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

Legacy1864, LLC
Willow Grove
1620 E Mead St
Spokane, WA 99218

RE: Willow Grove License # 2399

Dear Administrator:

This letter addresses Compliance Determination(s) 82516 (Completion Date 08/19/2026) and 78824 (Completion Date 06/29/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/19/2026 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-2160, WAC 388-78A-2140-3, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2600-1-a, WAC 388-78A-2600-1-b

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Willow Grove
Provider Type: Assisted Living Facility
License/Cert.#: 2399
Compliance Determination #: 78824
Intake ID: 226325
Investigator: Amy Wright
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 06/10/2026 through 06/29/2026
Complainant Contact Date(s): 06/01/2026, 06/08/2026, 06/25/2026

Allegation(s):

1. Inadequate showers.
2. Inadequate nutrition services.
3. Resident weight loss.
4. Laundry is mixed up with other residents' laundry.
5. Untrained staff.
6. Facility does not have a bedside commode.
7. Resident's catheter came out two times resulting in bleeding and a trip to the hospital.
8. Inadequate urinary catheter care resulting in frequent urinary tract infections.
9. Resident being discharged out of retaliation for complaints (added concern based on initial complainant interview).

Investigation Methods:

Sample:	Total residents: 22 Resident sample size: 3 Closed records sample size: 0
Observations:	Alleged Victim Residents Activities Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Alleged Victim's Representative Director of Care Resident Resident Representatives Kitchen Manager
Record Reviews:	*Disclosure of Services *Characteristic roster *Staff roster *Email communication *Resident behavior intervention crisis plan

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*Resident face sheets
*Resident discharge notice
*Shower documentation
*Menus
*Weight documentation
*Resident care plans
*Weight Policy
*Progress notes
*Medication administration records
*Termination by the Home and Discharge or Transfer Requirements Policy
*Activities calendar
*Provider orders
*Staff training records
*Staff credentials

Investigation Summary:

1. Record review showed that showers had not occurred according to a resident's negotiated service agreement. Failed facility practice identified and cited under WAC 388-78A-2160 Implementation of negotiated service agreement. Additionally, record review showed that a resident's care plan failed to identify the frequency and approximate time of day showers were to be provided. Failed facility practice identified and cited under WAC 388-78A-2140 Negotiated service agreement contents (3).
2. Record review showed there was no documentation of the alternative entrees that were offered to residents for midday and evening meals. The facility was able to provide updated menus prior to the exit date. Failed facility practice identified and consulted under WAC 388-78A-2300 Food and nutrition services (1)(g).
3. Record review and interview showed that the facility failed to follow their weight loss policy when significant weight loss occurred. Failed facility practice identified and cited under WAC 388-78A-2600 Policies and procedures (1)(a)(b).
4. Interview with facility management showed that the facility had a system for managing the residents' laundry and for ensuring that items were returned to the proper owner. Interview with the Alleged Victim's Representative verified that the resident's clothing items had been labeled with the resident's identifying information. A resident was interviewed, and they confirmed that their laundered items were typically returned to them. No failed facility practice.
5. Interview with the Alleged Victim's Representative showed that their concern was primarily with new facility staff. Record review showed that the new staff reviewed had completed facility orientation and the required long-term care worker training. Interview with facility management showed that the facility added designated trainers to improve their on-the-job training. The facility had plans for all-staff specialty training refreshers. A resident was interviewed, and they reported staff were knowledgeable about their job tasks. Staff observed providing resident care, appeared competent. No failed facility practice.
6. Interview with facility management showed there were no current facility residents who required the use of a bedside commode. Facility management reported that if a resident needed a bedside commode, they had the means to obtain one. The Alleged Victim's Representative was interviewed, and they explained that the resident's need for a bedside commode had been temporary. Resident and resident representative interviews were conducted and no concerns were voiced about nonavailability of durable medical equipment. No failed facility practice.
7. Interview and record review showed that the facility failed to document, in the Alleged Victim's negotiated service agreement, interventions to prevent urinary

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catheter displacement. Failed facility practice was identified and cited under WAC 288-78A-2140 Negotiated service agreement contents (1)(a)(iii).
8. Interview and record review showed that the facility failed to ensure that urinary catheter care was provided in accordance with current acceptable infection control standards. Failed facility practice identified under WAC 388-78A-2610 Infection control (2)(d). Facility already out of compliance as of 06/01/2026.
9. Record review confirmed that the facility provided the Alleged Victim with a discharge notice. Interview with facility management showed that that the discharge notice was issued due to the facility's belief that the resident needed a higher level of care. The Alleged Victim's Representative was interviewed, and they agreed that a higher level of care was needed for the resident. The facility had a policy to guide facility staff when resident discharges were necessary. 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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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2399	Compliance Determination # 78824
Plan of Correction	Willow Grove	Completion Date
Page 1 of 6	Licensee: Legacy1864, LLC	06/29/2026

