STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

11/20/2025

Pine Ridge OpCo LLC
Pine Ridge Alzheimer's Special Care Center
12009 E Mission Ave
Spokane Valley, WA 99206

RE: Pine Ridge Alzheimer's Special Care Center # 2513

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 69098 (Completion Date 11/20/2025) and 65922 (Completion Date 09/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/20/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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;

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

(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.

The Department staff who did the On Site verification:
Veronica Jackson, 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 follow-up on 09/24/2025 and 09/25/2025 of:

Pine Ridge Alzheimer's Special Care Center
12009 E Mission Ave
Spokane Valley, WA 99206

This document references the following SOD dated: 09/25/2025

The following sample was selected for review during the unannounced on-site visit: 4 of 45 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

From:
DSHS, Aging and Long-Term Support 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 #: 2513	Compliance Determination #65922
Plan of Correction	Pine Ridge Alzheimer's Special Care Center	Completion Date
Page 2 of 4	Licensee: Pine Ridge OpCo LLC	09/25/2026

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 — 10/07/2025 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.

Becky Bearden — Administrator (or Representative) — 10/13/25 Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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;

(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:

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 | 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 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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;

(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:

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

Based on interview and record review, the facility failed to ensure dementia specialty training was completed by 1 of 2 staff (Staff C) and that 70 hour basic training for home care aide certification and active home care aide certification was obtained by 2 of 2 staff (Staff C and I). This failure resulted in the residents receiving care from untrained and uncertified staff and placed the residents at risk of harm and unmet care needs.

Findings included...

< Specialty Training>

Review of WAC 388-112A-0400 showed that specialty training was required for all long-term care workers to complete within 120 days of their hire date.

Review of the facility's undated Disclosure of Services showed that the facility provided services to residents diagnosed with [redacted].

Review of the facility's undated Characteristic Roster showed 44 residents were diagnosed with [redacted] or [redacted].

Review of Staff C's, Caregiver, personnel file showed they were hired on 07/02/2024. Further review showed no documentation of specialty training for dementia.

In an interview on 09/24/2025 at 12:50 PM, Staff J, Business Office Manager, stated that Staff C had not yet completed specialty training for dementia.

<Basic training for Home Care Aide and Certification>

Review of WAC 388-112A-0080 showed that long term care workers must complete 70 hours of basic training within 120 days of the date of hire.

Review of WAC 388-112-0105 showed that all long-term care workers must obtain home care aide certification within 200 calendar days of the date of hire.

Review of Staff C's personnel file showed a hire date of 07/02/2024. Further review showed no documentation of completed basic training or of a home care aide certification.

In an interview on 09/24/2025 at 3:00 PM, Staff F, Executive Director, stated that Staff C had not completed the required 70 hours for home care aide certification.

<Staff I>

Review of Staff I's, Caregiver, personnel file showed a hire date of 04/02/2019. Further review showed no documentation of completed basic training or of a home care aide certification.

In an interview on 09/24/2025 at 12:55 PM, Staff J stated that Staff I was not certified as a home care aide and that they could not provide documentation to show that the required 70 hours of basic training had been completed.

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

Statement of Deficiencies	License #: 2513	Compliance Determination #65922
Plan of Correction	Pine Ridge Alzheimer's Special Care Center	Completion Date
Page 4 of 4	Licensee: Pine Ridge OpCo LLC	09/25/2025

This is an uncorrected deficiency previously cited on 08/06/2025 for subsections (2)(b)(c)(4).

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, Pine Ridge Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 11/9/25 .

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

Becky Bearden
Administrator (or Representative)

10/13/25
Date

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

This is an uncorrected deficiency previously cited on 08/06/2025 for subsections (2)(b)(c)(4).

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, Pine Ridge Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date)_____ .

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.

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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 and complaint investigation on 07/23/2025, 07/24/2025, 07/25/2025, 07/28/2025 and 07/29/2025 of:

Pine Ridge Alzheimer's Special Care Center
12009 E Mission Ave
Spokane Valley, WA 99206

This document references the following complaint numbers: 187892, 187301, 186841, 186120, 185314, 184935.

The following sample was selected for review during the unannounced on-site visit: 9 of 43 current residents and 2 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, Aging and Long-Term Support 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.

