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

Spokane Operations, LLC
Avamere at South Hill
3708 E 57th Ave
Spokane, WA 99223

RE: Avamere at South Hill License # 2461

Dear Administrator:

This letter addresses Compliance Determination(s) 81053 (Completion Date 07/28/2026) and 78361 (Completion Date 06/03/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/28/2026 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-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-2466-1-a, WAC 388-78A-2160

The Department staff who did the on-site verification:
Jennifer Lee, 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

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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 06/01/2026, 06/02/2026 and 06/03/2026 of:

Avamere at South Hill
3708 E 57th Ave
Spokane, WA 99223

The following sample was selected for review during the unannounced on-site visit: 10 of 69 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Veronica Jackson, Assisted Living Facility Licensor
Jennifer Lee, Assisted Living Facility Licensor
Brian Zbylski, ALF 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

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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

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement a safe medication delivery system and to ensure medications were given as prescribed for 1 of 9 residents (Resident 3). This failure resulted in Resident 3 receiving medications when their blood pressure was outside of ordered parameters and placed the resident at risk of adverse health effects.

Findings included…

Review of Resident 3's Admission Record showed that the resident was admitted to the facility on [redacted]/2026 and that they were diagnosed with [redacted].

Review of Resident 3's Negotiated Service Agreement (NSA), dated 03/24/2026, showed that staff provided medication assistance to the resident.

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Review of provider orders for Resident 3, dated 03/17/2026, showed an order for captopril (blood pressure medication) to be given daily if the resident's systolic (top number of a blood pressure) blood pressure (SBP) was over 160 when lying down or over 180 when standing up.

Review of Resident 3's Medication Administration Record showed that the resident received the captopril medication when their blood pressures were below ordered parameters on the following dates:

03/31/2026 BP 100/62
04/04/2026 BP 138/63
04/08/2026 BP 151/68
04/11/2026 BP 144/67
04/12/2026 BP 136/63
04/14/2026 BP 106/57
04/25/2026 BP 118/54
05/04/2026 BP 110/52
05/20/2026 BP 125/69

In an interview on 06/01/2026 at 2:45 PM, Resident 3 stated that staff measured their blood pressure multiple times each day and brought them their medications.

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, Avamere at South Hill is or will be in compliance with this law and / or regulation on (Date) 07/18/2026

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

Todd Whitaker
Administrator (or Representative)

06/18/2026
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

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_____ _____
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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure Washington state name and date of birth background checks were completed every two years for 1 of 6 sampled staff (Staff E). This failure placed residents at risk of receiving care and services from potentially disqualified staff.

Findings included...

Review of Staff E's, Medication Technician, undated personnel file showed a hire date of 02/19/2020. Review of Staff E's name and date of birth background check showed it was completed on 09/09/2025 and that the previous check was completed on 06/27/2023.

In an interview on 06/03/2026 at 9:00 AM, Staff G, Executive Director of a sister facility, confirmed that Staff E's background check was not completed within the two-year time frame.

Plan/Attestation Statement

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

Todd Whitaker
Administrator (or Representative)

06/18/2026
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 consistently monitor blood sugars levels as agreed upon in the negotiated service agreement of 1 of 9 residents (Resident 2). This failure resulted in inconsistent blood sugar monitoring and placed the

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure Washington state name and date of birth background checks were completed every two years for 1 of 6 sampled staff (Staff E). This failure placed residents at risk of receiving care and services from potentially disqualified staff.

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_____ _____

Administrator (or Representative) Date

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resident at risk of health complications.

Findings included…

Review of Resident 2's Negotiated Service Agreement (NSA), dated 04/28/2026, showed that the resident had a diagnosis of [redacted]. The NSA showed Resident 2 required staff assistance with medication management, insulin (injected medication used to lower blood sugar) administration, and blood sugar checks (measurement of sugar in the blood).

In an interview on 06/02/2026 at 1:13 PM, Collateral Contact, Primary Care Provider, confirmed that Resident 2 had required their blood sugar to be checked at least daily.

Review of Resident 2's, March 2026 Medication Administration Record (MAR) showed no ordered instructions to check the resident's blood sugar. Further review showed no documented blood sugar measurements.

