



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

ESL Spokane LLC
The Gallery at Spokane
5401 S Regal St
Spokane, WA 99223

RE: The Gallery at Spokane License # 2684

Dear Administrator:

This letter addresses Compliance Determination(s) 58845 (Completion Date 04/30/2025) and 56917 (Completion Date 03/28/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/30/2025 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-2240

The Department staff who did the on-site verification:

Anne Sinclair, NCI Community Complaint Investigator

If you have any questions, please contact me at (509)993-7821.

Sincerely,

A handwritten signature in black ink that reads "Stephanie Jenks".

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



Residential Care Services Investigation Summary Report

Provider/Facility: The Gallery at Spokane

Provider Type: Assisted Living Facility

License/Cert.#: 2684

Intake ID: 171748

Compliance Determination #: 56917

Region/Unit #: RCS Region 1 / Unit B

Investigator: Anne Sinclair

Investigation Date(s): 03/25/2025 through 03/28/2025

Complainant Contact Date(s): 03/18/2025, 03/28/2025

Allegation(s):

1. Medication availability
2. Facility communication

Investigation Methods:

Sample: Total residents: 79
Resident sample size: 6
Closed records sample size: 0

Observations: Identified resident
Residents
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews: Identified resident
Residents
Executive Director
Health and Wellness Director
Two MedTech's

Record Reviews: Named resident care plan/face sheet/Medication Administration Record(March 2025)
Sample resident care plan/face sheet/Medication Administration Record (March 2025)
Disclosure of Services
Facility Medication Administration Policy
Facility Medication Administration Timeframes
Facility Self medication assessment policy
Characteristic roster
Staff roster
Sample staff credentials

Investigation Summary:

1. Interview and record review showed a resident was not provided adequate

medication for their planned trip away from the facility. Failed facility practice Identified for WAC 388-78A-2240.

2. Staff interviews showed no residents or resident representatives had expressed recent concerns related to staff communication related to resident care needs, verified a process for follow up for concerns, and had reported a resident representative who had expressed frustration over poor communication with a staff who no longer worked at the facility. Residents interviewed had no concerns with staff or response to care needs, had staff they can talk to about concerns, and stated they felt safe and comfortable in facility. Residents were observed without distress or unmet health needs, and staff were assisting residents during unannounced facility visit. Findings do not support failed facility practice.

Conclusion / Action:

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



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Statement of Deficiencies	License #: 2684	Compliance Determination # 56917
Plan of Correction	The Gallery at Spokane	Completion Date
Page 1 of 4	Licensee: ESL Spokane LLC	03/28/2025

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 an unannounced on-site complaint investigation on 03/25/2025 of:

The Gallery at Spokane
5401 S Regal St
Spokane, WA 99223

This document references the following complaint number(s): 171748

The following sample was selected for review during the unannounced on-site visit: 6 of 79 current residents and 0 former residents.

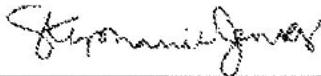
The department staff that investigated the Assisted Living Facility:

Anne Sinclair, NCI Community Complaint 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 #. 2664	Compliance Determination # 56917
Plan of Correction	The Gallery at Spokane	Completion Date
Page 2 of 4	Licensee: ESL Spokane LLC	03/28/2025

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.



04/02/2025

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.


D. Wayne Barney, CDA/ED

4/4/2025

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 interview and record review, the facility failed to ensure medications were obtained and available for 1 of 5 sampled residents (Resident 1). This failure resulted in the resident having to return from vacation earlier than planned, missed doses of medication for the resident, and placed the resident at risk of health complications due to unavailable medication.

Findings included...

Review of Resident 1's negotiated service agreement, dated 03/07/2024, showed Resident 1 had a diagnoses of [REDACTED] and needed staff assistance with managing and administering medications.

Review of Resident 1's March 2025 Medication Administration Record (MAR) showed that Resident 1 had a prescription for LATANOPROST eyedrops to be instilled twice daily, and TMOLOL eyedrops to be instilled once daily.

In an interview on 03/25/2025 at 8:20AM Collateral Contact 1 (CC1), Resident Representative, stated that they had informed the facility staff of Resident 1's eight day planned vacation, from 03/09/25 to 03/16/2025, approximately two weeks before the planned trip dates. CC1 stated that they requested the facility prepare Resident 1's medications for the resident's upcoming absence from the facility. CC1 stated that

Statement of Deficiencies

License #: 2684

Compliance Determination # 56917

Plan of Correction

The Gallery at Spokane

Completion Date

Page 2 of 4

Licensee: ESL Spokane LLC

03/28/2025

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

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 interview and record review, the facility failed to ensure medications were obtained and available for 1 of 5 sampled residents (Resident 1). This failure resulted in the resident having to return from vacation earlier than planned, missed doses of medication for the resident, and placed the resident at risk of health complications due to unavailable medication.

Findings included...

Review of Resident 1's negotiated service agreement, dated 03/07/2024, showed Resident 1 had a diagnoses of [REDACTED], and needed staff assistance with managing and administering medications.

Review of Resident 1's March 2025 Medication Administration Record (MAR) showed that Resident 1 had a prescription for LATANOPROST eyedrops to be instilled twice daily, and TIMOLOL eyedrops to be instilled once daily.

In an interview on 03/25/2025 at 8:20AM Collateral Contact 1(CC1), Resident Representative, stated that they had informed the facility staff of Resident 1's eight day planned vacation, from 03/03/25 to 03/10/2025, approximately two weeks before the planned trip dates. CC1 stated that they requested the facility prepare Resident 1's medications for the resident's upcoming absence from the facility. CCI stated that

during Resident 1's planned absence from the facility, it was discovered that Resident 1 had not been provided enough medication (eye drops) to cover the duration of their absence. CC1 further stated that they and Resident 1 had to make additional travel arrangements to return to the facility earlier than expected, so that the resident had access to all their daily medications.

Review of Resident 1's Medication Administration Record (MAR), dated March 2025, showed staff documented that Resident 1 was out of the facility on [REDACTED]/2025, and returned to the facility on [REDACTED]/2025 (three days before their planned return).

In an interview on 03/25/2025 at 10:00AM Staff A, Registered Nurse, stated that CCI had spoken with them when Resident 1 returned to the facility, and voiced frustration about having to return early from their planned vacation due to the discovery while away, that Resident 1 had not been provided with all their prescribed medications for the duration of their absence from the facility. Staff A stated the facility did not do a good job of medication planning for Resident 1's planned absence, and that Resident 1 had missed their eye drops for part of their planned absence.

In interview on 03/25/2025 at 2:50PM, Staff B, Med Tech, confirmed that they had prepared Resident 1's medications for their trip, had noted the need to re-order some medications for Resident 1 at that time, and had given CC1 all the medication the facility had on hand for Resident 1. Staff B further stated they were unsure if Resident 1 had all the medication needed for the duration of their absence, when they gave CC1 Resident 1's medications.

Statement of Deficiencies	License #. 2684	Compliance Determination # 509917
Plan of Correction	The Gallery at Spokane	Completion Date
Page 4 of 4	Licensee: ESL Spokane LLC	03/28/2025

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, The Gallery at Spokane is or will be in compliance with this law and / or regulation on (Date) 4/18/25.

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

D. Wayne Barney, C DAL/EP 4/4/25
Administrator (or Representative) Date

Statement of Deficiencies

License #: 2684

Compliance Determination # 56917

Plan of Correction

The Gallery at Spokane

Completion Date

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Licensee: ESL Spokane LLC

03/28/2025

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, The Gallery at Spokane 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