J Salquist
Residential Care Services

08/07/2025
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.

Becky Bagan
Administrator (or Representative)

8/7/25
Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

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 | 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-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

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

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

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

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that full assessments were completed within 14 days of admission for residents who had moved into the facility in the previous six months for 4 of 4 residents (Residents 1, 2, 5 and 6) This failure placed the residents at risk of unmet care needs.

Findings included…

<Resident 1>

Review of Resident 1's face sheet showed the resident was admitted to the facility on [redacted]/2025 and had a diagnosis of [redacted].

Review of Resident 1's full assessment dated [redacted]/2025, showed it was completed 173 days after admission to the facility.

<Resident 2>

Review of Resident 2's face sheet showed the resident was admitted to the facility on [redacted]/2025 and had diagnoses of [redacted] and [redacted].

Review of Resident 2's full assessment dated [redacted]/2025, showed it was completed 24 days after admission to the facility.

<Resident 5>

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

Review of Resident 5's face sheet showed the resident was admitted to the facility on [redacted]/2025 and had a diagnosis of [redacted].

Review of Resident 5's full assessment dated [redacted]/2025, showed it was completed 28 days after admission to the facility.

In an interview on 07/29/2025 at 10:45 AM, Staff F, Executive Director, stated that a 14-day assessment was not completed within 14 days of move in for Resident 5.

<Resident 6>

Review of Resident 6's face sheet showed that the resident was admitted to the facility on [redacted]/2025 and had a diagnosis of [redacted].

Review of Resident 6's assessment dated [redacted]/2025 showed that it was completed two months after the resident was admitted to the facility.

In an interview on 07/24/2025 at 1:15 PM, Staff F, stated that 14-day assessments were not completed within 14 days of move in for Resident's 1, 2, and 6.

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, Pine Ridge Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 9/20.

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

Administrator (or Representative) Becky Bearon Date 8/13/25

RCW 70.129.140 Quality of life -- Rights.

(1) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

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

Review of Resident 5's face sheet showed the resident was admitted to the facility on [redacted]/2025 and had a diagnosis of [redacted].

Review of Resident 5's full assessment dated [redacted]/2025, showed it was completed 28 days after admission to the facility.

In an interview on 07/29/2025 at 10:45 AM, Staff F, Executive Director, stated that a 14-day assessment was not completed within 14 days of move in for Resident 5.

<Resident 6>

Review of Resident 6's face sheet showed that the resident was admitted to the facility on [redacted]/2025 and had a diagnosis of [redacted].

Review of Resident 6's assessment dated [redacted]/2025 showed that it was completed two months after the resident was admitted to the facility.

In an interview on 07/24/2025 at 1:15 PM, Staff F, stated that 14-day assessments were not completed within 14 days of move in for Resident's 1, 2, and 6.

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, Pine Ridge Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

RCW 70.129.140 Quality of life -- Rights.

(1) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

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

(7) Not allow any staff person to abuse or neglect any resident.

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to provide care in a timely and respectful manner for 2 of 11 residents (Residents 7 and 11). This failure resulted in Resident 7 experiencing pain and discomfort from lack of care and placed residents in the dementia unit at risk for a decreased quality of life.

Findings included...

Review of RCW 70.129.140 showed:
Quality of life—Rights.
(1) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

WAC 388-78A-2020 defines neglect as:
(1) A pattern of conduct or inaction resulting in the failure to provide the goods and services that maintain physical or mental health of a resident, or that fails to avoid or prevent physical or mental harm or pain to a resident; or
(2) An act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the resident's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100.

Review of facility Resident Rights policy, dated 09/19/2019, showed that residents had the right to be treated with respect and dignity, and to have competent staff “providing guidance for your health and hygiene.”

<Resident 7>

Review of Resident 7’s Assessment dated 04/08/2025, showed that the resident had [redacted] and required full assistance from one staff for all hygiene needs. Further review showed no skin conditions and did not require any routine lotions or treatments.

