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

06/17/2026

Rural Resources Community Action
Allegiance Supported Living
N 413 Kruger St
Chewelah, WA 99109

RE: Allegiance Supported Living # 2175

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 79163 (Completion Date 06/17/2026) and 74088 (Completion Date 03/12/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/17/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:

(3) Keeping exterior grounds, assisted living facility structures, and component parts safe, sanitary, and in good repair.

The Department staff who did the Off Site verification:
Tethra Wales, Assisted Living Facility Licensor

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

Sincerely,

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

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

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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 the unannounced on-site full inspection on 03/11/2026 and 03/12/2026 of:
Allegiance Supported Living
N 413 Kruger St
Chewelah, WA 99109

The following sample was selected for review during the unannounced on-site visit: 5 of 19 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensor
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.

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 — 03/17/2026 (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.

JUAN A SAEA — Administrator (or Representative)

3-22-26 — Date

WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:

(3) Keeping exterior grounds, assisted living facility structures, and component parts safe, sanitary, and in good repair.

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to maintain walking surfaces in safe and good repair for 3 of 5 outdoor areas (front of Building 1, rear of Building 1, and north side of Building 2). This failure resulted in uneven sections of sidewalk and placed residents at risk of fall and injury.

Findings included...

Observation on 03/12/2026 at 12:20 PM, showed the following damaged sections of walking surfaces:

Front of Building 1: A 20-foot section of sidewalk from the parking lot to the front patio, comprised of four sections of concrete, showed that the concrete sections had settled at different depths and angles resulting in uneven surfaces at all five seams where the slabs connected. A 10-foot sidewalk running from the front patio to the street showed that the concrete sections had settled unevenly at three seams.

Rear of Building 1: Concrete applied to connect the rear door to the patio was cracked

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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 Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

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Rear of Building 1: Concrete applied to connect the rear door to the patio was cracked

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and separated where the concrete met the patio, creating an uneven surface. A sidewalk from the exterior staircase of Building 1 to the sidewalk between Buildings 1 and 2, included a section of concrete that sat an inch below the adjoining sections creating an uneven surface on both ends of the slab.

North side of Building 2: One seam where two sections of sidewalk adjoined was uneven.

In an interview on 03/12/2026 at 12:20 PM, Staff E, Administrator, acknowledged the uneven surfaces of the sidewalks throughout the facility's exterior grounds. Staff E stated the sidewalks had been that way for a long time and they had not scheduled repairs.

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, Allegiance Supported Living is or will be in compliance with this law and / or regulation on (Date) ~~4-20-26~~ 06/01/2026 ~~4-20-26~~

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

Juan A. Saea — Administrator (or Representative)

3-22-26 — Date

On 4/21/2026 field manager Stephanie Jenks approved an extention of the correction date to 06/01/2026.-RH

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

_____ _____

Administrator (or Representative) Date

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Rural Resources Community Action
Allegiance Supported Living
N 413 Kruger St
Chewelah, WA 99109

RE: Allegiance Supported Living # 2175

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/12/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (03/12/2026), no later than 04/26/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2700 Emergency and disaster preparedness.

(3) The assisted living facility's emergency preparedness plan must include procedures for:

(g) Alternative resident accommodations.

The disaster plan did not include procedures for alternative resident accommodations in the event that the facility became uninhabitable. Prior to the conclusion of the inspection, the facility amended their disaster preparedness protocol to include a plan for resident accommodations during a disaster.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

During the environmental tour, the resident accessible sink temperatures were below 105 degrees Fahrenheit. The facility adjusted and corrected the water temperatures prior to the end of the survey.

WAC 388-78A-3090 Maintenance and housekeeping.

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

(iv) Mechanical ventilation to the outside of the assisted living facility.

The facility had wet mops in a storage closet that did not have mechanical ventilation. Before the conclusion of the inspection, the facility moved the wet mops to a location outside of the building and stated they would no longer store them in the closet.

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You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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

Enclosure

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