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) 83417 (Completion Date 09/08/2026) and 81893 (Completion Date 08/14/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/08/2026 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 388-78A-2450-2-b

The Department staff who did the on-site verification:
Tethra Wales, Assisted Living Facility Licensor

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 #: 81893
Intake ID: 234615
Investigator: Tethra Wales
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 08/11/2026 through 08/14/2026
Complainant Contact Date(s):

Allegation(s):
Inappropriate relationship between a staff member and a resident

Investigation Methods:

Sample:
Total residents: 61
Resident sample size: 3
Closed records sample size: 1

Observations:
Staff and resident interactions
Staff presence and availability to residents
Staff response to residents
Resident emergency call system
Hotline posted and available to residents and staff
Housekeeping practices and routines

Interviews:
Administrator
Assistant Administrator
Human Resources Manager
Housekeeping Manager
Alleged Victim
Current Residents
Housekeeper
Kitchen Assistant
Medication Technician
Staffing Coordinator

Record Reviews:
Characteristic Roster
Staff List and Schedule
Abuse and Neglect Policy
Incident Report
Investigation Summary
Staff Meeting Agenda and notes
Resident facesheets, care plans and progress notes
Staff background checks and references

Investigation Summary:

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

The facility failed to obtain references for all sampled staff. Failed facility practice cited under WAC 388-78A-2450(2)(b).

Conclusion / Action:

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

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 08/11/2026 of:

BETHANY PLACE INC
9111 E Upriver Dr
Spokane, WA 99206

This document references the following complaint number(s): 235332, 234615

The following sample was selected for review during the unannounced on-site visit: 3 of 61 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Tethra Wales, Assisted Living Facility Licensor

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

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

Statement of Deficiencies	License #: 1552	Compliance Determination # 81893
Plan of Correction	BETHANY PLACE INC	Completion Date
Page 2 of 3	Licensee: BETHANY PLACE INC	08/14/2026

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 — 08/25/2026 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) — 8-26-2026 Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to check references prior to hiring 2 of 4 sampled staff (Staff A and B). The failure placed residents at risk of receiving inadequate care from potentially unsuitable staff.

Findings included...

<Staff A>

Review of the facility's Staff List showed a hire date for Staff A of 06/23/2026.

Review of Staff A's, Housekeeper, employee records showed that the document on which reference checks were recorded was in their employee file but was blank, with no information completed for any of the three references.

Observation on 08/11/2026 at 1:08 PM showed Staff A in the laundry room putting housekeeping items away. Further observation showed Staff A's name listed on the housekeeping daily assignment board that hung on the wall of the laundry room.

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

Statement of Deficiencies	License #: 1552	Compliance Determination # 81893
Plan of Correction	BETHANY PLACE INC	Completion Date
Page 3 of 3	Licensee: BETHANY PLACE INC	08/14/2026

<Staff B>

Review of Staff B's, Housekeeper, employee record showed a hire date of 10/03/2024. Further review showed no documentation of reference checks.

In an interview on 08/11/2026 at 11:28 AM, Staff C, Assistant Administrator, confirmed that Staff B was employed as a housekeeper and had resigned on 07/30/2026 after they acknowledged an inappropriate relationship with a resident.

In an interview on 08/11/2026 at 3:11 PM, Staff C confirmed they did not have documented reference checks for Staff A or Staff B.

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) 8/26/2026 .

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

Administrator (or Representative) 8-26-2026 Date

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