Review of Resident 7’s Individual Service Plan (ISP, the facility’s titled Negotiated Service Agreement) dated 04/08/2025, showed that the resident had late onset Alzheimer’s (disease that affects memory, cognition and can cause behavioral symptoms), required assistance by one staff for all hygiene needs and was incontinent of bowel and bladder. Further review showed the resident required full assistance from staff with toileting including hands-on care with perineal (genital area) and personal care and staff were to ensure that Resident 7 remained dry, hygienic and odor free.

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

Review of Resident 7's Change in Plan of Care form dated [redacted]/2025, showed Resident 7 had a sore in the peri area with no interventions listed.

Review of Resident 7's Pine Ridge Observations (the facility's titled nursing notes) dated [redacted]/2025, at 9:28 PM, written by Staff G, Medication Technician, showed that they were called into assist with the resident because they had dried feces (bowel excrement) stuck between their buttocks and had affected their perineal area. This had caused "significant pain and they began crying." Further review showed that staff had noted an open sore with discharge. The nurse directed staff to send the resident to the hospital on [redacted]/2025 to be evaluated.

Review of Resident 7's Pine Ridge Observations dated 07/23/2025 at 12:20 AM, written by Staff H, Medication Technician, showed that the hospital called with an update for Resident 7, that stated they "arrived sopping wet, covered in dry old feces on their brief and dried feces inside the vaginal canal."

Review of Resident 7's Change in Plan of Care form dated 07/23/2025, showed the resident returned from the hospital and that staff should ensure proper peri-care after each incontinence episode.

In an interview on 07/24/2025 at 10:20 AM, Staff G stated that they were called in to assist with Resident 7 and to look at their sore. Staff G further stated that there was so much dried feces on the resident that they couldn't remove it all before having to send them to the hospital due to the resident's painful response. Staff G further stated they did have concerns about the frequency of incontinence care for residents and had reported those concerns to the facility nurse.

In an interview on 07/28/2025 at 3:15 PM, Collateral Contact 1, Resident Representative, stated that the resident was easy going and did not typically refuse personal care.

In an interview on 08/06/2025 at 1:38 PM, Staff F, Executive Director, stated that caregivers were to provide toileting and incontinence care before and after meals and at bedtime.

Review of Resident 7's Pine Ridge Observation notes, dated May, June, and July 2025, did not contain any instances of refusal of personal care.

<Resident 11>

Review of Resident 11's face sheet showed a diagnosis of [redacted].

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

Review of Resident 11's ISP, dated 07/22/2025, showed that the resident was on a regular diet. Further review showed that they liked ice cream, and they could have it ad lib (as much and as often as desired) and the family brought it in frequently.

An observation on 07/23/2025 at 12:08 PM, showed Staff E, Dietary Aide, approaching Resident 11 saying, "come on young man let's get back to the table," and Staff E then clapped their hands and motioned for Resident 11 to come to them. Resident 11 stated they wanted ice cream, to which Staff E stated, "No, no ice cream until you eat healthy food first."

In an interview on 07/29/2025 at 10:45 AM, Staff F stated that all staff had been trained on how to interact with residents and stated that residents had the right to request dessert anytime during the meal.

This is a recurring deficiency previously cited on 02/23/2023.

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, Pine Ridge Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 9/20/25 .

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

Becky Bearden — Administrator (or Representative)

8/13/25 — Date

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:

(ii) The resident's full assessments;

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

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

Review of Resident 11's ISP, dated 07/22/2025, showed that the resident was on a regular diet. Further review showed that they liked ice cream, and they could have it ad lib (as much and as often as desired) and the family brought it in frequently.

An observation on 07/23/2025 at 12:08 PM, showed Staff E, Dietary Aide, approaching Resident 11 saying, "come on young man let's get back to the table," and Staff E then clapped their hands and motioned for Resident 11 to come to them. Resident 11 stated they wanted ice cream, to which Staff E stated, "No, no ice cream until you eat healthy food first."

In an interview on 07/29/2025 at 10:45 AM, Staff F stated that all staff had been trained on how to interact with residents and stated that residents had the right to request dessert anytime during the meal.

This is a recurring deficiency previously cited on 02/23/2023.