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 06/10/2026 of:

Willow Grove
1620 E Mead St
Spokane, WA 99218

This document references the following complaint number(s): 226325

The following sample was selected for review during the unannounced on-site visit: 3 of 22 current residents and 0 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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Statement of Deficiencies	License #: 2399	Compliance Determination # 78824
Plan of Correction	Willow Grove	Completion Date
Page 2 of 6	Licensee: Legacy1864, LLC	06/29/2026

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 — 07/01/2026 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) — 07/06/2026 Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide showers at the frequency indicated in the resident's negotiated service agreement for 1 of 3 residents (Resident 3). This failed practice placed Resident 3 at increased risk for skin infections, discomfort, and decreased quality of life.

Findings included...

Review of a negotiated service agreement for Resident 3, dated 08/15/2025, showed that the resident required assistance with showering twice weekly.

Review of a task administration record for Resident 3, dated May 2026, showed that the resident had only two showers during the month of May on 05/01/2026 and 05/15/2026.

Review of a task administration record for Resident 3, dated June 2026, showed that the resident received no showers between June 1, 2026 and June 11, 2026, indicating the Resident 3 had gone nearly a month with no showers.

In an interview on 06/10/2025 at 10:45 AM, Staff A, Director of Care, stated that the shower schedule had been revamped but it had not been feasible, so showers had been missed. Staff A stated that the facility used temporary staff who also missed the residents' showers.

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Statement of Deficiencies	License #: 2399	Compliance Determination # 78824
Plan of Correction	Willow Grove	Completion Date
Page 3 of 6	Licensee: Legacy1864, LLC	06/29/2026

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, Willow Grove is or will be in compliance with this law and / or regulation on (Date) 08/05/2026.

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

Administrator (or Representative) Date 07/06/2026

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(iii) On-going assessments of the resident;

(3) The times services will be delivered, including frequency and approximate time of day, as appropriate;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document, in the negotiated service agreement, the frequency and time of day a resident was to be assisted with showering, and interventions to address a resident's known risk for urinary catheter displacement for 1 of 1 resident (Resident 1). This failed practice placed the resident at increased risk for skin infections, discomfort, urinary catheter displacement, and decreased quality of life.
Findings included...
<Showers>
Review of a Negotiated Service Agreement (NSA) for Resident 1, dated 10/07/2025, showed that the resident required full assistance with showering. Further review of the NSA showed that it failed to identify the frequency at which Resident 1 was to be assisted with showering, and it failed to identify the approximate time of day that Resident 1's showers were to occur.
Review of a task administration record for Resident 1, dated May 2026, showed that the resident received only one shower during the month of May on 05/01/2026. Further review of the task administration record showed that Resident 1 refused one shower during the month of May on 05/15/2026.
Review of a task administration record for Resident 1, dated June 2026, showed that as of 06/12/2026, the resident had received no showers in June, indicating that Resident 1

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had gone over a month with no showers.
In an interview on 06/08/2026 at 10:35 AM, Collateral Contact 1 (CC1), Resident Representative, stated that showers had always been an issue since Resident 1 moved into the facility. CC1 stated there were weeks when Resident 1 never got a shower.
<Urinary Catheter Displacement>
In an interview on 06/08/2026 at 10:35 AM, CC1 stated that Resident 1 inadvertently dislodged their urinary catheter (a tube inserted through the urethra and into the bladder, which is held in place by an inflated balloon, allowing urine to drain from the bladder) two Sundays prior. CC1 stated that the balloon came out and it was a bloody mess. CC1 stated that Resident 1 went to the hospital where their catheter was replaced. CC1 stated that about three days later, Resident 1's catheter came out again. CC1 stated that the facility had not used any kind of securement device on Resident 1's catheter even though CC1 provided the stick-on securement devices from Resident 1's doctor's office.
In an interview on 06/10/2026 at 10:45 AM, Staff A, Director of Care, stated they did not think the facility had any "leg locks [securement device]" for Resident 1's catheter tubing. Staff A stated that when Resident 1's catheter came out on 05/24/2026, there was blood all over. Staff A stated that Resident 1's catheter came out again on 05/27/2026. Staff A stated that Resident 1 was sent to the emergency department both times.
Review of a negotiated service agreement for Resident 1, dated 10/07/2025, showed there was no mention of repeated catheter displacements or interventions to prevent reoccurrence.

