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

BETHANY PLACE INC

BETHANY PLACE INC
9111 E Upriver Dr
Spokane, WA 99206

RE: BETHANY PLACE INC License # 1552

Dear Administrator:

This letter addresses Compliance Determination(s) 78293 (Completion Date 06/02/2026) and 76110 (Completion Date 05/12/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/02/2026 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 388-78A-2474-4, WAC 388-78A-2474-2, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-112A-0105-1

The Department staff who did the on-site verification:
Abigail Vanderkolk, Community Complaint 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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: BETHANY PLACE INC
Provider Type: Assisted Living Facility
License/Cert.#: 1552
Compliance Determination #: 76110
Intake ID: 220376
Investigator: Abigail Vanderkolk
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 04/21/2026 through 05/12/2026
Complainant Contact Date(s): 04/17/2026, 05/13/2026

Allegation(s):

1. Facility drivers are transporting residents without active driver's licenses.
2. Facility staff are working without home care aide certification.
3. Falsified and backdated facility staff specialty training certificates.
4. Frequent medication errors with diabetic residents.
5. A resident was neglected before they died.
6. Falsified facility staff tuberculosis tests.
7. A resident's personal health information was sent to a former employee.

Investigation Methods:

Sample:
Total residents: 65
Resident sample size: 4
Closed records sample size: 1

Observations:
Identified resident
Residents
Staff to resident interactions
Facility environment and organization
Medication administration

Interviews:
Administrator
Caregivers
Medical technologists
Residents
Drivers
Administrative assistant

Record Reviews:
Staff specialty training certification
Staff home care aide certification
Staff tuberculosis tests
Staff driver's licenses
Resident care plans
Resident medication administration records
Resident progress notes
Incident reports
Disclosure of services
Abuse and neglect reporting policy
Medical examiner report

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Falls policy

Investigation Summary:

1. The administrative facility staff that were interviewed stated that all facility drivers were required to have active driver's licenses. During the unannounced facility visit, no staff were observed transporting residents by facility vehicles without an active driver's license. A review of staff records showed that all current facility drivers had active driver's licenses. No failed facility practice was identified.
2. Staff were found to be working without active home care aide certification, and the facility was found to be out of compliance with WAC 2474(2)(4) and WAC 388-112A-0105(1).
3. The administrative facility staff that were interviewed stated that all staff were required to have completed dementia, developmental disabilities, and mental health specialty training and that they had no concerns regarding staff completing them on time. During the unannounced facility visit, staff were observed assisting residents with cares and interacting with the residents respectfully. No residents were observed in distress or with unmet care needs. A review of staff records showed that all sampled staff members had completed the required specialty training. No failed facility practice was identified.
4. The administrative and clinical facility staff that were interviewed stated that all residents were required to manage insulin independently and that the facility clinical staff were not allowed to assist with insulin administration. A review of sampled diabetic residents' Medication Administration Records (MAR) showed that there were no medication errors documented during the sample timeframe. During the unannounced facility visit, no residents were observed receiving incorrect doses of insulin. The residents who were interviewed reported that they had never received the wrong dose of insulin before and that they felt safe living at the facility. No failed facility practice was identified.
5. The administrative facility staff stated that they had investigated the death of the identified resident, that the resident had been declining for months before their death, and that they were able to rule out abuse and neglect as a cause. A review of resident and facility records showed that a facility investigation was conducted, that the facility clinical staff responded immediately, and that all appropriate parties were notified. Observations during the unannounced visit included the facility staff who were seen interacting positively with the residents and assisting them with care needs in a timely manner. No residents were observed in distress or with unmet care needs. No failed facility practice was identified.
6. The administrative facility staff that were interviewed stated that all employees were required to undergo tuberculosis testing. The clinical facility staff that were interviewed stated that they had received tuberculosis testing prior to working in the facility. During the unannounced facility visit, no staff were observed working without completed tuberculosis testing. A review of staff records showed that all sampled staff had completed tuberculosis testing as required. No failed facility practice was identified.
7. The administrative facility staff reported that there had been no recent reports of resident documents being sent to other non-responsible parties. During the unannounced facility visit, no resident documentation was observed left out and the facility spaces containing resident documentation were observed to be clean and organized. The residents that were interviewed stated that they had never received another resident's private records. No failed facility practice was identified.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

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

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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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 04/21/2026 of:

BETHANY PLACE INC
9111 E Upriver Dr
Spokane, WA 99206

This document references the following complaint number(s): 220376, 220639

The following sample was selected for review during the unannounced on-site visit: 4 of 65 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Abigail Vanderkolk, Community Complaint 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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Statement of Deficiencies	License #: 1552	Compliance Determination # 76110
Plan of Correction	BETHANY PLACE INC	Completion Date
Page 2 of 3	Licensee: BETHANY PLACE INC	05/12/2026

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 — 05/15/2026 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) — 5/18/2026 Date

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when?

(1) All long-term care workers must obtain home care aide certification as provided in chapter 246-980 WAC.

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:

(a) Orientation and safety;

(b) Basic;

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

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure requirements were completed for home care aide certification for 1 of 4 staff (Staff A). This failure placed the residents at risk of receiving care from untrained staff.

Findings included...

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Page 3 of 3	Licensee: BETHANY PLACE INC	05/12/2026

Per WAC 246-980-040- Certification Requirements, to qualify for certification as a home care aide, the applicant shall become certified within 200 days of date of hire.

Per a Dear Provider Letter- Home Care Aide Certification Timeline Extended, dated 08/08/2025, the certification deadline is extended to 365 days from the date of hire for those who are currently on a 200-day timeline requirement.

Review of personnel records for Staff A, Caregiver, showed that they were hired as a caregiver on 07/01/2024.

Review of personnel records for Staff A showed that they did not have their Home Care Aide (HCA) certification, 659 days since their date of hire.

In an interview on 04/21/2026 at 3:47 PM, Staff B, Executive Director, confirmed that Staff A had a pending HCA certification.

In an interview on 04/21/2026 at 3:47 PM, Staff B stated that it was their responsibility to ensure staff had their HCA certification 365 days after date of hire.

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, BETHANY PLACE INC is or will be in compliance with this law and / or regulation on (Date) 5/18/2026.

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

Administrator (or Representative) [signature] Date 5-18-2026

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