies, ensuring a safe and efficient process for all individuals.

### Regarding WAC 388-78A-2610 – Infection control

To ensure the facility is committed to transparency and public health in promptly reporting infectious disease outbreaks to the department of health and relevant state authorities, in accordance with regulatory requirements.

- Management/Administrator to ensure that appropriate measures are taken to protect the health and safety of our facility.
- Collaborate with health officials to effectively manage and mitigate any potential spread of illness.

### Regarding WAC 388-78A-2210 – Medication services

To ensure all clients receive high-quality care that is tailored to their individual needs and preferences, that staff/providers are qualified and responsible for delivering these services in a safe and effective manner.

- Ensure all staff receive initial and ongoing training that is appropriate for their job, duties and responsibilities.
- Assessing and addressing the needs of clients with specialized care needs.
- All staff to ensure that all clients receive appropriate medical care, including medication administration and management.
- Facility to implement new system in place for reporting and investigating medication errors and refusals, including measures for preventing medication errors from occurring.
- Facility to ensure that medication is administered as ordered and stored securely in accordance with instructions.

All measures shall be obtained and completed by the date specified on the returned full investigation report (45 days from the date received).

I certify that the above statements are true and accurate to the best of my knowledge.



Erica Anchondo

Administrator

Aspen Quality Care

[erica.anchondo@theNDSLM.com](mailto:erica.anchondo@theNDSLM.com)

509-464-9486

509-850-5906

509-465-4041 (fax)

10/07/2024