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, Pine Ridge Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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:

(ii) The resident's full assessments;

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

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

day, as appropriate;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop a plan to include interventions in the residents' negotiated service agreements for resident falls for 3 of 11 residents (Resident 5, 6, and 8). This failure placed the residents at risk of further health complications and injuries from falls. Findings included…

<Resident 5>

Review of Resident 5's face sheet showed that the resident was admitted to the facility on [redacted]/2025 and had a diagnosis of [redacted]

Review of Resident 5's Individual Service Plan (ISP, the facility's titled negotiated service agreement) dated 04/14/2025, showed that the interventions to prevent falls were to have the resident sit in a chair, and if the resident declined, pay close attention to them as they were unstable on their feet and unsafe with a walker.

Review of Resident 5's Pine Ridge Observation notes (the facility's titled nursing notes), showed that Resident 5 had falls on 06/03/2025, 06/06/2025, 06/11/2025, 06/12/2025, 06/18/20254, 06/29/2025, and two falls on 07/07/2025.

Review of Resident 5's Change of Condition Assessment dated 07/03/2025, showed that Resident 5 scored a high level for risk of falls.

Review of Resident 5's ISP, dated 07/03/2025, showed the reason for the change of the ISP was due to falls, and showed there were no new individualized interventions or specific time of delivery of intervention implemented to prevent recuring falls.

In an interview on 07/24/2025 at 3:10 PM, Collateral Contact 2, Resident Representative, stated they were concerned because Resident 5 had had many falls in June and July of 2025.

<Resident 6>

Resident 6's face-sheet showed that the resident was admitted on [redacted]/2025 and had a diagnosis of [redacted].

Review of Resident 6's Pre-Admission Assessment dated 02/19/2025, showed that the resident was a high risk for falls and "required regular staff intervention to prevent

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falls". Further review showed no interventions listed.

Review of Resident 6's Assessment dated 04/21/2025, showed that the resident was a high risk for falls and "required regular staff intervention to prevent falls". Further review showed no interventions listed.

Review of Resident 6's ISP, dated 04/21/2025, showed that staff were to regularly perform interventions with the resident who was at a high risk for falls. Further review showed no interventions listed.

Review of Resident 6's undated list of falls provided to the department on 07/28/2025 by Staff F, Executive Director, showed that Resident 6 fell on the following dates: 02/25/2025, 03/05/2025, 04/15/2025, 04/28/2025, 06/10/2025, 06/24/2025, 06/30/2025, 07/01/2025, 07/03/2025, 07/28/2025.

Review of Resident 6's Change in Plan of Care dated 06/30/2025 [after 7 falls], showed that Resident 6 was to be assisted into the center of the bed at bedtime and care staff were to turn on a motion sensor while the resident was in their room. These interventions were not listed on the ISP as of 07/29/2025.

<Resident 8>

Resident 8's face-sheet showed that the resident was admitted on [redacted]/2025 and had a diagnosis of [redacted].

Review of Resident 8's Change of Condition Assessment dated 07/09/2025, showed the reason for the change of condition was for falls. Further review showed that Resident 8 scored a high level of risk for falls but did not show any interventions for the staff to prevent falls.

Review of Resident 8's ISP dated 07/09/2025, showed Resident 8 scored a high level for risk of falls and did not note any interventions for the staff to prevent falls.

Review of Resident 8's Pine Ridge Observation notes, showed that Resident 8 had falls on 06/04/2025, 07/19/2025, and 07/29/2025.

In an interview on 07/28/2025 at 5:00 PM, Collateral Contact 3, Resident Representative, stated that Resident 8 had three falls in June 2025, and the last fall ended with Resident 8 being admitted into the hospital with a fractured leg.

In an interview on 07/24/2025 at 4 PM, Staff F, Executive Director, stated that the facility nurse was responsible for updating the care plans and was not aware they had not updated resident care plans.

In an interview on 07/29/2025 at 10:45 AM, Staff F, acknowledged that care plans had not been updated for Residents 5, 6, and 8 with interventions to prevent falls.

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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.

Becky Bearden — Administrator (or Representative)

8/13/25 — Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to update the assessment to include skin conditions that required interventions and monitoring for 1 of 11 residents (Resident 7). This failure placed residents at risk of infection and unmet care needs.

Findings included...

