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

10/13/2025

St. Fredricks Compassionate Care Home
St. Fredricks Compassionate Care Home
601 S Woodruff Rd Apt E303
Spokane Valley, WA 99206

RE: St. Fredricks Compassionate Care Home # 755469

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 67105 (Completion Date 10/13/2025) and 64441 (Completion Date 08/28/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/13/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

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(c) Medication log is kept current as required in WAC 388-76-10475 ;

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

The Department staff who did the On Site verification:
Valorie Bradley, AFH/ALF Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
Residential Care Services

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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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 08/20/2025 of:
St. Fredricks Compassionate Care Home
10605 Windham Ct
Spokane, WA 99208

The following sample was selected for review during the unannounced on-site visit: 3 of 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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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 Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) | Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure a second tuberculosis (TB) skin test was completed one to three weeks after the first TB skin test for 1 of 2 staff (Staff B). This failure placed residents at risk for exposure to respiratory illness.

Findings included…

On 08/20/2025 review of staff records showed Staff B, Caregiver, obtained a TB skin test on 11/12/2024. Documentation showed Staff B obtained a second TB skin test on 12/31/2024 (seven weeks after the first TB skin test).

In an interview on 08/29/2025 at 10:22 AM Staff A, Provider, stated that the TB testing site told Staff B to obtain their second TB skin test on 12/31/2025.

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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, St. Fredricks Compassionate Care Home 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that negotiated care plans (NCP) included information about psychopharmacological medications for 2 of 3 current residents (Resident 1 and Resident 3). These failures placed residents at risk for medication errors and unmet care needs.

Findings included….

<Resident 1>

On 08/20/2025 review of Resident 1's annual assessment dated 02/24/2025 showed Resident 1 had medical diagnoses of [redacted] and [redacted]. The assessment showed Resident 1 had behaviors that included repetitive physical movement and pacing, unrealistic fears and suspicions and resistance to care. The assessment stated that Resident 1 was prescribed psychopharmacologic medications to treat the behaviors that were related to their diagnoses of [redacted] and [redacted].

On 08/20/2025 review of Medication Administration Record (MAR) dated August 2025 showed Resident 1 received the following psychopharmacological medications:

-Bupropion (for depression), 300 milligrams (mg), take one tablet every morning.

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On 08/20/2025 review of Resident 1's NCP dated 04/08/2024 did not include information about the psychopharmacologic medications prescribed to Resident 1. The NCP did not include information that showed the behaviors for which each medication was intended to address.

<Resident 3>

On 08/20/2025 review of Resident 3's annual assessment dated 04/07/2025 showed Resident 3 had medical diagnoses of [redacted] and [redacted]. The assessment showed Resident 3 had behaviors that included resistance to care, hallucinations, unrealistic fears and suspicions and irritability and agitation. The assessment stated that Resident 3 was prescribed psychopharmacologic medications to treat the behaviors that were related to their diagnoses of [redacted] and [redacted].
On 08/20/2025 review of Medication Administration Record (MAR) dated August 2025 showed Resident 3 received the following psychopharmacological medications:

-Divalproex (for bipolar disorder), 500 mg, take two tablets at bedtime.
-Paliperidone (for schizoaffective disorder) 3mg, take one tablet every morning.

On 08/20/2025 review of Resident 1's NCP dated 05/22/2024 did not include information about the psychopharmacologic medications prescribed to Resident 3. The NCP did not include information that showed the behaviors for which each medication was intended to address.

On 08/20/2025 at 10: 24 AM Staff A, Provider, stated they did not know that psychopharmacological medications and the behaviors they manage needed to be in Resident 1 and Resident 3's care plans.

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, St. Fredricks Compassionate Care Home 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.

_____ _____
Provider (or Representative) Date

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

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure medication logs were kept current and failed to implement a system to meet the medication needs for 1 of 3 residents (Resident 3). This failure resulted in incorrect medication logs and placed residents at risk for medication errors.

Findings included….

Review of an assessment dated 04/07/2025 showed Resident 3 required medication assistance.

Review of a physician's order dated 07/24/2025 showed Resident 3's paliperidone (for schizoaffective disorder), 3 milligrams (mg), take one tablet in the morning, was changed to paliperidone, 6 mg, take one tablet at night.

On 08/20/2025 review of medication supply showed Resident 3 received the following medications –

Paliperidone (for schizoaffective disorder), 6 mg, take one tablet at night.
Divalproex (for bipolar disorder), 500 mg, take two tablets at bedtime.

On 08/20/2025 review of Medication Administration Records (MAR) dated August 2025 showed Resident 3 received Paliperidone, 3 mg, take one tablet every morning. The MAR showed Staff A, Provider, had initialed Resident 3's paliperidone and divalproex as given the morning of the inspection.

In an interview on 08/20/2025 at 10:22 AM Staff A stated they had mistakenly initialed as giving Resident 3 their paliperidone and divalproex in the morning. Staff A stated they had forgotten to update Resident 3's MAR to reflect the changes to Resident 3's paliperidone prescription.

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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, St. Fredricks Compassionate Care Home 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10585 Resident rights Examination of inspection results.

(1) The adult family home must place a copy of the following documents in a common use area where they can be easily viewed by residents, resident representatives, the department, and anyone interested without having to ask for them:

(a) The most recent inspection report, any related follow-up reports, and related cover letters; and

(b) All complaint investigation reports, any related follow-up reports, and any related cover letters received since the most recent inspection or within the last twelve months, whichever is longer.

(2) The adult family home must post a notice that the following documents are available for review if requested by the residents, resident representatives, the department, and anyone interested:

(a) A copy of each inspection report and related cover letter received during the past three years; and

(b) A copy of any complaint investigation reports and related cover letters received during the past three years.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that inspection reports, complaint investigation reports, follow up reports, and related cover letters, and a notice that these documents are available for review, were posted in common use areas that could be easily viewed by residents, resident representatives, and the department without having to ask, for 3 of 3 residents (Residents 1, 2 & 3). This failure resulted in residents being uninformed of the results of complaint investigations in the AFH.

Findings included….

Review of the Department's Secure Tracking and Reporting System (STARS) showed an

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inspection was completed at the home on 10/27/2023. The AFH received a letter from the Department that included deficiency citations. STARS showed a complaint investigation was completed at the home on 05/16/2024. The AFH received a letter from the Department that included a deficiency citation.
General observations on 08/20/2025 at 8:12 AM showed Residents 1 & 2 moving about independently in the home. Resident 3 was observed in their bedroom.

Observation during a general tour on 08/20/2025 at 8:41 AM showed no notice that previous inspection and complaint investigation reports were available for review in the home.

Observation on 08/20/2025 at 11:43 AM showed a binder labeled “Previous Inspection Reports and Complaint Investigation Reports” sitting on the fireplace mantel in the dining room. Observation showed there were no previous inspection or complaint investigation reports in the binder.

In an interview on 08/20/2025 at 11:45 AM Staff A, Provider, stated they had the previous inspection and complaint investigation reports. Staff A stated they had forgotten to put the reports in the binder.

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, St. Fredricks Compassionate Care Home 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.

_____ _____
Provider (or Representative) Date

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