STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

MALLON PLACE INC

MALLON PLACE INC
1724 W Mallon Ave
Spokane, WA 99201

RE: MALLON PLACE INC License # 1017

Dear Administrator:

This letter addresses Compliance Determination(s) 78638 (Completion Date 06/08/2026) and 77126 (Completion Date 05/15/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/08/2026 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 388-112A-0490-3, WAC 388-78A-2474-2-c, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2

The Department staff who did the on-site verification:
Amy Wright, NCI Complain Investigator

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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Residential Care Services
Investigation Summary Report

Provider/Facility: MALLON PLACE INC
Provider Type: Assisted Living Facility
License/Cert.#: 1017
Compliance Determination #: 77126
Intake ID: 220395
Investigator: Amy Wright
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 05/08/2026 through 05/15/2026
Complainant Contact Date(s): 05/08/2026

Allegation(s):

1. Staff working without their HCAs.
2. Specialty training certificates awarded when training did not occur.
3. Staff doing self-study to obtain their home care aide certifications.
4. Falsified TB tests.
5. Management delegating incontinence care resulting in delay of care.

Investigation Methods:

Sample:
Total residents: 49
Resident sample size: 3
Closed records sample size: 1

Observations:
Residents
Activities
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Assistant Administrator
Residents
Caregivers
Chief Operating Officer

Record Reviews:
*Characteristic roster
*Staff roster
*Staff schedule
*Resident face sheets
*Discharge note
*Staff training records
*Staff TB tests
*Tuberculosis testing policy

Investigation Summary:

1. Interview with facility management showed that one of the Alleged Perpetrator's no longer worked at the facility. Record review showed that the former staff worked at the facility for less than 365 days, so was not out of compliance with home care

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aide certification requirements during their employment at the facility. Interview with facility management showed that while the second Alleged Perpetrator still worked at the facility, they were no longer doing caregiving. Record review confirmed that the Alleged Perpetrator had been removed from the care staff schedule, and they had been working as a cook. Facility management was knowledgeable about home care aide certification and training requirements. Residents interviewed felt staff had been adequately trained. No failed facility practice.
2. Record review and interview showed that specialty training did not occur in the timeframe required for one of three staff. Failed facility practice identified and cited under WAC 388-78A-2474 Training and home care aide certification requirements (2)(c) and WAC 388-112A-0490 What are the specialty training requirements for applicants, resident managers, administrators, and other types of entity representatives in adult family homes, assisted living facilities, and enhanced services facilities (3).
3. Facility management was interviewed. They reported that the facility's Chief Operating Officer, who was certified to teach the home care aide course, met with the home care aide students routinely to review course modules and to do skills training. Facility management stated that independent reading was also part of the training. Home care aide students were interviewed. They confirmed that their course instruction included not only independent material review but also hands-on training. The home care aide students reported feeling well prepared to continue working as caregivers. Residents interviewed felt that staff had been trained adequately and they denied having concerns about their care. No failed facility practice.
4. Record review and interview showed that tuberculosis skin testing did not occur in the timeframe required for one of three staff. Failed facility practice identified and cited under WAC 388-78A-2484 Tuberculosis - two step skin testing (1)(2).
5. A caregiver was interviewed, and they denied having heard complaints from residents or staff related to management being unwilling to assist with incontinence care. A second caregiver was interviewed, and they denied ever seeing management staff refuse to assist with resident care. The caregiver reported that management was available and willing to help. Incontinent residents were interviewed, and no concerns were voiced about inadequate incontinence care. An incontinent resident denied ever having management staff refuse to assist with their care. Facility management was observed with a handheld radio which they used to listen for staff requests for assistance. No failed facility practice.

Conclusion / Action:

- [x] 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 #: 1017	Compliance Determination # 77126
Plan of Correction	MALLON PLACE INC	Completion Date
Page 1 of 5	Licensee: MALLON PLACE INC	05/15/2026

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 05/08/2026 of:

MALLON PLACE INC
1724 W Mallon Ave
Spokane, WA 99201

This document references the following complaint number(s): 220409, 220395

The following sample was selected for review during the unannounced on-site visit: 3 of 49 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Amy Wright, NCI Complain Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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Page 2 of 5	Licensee: MALLON PLACE INC	05/15/2026

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 — 05/19/2026 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) — 5/25/26 Date

WAC 388-112A-0490 What are the specialty training requirements for applicants, resident managers, administrators, and other types of entity representatives in adult family homes, assisted living facilities, and enhanced services facilities? Adult family homes.

(3) If an assisted living facility serves one or more residents with special needs, the assisted living facility administrator or designee must complete specialty training and demonstrate competency within one hundred twenty days of date of hire.

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;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff completed their specialty training for mental health and dementia in the timeframe required for 1 of 3 staff (Staff A). This failed practice placed residents at risk for inadequate care and decreased quality of life.

Findings included...

Review of a facility characteristic roster, last updated 05/07/2026, showed that the facility had 49 residents. The characteristic roster showed there were six residents with dementia (a decline in cognitive abilities such as memory, reasoning, and communication, severe enough to interfere with daily life), Alzheimer's (a progressive,

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irreversible brain disorder and the most common form of dementia), or other cognitive impairment. Further review of the characteristic roster showed there were 47 residents with [redacted] diagnoses.

Review of an undated staff roster showed that Staff A, Caregiver, started working as a caregiver at the facility on 10/01/2025.

Review of a mental health specialty training certificate for Staff A, dated 02/17/2026, showed that Staff A did not complete their mental health specialty training until that day, 140 days after their caregiving hire date.

Review of a dementia specialty training certificate for Staff A, dated 02/26/2026, showed that Staff A did not complete their dementia specialty training until that day, 149 after their caregiving hire date.

In an interview on 05/14/2026 at 1:57 PM, Staff A confirmed they had not completed their mental health and dementia specialty training until February 2026.

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, MALLON PLACE INC is or will be in compliance with this law and / or regulation on (Date) 5/25/26 .

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

Administrator (or Representative) 5/25/26 Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skn test within three days of employment; and

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

This requirement was not met as evidenced by:

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Based on interview and record review, the facility failed to ensure that staff completed their two-step tuberculosis skin testing within the required time frame for 1 of 3 staff (Staff B). This failed practice placed facility residents at risk for potential exposure to a respiratory illness.

Findings included...

Review of an undated facility policy, titled, "Tuberculosis (TB) Testing Policy," showed that in order to protect residents, staff and visitors from tuberculosis (a contagious airborne bacterial disease that primarily attacks the lungs), all employees must be screened for tuberculosis within three calendar days of hire.

Review of an undated staff roster showed that Staff B, Caregiver, had a hire date of 07/15/2025.

Review of a tuberculosis skin testing record for Staff B, dated 07/30/2025, showed that Staff B's initial skin test was completed that day, 15 days after they were hired. Further review of the tuberculosis skin testing record showed that the second test had not been completed.

Review of a tuberculosis skin testing record for Staff B, dated 09/08/2025, showed that Staff B was readministered their initial skin test that day. Further review of the tuberculosis skin testing record showed that Staff B's second skin test was completed on 09/17/2025, 64 days after Staff B was hired.

In an interview on 05/15/2026 at 11:00 AM, Staff C, Chief Operating Officer, stated that they had noticed that Staff B's two-step tuberculosis skin test had not been completed until September 2025. Staff C stated that was not their policy and that the first step should have been completed within three days of hire.

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Year date typo. Correct date is 5/25/26-RH

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

Administrator (or Representative) Date 5/25/26

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