Review of WAC 388-78A-2120 showed:
(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:
(a) Departure from the resident's customary range of functioning; or
(b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.
(3) Evaluate, in order to determine if there is a need for further action:
(a) The changes identified in the resident per subsection (2) of this section; and
(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.
(4) Take appropriate action in response to each resident's changing needs.

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Plan/Attestation Statement

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Administrator (or Representative) Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

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(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to update the assessment to include skin conditions that required interventions and monitoring for 1 of 11 residents (Resident 7). This failure placed residents at risk of infection and unmet care needs.

Findings included...

Review of WAC 388-78A-2120 showed:
(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:
(a) Departure from the resident's customary range of functioning; or
(b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.
(3) Evaluate, in order to determine if there is a need for further action:
(a) The changes identified in the resident per subsection (2) of this section; and
(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.
(4) Take appropriate action in response to each resident's changing needs.

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Review of Resident 7's Assessment dated 04/08/2025, showed that the resident had late onset Alzheimer's (brain disorder affecting memory, thinking, and ability to carry out daily tasks) and required full assistance from one staff for all hygiene needs. Further review showed no skin conditions and did not require any routine lotions or treatments.

Review of Resident 7's Change in Plan of Care form, dated 05/28/2025, showed that Resident 7 started on Zyrtec medication daily to help with itching. Further review showed that staff were to apply Vaseline to the labial/peri area after peri-care was performed and to report to medication technician or nurse if peri-area worsened or failed to improve, and that Vaseline was to be kept in the resident's closet.

Review of Resident 7's Pine Ridge Observations (facility's titled nursing notes) dated 07/14/2025 at 9:26 AM, showed that the resident had been on alert monitoring due to a decreased order of Zyrtec to PRN (only when necessary) and this monitoring was discontinued due to no signs of congestion or rhinitis (cold like symptoms) with no mention of monitoring for itchiness.

Review of the Pine Ridge Observations dated [redacted]/2025 at 1:56 PM, showed that the resident had been seen by the primary care provider for itching and received a new order for ketoconazole shampoo to be used twice weekly on shower days.

Review of Resident 7's Change in Plan of Care form dated [redacted]/2025, showed Resident 7 had a sore in the peri area with no interventions listed.

Review of Resident 7's Pine Ridge Observations dated [redacted]/2025 at 9:28 PM, showed that staff had noted an open sore with discharge in the resident's peri-area, and were directed by the nurse to send the resident to the hospital to be evaluated.

Review of Resident 7's Change in Plan of Care form dated 07/23/2025, showed the resident returned from the hospital and that staff should ensure proper peri-care after each incontinence episode.

Interview on 07/28/2025 at 3:15 PM, Collateral Contact 1, Resident Representative, stated that Resident 7 had always had sensitive skin that at times was dry and itchy.

In an interview on 07/29/2025 at 11:45 AM, Staff F, Executive Director, stated that Resident 7's primary care provider had been monitoring Resident 7's skin lesion almost weekly, believed it may be cancerous, and stated they had had it for a little while.

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Becky Bearden — Administrator (or Representative)

8/13/25 — Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

WAC 388-78A-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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;

(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 observation, record review, and interview, the facility failed to ensure training requirements were met for dementia specialty training for 3 of 5 staff (Staff A, B, and

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Plan/Attestation Statement

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Administrator (or Representative) Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

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(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;

(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 observation, record review, and interview, the facility failed to ensure training requirements were met for dementia specialty training for 3 of 5 staff (Staff A, B, and

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C), twelve hours of continuing education for 2 of 5 staff (Staff A and D), basic training for home care aide certification, orientation and safety for 1 of 5 staff (Staff C), and a Home-Care Aide Certification for 1 of 4 staff (Staff C). This failure placed the residents at risk of receiving care from untrained staff and from staff that had not completed the required education hours for ongoing professional development.

Findings included...

< Specialty Training>

Review of WAC 388-112A-0400 showed that specialty training was required for all long-term care workers to complete within 120 days of their hire date. Further review showed that required content for specialty training for dementia was listed in WAC 388-112A-0440.

Review of the facility's undated Disclosure of Services showed that they provided services to residents with diagnoses of [redacted].

Review of the facility's Characteristic Roster, provided to the department on 07/23/2025, showed 42 residents listed with dementia or Alzheimer's (brain disorder affecting memory, thinking, and ability to carry out daily tasks).