Review of Resident 2's Weights and Vitals Summary showed no documentation of blood sugar checks on 16 days during March 2026

Review of Resident 2's April 2026 MAR showed an order for blood sugar checks daily at 10:30 AM. Further review showed no documentation of blood sugar checks on 04/02/2026 and 04/29/2026.

Review of Resident 2's May 2026 MAR showed that on 05/19/2026 no blood sugar result was documented.

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Statement of Deficiencies	License #: 2461	Compliance Determination # 78381
Plan of Correction	Avamere at South Hill	Completion Date
Page 6 of 6	Licensee: Spokane Operations, LLC	06/03/2026

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, Avamere at South Hill is or will be in compliance with this law and / or regulation on (Date) 07/18/2026

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

Todd Whitehead — Administrator (or Representative)

06/18/2026 — Date

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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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

Avamere at South Hill POC
SOD 06/09/2026

WAC	Observations	Plan to Correct	Responsible	Target Complete Date
WAC 388-78A-2210 Medication Services (1) An Assisted living facility providing medication services, either directly or indirectly, must. (b) Develop and implement systems that support and promote safe medication service for each resident. (2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78a-2230 and 388-78A-2250: (a) Each resident who requires medication assistance and his or her negotiated service agreement indicated the assisted living facility will provide medication assistance; and	Based on interview and record review, the facility failed to implement a safe medication delivery system and to ensure medications were given as prescribed for 1 of 9 residents (Resident 3). This failure resulted in Resident 3 receiving medications when their blood pressure was outside of ordered parameters and placed the resident at risk of adverse health effects.	Upon identification of the medication administration errors with Resident 3, the physician was contacted and the medication order was reviewed and clarified to ensure the parameters for administration were clearly understood. The resident's record was updated to reflect the clarified order, and the Health Services Director assessed the resident, and no adverse outcomes were noted. HCCs will receive education regarding the interpretation and administration of medications with physician-ordered parameters, including the requirement to verify vital signs and compare results to ordered hold parameters prior to medication administration. Education will be documented and	HSD, RCC	7/18/2026

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		competency concerns will be addressed as needed. To prevent recurrence, RCCs will conduct weekly audits of MARs to verify that medications with ordered parameters are administered appropriately and that any required holds are properly documented. Any identified discrepancies will be immediately addressed through coaching, retraining, and follow-up review.		
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 services 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.	Based on interview and record review, the facility failed to consistently monitor blood sugar levels as agreed upon in the negotiated service agreement of 1 of 9 residents (Resident 2). This failure resulted in inconsistent blood sugar monitoring and placed the resident at risk of health complications.	Resident 2's physician was contacted to review and clarify the existing orders. Updated physician orders were obtained, including a separate order for blood glucose monitoring and revised parameters to guide insulin administration. The resident's record and medication administration system were updated to reflect the current physician orders. HCCs will receive education regarding the	HSD, RCC	7/18/2026

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		requirement to obtain and document blood glucose readings prior to administering insulin, as ordered by the physician. Training will include review of physician orders, proper documentation procedures, and verification of blood glucose results before medication administration. Staff competency will be reviewed and documented. To prevent recurrence, RCCs with HSD oversight, will conduct weekly audits of medication administration records and treatment records.		
WAC 388-78A-2466 Background checks. Washington State name and date of birth background check. Valid for two years. National fingerprint background check. Valid indefinitely. (1) A Washington State name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:	Based on interview and record review, the facility failed to ensure Washington State name and date of birth background checks were completed every two years for 1 of 6 sampled staff (Staff E). This failure placed residents at risk of receiving care and services from potentially disqualified staff.	The ED and BOM will conduct a comprehensive review of all employee compliance requirements, including background checks, licenses, certifications, and required trainings monthly no later than the 15th of each month. Employees with requirements due	BOM, ED	7/18/2026

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(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students, and		within the next 30-45 days will be identified and notified to complete renewal requirements prior to expiration. Employees who fail to complete licenses and background checks by the due date will be removed from the work schedule and will not be permitted to work until compliance requirements have been met. A tracking system will be maintained to monitor upcoming due dates and provide sufficient advance notice to employees. The ED will verify completion of all required renewals and ensure any outstanding items are addressed before expiration.		

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