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, Willow Grove is or will be in compliance with this law and / or regulation on (Date) 08/05/2026.

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

Administrator (or Representative) — Date: 07/06/2026

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(a) Maintain or enhance the quality of life for residents including resident decision-making rights;

(b) Provide the necessary care and services for residents, including those with special needs;

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement their policy related to weight loss for 1 of 1 resident (Resident 1). This failed practice resulted in significant weight loss remaining unmonitored, the resident's health care provider not being notified, and placed the resident at risk for dehydration, malnutrition, and further decline in health status.
Findings included...
Review of an undated facility policy, titled, "Weight Policy," showed that if a significant weight change (which was defined as a 5% change in one month, 7.5% change in three months, or 10% change in six months) was noted, the nursing staff and dietary staff would observe the resident for changes. The policy showed that observations were to include meal intake. Further review of the policy showed that nursing staff were to assess the weight change by determining the amount of weight change noted and the contributing factors. The policy showed that if the weight change was determined to have been undesired, it was necessary to document interventions made to help deter the weight change. The policy showed that the resident's health care practitioner was to be notified of the significant weight change.
Review of 2026 weight documentation for Resident 1 showed that the resident weighed 185 pounds on 01/13/2026. The weight documentation showed that Resident 1 weighed 155 pounds on 02/23/2026, a greater than 16% weight loss in 41 days. The weight documentation showed that Resident 1 weighed 143.5 pounds on 04/25/2026, a greater than 22% weight loss in 102 days. The weight documentation showed that Resident 1 weighed 128.5 pounds on 05/30/2026, a greater than 30% weight loss in 137 days.
In an interview on 06/10/2026 at 10:45 AM, Staff A, Director of Care, stated that if a resident was noted to have a significant weight loss, staff were supposed to contact the resident's doctor. Staff A stated that Resident 1 had lost a significant amount of weight. Staff A stated they did not believe Resident 1's doctor was notified of the resident's weight loss.
Review of progress notes for Resident 1, dated 01/01/2026 through 06/09/2026, showed no mention of Resident 1's weight loss. Further review of the progress note showed there was no documentation to show that Resident 1's doctor was notified of the resident's weight loss.
In an interview on 06/23/2026 at 1:56 PM, Staff B, Kitchen Manager, stated that the facility never monitored Resident 1's meal intake. Staff B stated they noticed Resident 1 had lost weight. Staff B stated they were unaware of Resident 1 taking any dietary supplements.
In an interview on 06/23/2026 at 2:10 PM, Staff A stated they did not think Resident 1's meal intake was ever monitored or documented. Staff A stated they did not think the facility ever calculated Resident 1's weight loss. Staff A stated that the facility never determined the contributing factors to Resident 1's weight loss. When asked if Resident 1 had any documented interventions for weight loss, Staff A stated they thought Resident 1 had supplement shakes ordered. Staff A then checked and stated that Resident 1 did not. Staff A stated that if a resident had supplement shakes ordered, it should appear on their Medication Administration Record (MAR) under treatments. Staff A stated that Resident 1 was not really eating or drinking anymore.
Review of Resident 1's MAR, dated January 2026 through June 2026, showed no order for supplement shakes or other nutritional supplements.

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Statement of Deficiencies	License #: 2399	Compliance Determination # 78824
Plan of Correction	Willow Grove	Completion Date
Page 6 of 6	Licensee: Legacy1864, LLC	06/29/2026

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, Willow Grove is or will be in compliance with this law and / or regulation on (Date) 08/05/2026 .

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

Administrator (or Representative) Date 07/06/2026

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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

Legacy1864, LLC
Willow Grove
1620 E Mead St
Spokane, WA 99218

RE: Willow Grove # 2399

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 06/29/2026 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 any deficiency listed on the enclosed report; and
- May inspect the facility 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Return the Plan/Attestation Statement and report with signatures to:

Stephanie Jenks, Community Field Manager
Residential Care Services

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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 (06/29/2026), no later than 08/13/2026 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-2300 Food and nutrition services.

(1) The assisted living facility must:

(g) Make available and give residents alternate choices in entrees for midday and evening meals that are of comparable quality and nutritional value. The assisted living facility is not required to post alternate choices in entrees on the menu one week in advance, but must record on the menus the alternate choices in entrees that are served;

Record review showed there was no documentation of the alternative entrees that were offered to residents for midday and evening meals. The facility was able to provide updated menus prior to the exit date.

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

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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.