<Staff A>

Review of Staff A's, Medication Technician (MT), personnel file showed they were hired on 02/07/2024. Further review showed no documentation that specialty training for dementia had been completed.

Review of the facility's staff schedule showed that Staff A had worked and provided resident care on 07/06/2025, 07/07/2025, 07/08/2025, 07/13/2025, 07/14/2025, 07/15/2025, 07/16/2025, 07/17/2025, 07/21/2025, 07/22/2025, and 07/23/2025.

<Staff B>

Review of Staff B's, Caregiver, personnel file showed they were hired on 12/17/2024. Further review showed no documentation that specialty training for dementia had been completed.

Review of the facility's staff schedule showed that Staff B had worked and provided resident care on 07/14/2025, 07/15/2025, 07/16/2025, 07/17/2025, 07/13/2025, 07/14/2025, 07/15/2025, 07/16/2025, 07/17/2025, 07/20/2025, 07/21/2025, 07/22/2025, 07/23/2025, and 07/24/2025.

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<Staff C>

Review of Staff C's, Caregiver, personnel file showed they were hired on 07/02/2024. Further review showed no documentation that specialty training for dementia had been completed.

Review of the facility's staff schedule showed that Staff C had worked and provided resident care on 07/06/2025, 07/07/2025, 07/08/2025, 07/09/2025, 07/10/2025, 07/13/2025, 07/14/2025, 07/15/2025, 07/16/2025, 07/17/2025, 0720/2025, 07/21/2025, 07/22/2025, 07/23/2025, and 07/24/2025.

In an interview on 07/28/2025 at 4:08 PM, Staff F, Executive Director, could not provide records to show that Staff A, B, or C had completed specialty training for dementia.

In an interview on 07/29/2025 at 9:26 AM, Staff F stated that Staff A, B, and C had been working and providing resident care since their hire dates.

<Continuing Education>

Review of WAC 388-112A-0611 sections (1)(a)(i)(iii) showed that certified home care aides and certified nursing assistants must complete 12 hours of continuing education (CE) every year from their birthday to their next birthday.

<Staff A>

Review of Staff A's personnel file showed a hire date of 02/07/2024. Further review showed that Staff A had 1.25 hours of CE's for the requested period of 07/12/2024-07/12/2025. This did not meet the requirement for 12 hours.

<Staff D>

Review of Staff D's personnel file showed no documentation of CE hours for the requested period of 07/09/2024-07/09/2025.

Review of the facility's staff schedule showed that Staff D had worked and provided resident care on 07/11/2025, 07/12/2025, 07/18/2025, 07/19/2025, 07/25/2025, and 07/26/2025.

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In an interview on 07/29/2025 at 9:26 AM, Staff F stated they did not have documentation of CE hours for Staff A and D.

<Basic training, Home Care Aide and Orientation and Safety>

Review of WAC 388-112A-0080 showed that long term care workers must complete 70 hours of basic training within 120 days of the date of hire.

Review of WAC 388-112-0105 showed that all long-term care workers must obtain home care aide certification within 200 calendar days of the date of hire.

Review of WAC 388-112A-0220 showed that safety training must be completed before providing care to any resident.

Review of Staff C's personnel file showed a hire date of 06/11/2024. Further review showed no documentation that 70 hours of basic training had been completed to obtain home care aide certification or that orientation and safety had been completed prior to providing care to residents. Staff C was required to have the basic training completed by 10/30/2024 and to receive certification to work as a home care aide by 01/18/2025.

Review of the facility's staff schedule showed that Staff C had worked and provided resident care on 07/06/2025, 07/07/2025, 07/08/2025, 07/09/2025, 07/10/2025, 07/13/2025, 07/14/2025, 07/15/2025, 07/16/2025, 07/17/2025, 0720/2025, 07/21/2025, 07/22/2025, 07/23/2025, and 07/24/2025.

In an interview on 07/28/2025 at 4:10 PM, Staff F, stated that Staff C had not completed basic training, obtained their home health aide certification before the 120 days after being hired and they had not completed orientation and safety training before caring for residents. Staff F confirmed that Staff C was working as a caregiver since their date of hire.

Observation on 07/28/2025 at 4:30 PM showed Staff C escorting a resident down the hallway towards the dining area.

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Plan/Attestation Statement

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Becky Beard — Administrator (or Representative)

8/13/25 — Date

WAC 388-110-220 Enhanced adult residential care service standards.

(3) In an assisted living facility with an enhanced adult residential care-specialized dementia care services contract, for residents served under that contract, the contractor must:

(d) Ensure that each staff who works directly with residents has at least six hours of continuing education per year related to dementia, including Alzheimer's disease. This six hours of continuing education may be part of the ten hours of continuing education required by WAC 388-112-0205 . Appropriate topics include, but are not limited to:

(i) Agitation: Caregiving strategies;

(ii) Challenging behaviors: Strategies for managing aggression and sexual behavior;

(iii) Delusions and hallucinations;

(iv) Using problem-solving strategies in dementia care;

(v) Depression and dementia;

(vi) Fall prevention for people with dementia;

(vii) Personal care as meaningful activity;

(viii) Promoting adequate food and fluid consumption;

(ix) Promoting pleasant and purposeful activity;

(x) Resistance to care: Caregiving strategies; and

(xi) Recognizing and assessing pain in people with dementia.

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

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Administrator (or Representative) Date

WAC 388-110-220 Enhanced adult residential care service standards.

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(d) Ensure that each staff who works directly with residents has at least six hours of continuing education per year related to dementia, including Alzheimer's disease. This six hours of continuing education may be part of the ten hours of continuing education required by WAC 388-112-0205 . Appropriate topics include, but are not limited to:

(i) Agitation: Caregiving strategies;

(ii) Challenging behaviors: Strategies for managing aggression and sexual behavior;

(iii) Delusions and hallucinations;

(iv) Using problem-solving strategies in dementia care;

(v) Depression and dementia;

(vi) Fall prevention for people with dementia;

(vii) Personal care as meaningful activity;

(viii) Promoting adequate food and fluid consumption;

(ix) Promoting pleasant and purposeful activity;

(x) Resistance to care: Caregiving strategies; and

(xi) Recognizing and assessing pain in people with dementia.

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff completed six annual continuing education credits relating to dementia care for staff who worked directly with residents with dementia for 4 of 5 sampled staff (Staff A, B, D and E). This failure resulted in resident care being provided by staff who had not completed their annual training requirements.

Findings included…

Review of WAC 388-110-220 showed that all staff who work directly with residents in an assisted living facility are required to complete 6 hours of continuing education annually related to dementia and Alzheimer's disease.

Review of the department's electronic tracking system on 07/30/2025, showed that the facility had a current enhanced adult residential care-specialized dementia care contract.

Review of the facility's Resident Characteristics Roster provided to the department on 07/23/2025 showed that four residents were state funded and receiving contract services.

Review of the facility's undated Disclosure of Services showed that they provided services to residents with diagnoses of [redacted].

<Staff A>

Review of Staff A's, Medication Technician (MT), personnel file showed that they were hired on 02/07/2024. Further review showed no documentation that continuing education pertaining to residents with dementia had been completed.

<Staff B>

Review of Staff B's, Caregiver, personnel file showed that they were hired on 12/17/2024. Further review showed no documentation that continuing education pertaining to residents with dementia had been completed.

<Staff D>

Review of Staff D's, MT, personnel file showed that they were hired on 09/15/2023. Further review showed no documentation that continuing education pertaining to residents with dementia had been completed.

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<Staff E>

Review of Staff E's, Dietary Aide, personnel file showed that they were hired on 06/26/2024. Further review showed no documentation that continuing education pertaining to residents with dementia had been completed.

In an interview on 07/29/2025 at 9:26 AM, Staff F, Executive Director, stated that Staff A, B, D and E had been working and providing care to residents with dementia since their hire dates. Staff F further stated that they were aware of the requirement to provide the 6 hours of continuing education pertaining to dementia care annually and could not provide documentation that the requirement had been met.

Plan/Attestation Statement

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Becky Beaver — Administrator (or Representative)

8/13/25 — Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff had a Washington state name and date of birth background check completed upon hire for 3 of 5 staff (Staff A, C, and D). This failed practice placed all residents at risk of harm by receiving unsupervised care and services from potentially disqualified staff.

Findings included...

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<Staff E>

Review of Staff E's, Dietary Aide, personnel file showed that they were hired on 06/26/2024. Further review showed no documentation that continuing education pertaining to residents with dementia had been completed.

In an interview on 07/29/2025 at 9:26 AM, Staff F, Executive Director, stated that Staff A, B, D and E had been working and providing care to residents with dementia since their hire dates. Staff F further stated that they were aware of the requirement to provide the 6 hours of continuing education pertaining to dementia care annually and could not provide documentation that the requirement had been met.

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

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff had a Washington state name and date of birth background check completed upon hire for 3 of 5 staff (Staff A, C, and D). This failed practice placed all residents at risk of harm by receiving unsupervised care and services from potentially disqualified staff.

Findings included…

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<Staff A>

Review of Staff A's, Medication Technician, personnel file showed that they were hired on 02/07/2024. Further review showed it contained a Washington state name and date of birth background check dated 04/02/2025.

Review of the facility's staff schedule showed that Staff A had worked and provided resident care on 07/06/2025, 07/07/2025, 07/08/2025, 07/13/2025, 07/14/2025, 07/15/2025, 07/16/2025, 07/17/2025, 07/21/2025, 07/22/2025, and 07/23/2025.

<Staff C>

Review of Staff C's, Caregiver, personnel file showed that they were hired on 07/02/2024 and contained a Washington state name and date of birth background check dated 08/22/2024.

Review of the facility's staff schedule showed that Staff C had worked and provided resident care on 07/06/2025, 07/07/2025, 07/08/2025, 07/09/2025, 07/10/2025, 07/13/2025, 07/14/2025, 07/15/2025, 07/16/2025, 07/17/2025, 0720/2025, 07/21/2025, 07/22/2025, 07/23/2025, and 07/24/2025.

<Staff D>

Review of Staff D's, Medication Technician, personnel file showed that they were hired on 09/15/2023 and contained a name and date of birth background check dated 08/22/2024.

Review of the facility's staff schedule showed that Staff D had worked and provided resident care on 07/11/2025, 07/12/2025, 07/18/2025, 07/19/2025, 07/25/2025, and 07/26/2025.

In an interview on 07/29/2025 at 9:26 AM, Staff F, Executive Director, stated that Staff A, C and D had been working and providing care to residents since their hire dates.

In an interview on 07/29/2025 at 10:45 AM, Staff F stated they could not locate any Washington state name and date of birth background check for Staff A, C, and D for dates upon their hiring.

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Becky Bearden — Administrator (or Representative)

8/13/25 — Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement systems to ensure that staff were tested for tuberculosis within three days of employment for 1 of 5 staff (Staff A). This failure placed residents at risk for exposure to tuberculosis infection.

Findings included...

Review of the facility's staff list showed that Staff A, Medication Technician, was hired on 02/07/2024.

Review of Staff A's personnel file showed a QuantiFERON-TB Gold blood test (a modern method for detecting tuberculosis infection, a contagious respiratory infection) on 06/16/2025, sixteen months after their hire date.

In an interview on 07/30/2025 at 3:22 PM, Staff F, Executive Director, stated that the facility did not have any other TB test documentation for Staff A.

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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

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement systems to ensure that staff were tested for tuberculosis within three days of employment for 1 of 5 staff (Staff A). This failure placed residents at risk for exposure to tuberculosis infection.

Findings included…

Review of the facility's staff list showed that Staff A, Medication Technician, was hired on 02/07/2024.

Review of Staff A’s personnel file showed a QuantiFERON-TB Gold blood test (a modern method for detecting tuberculosis infection, a contagious respiratory infection) on 06/16/2025, sixteen months after their hire date.

In an interview on 07/30/2025 at 3:22 PM, Staff F, Executive Director, stated that the facility did not have any other TB test documentation for Staff A.

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

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, Pine Ridge Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date) 9/20/25 .

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

Becky Bearden
Administrator (or Representative)

8/13/25
Date

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

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, Pine Ridge Alzheimer's Special Care Center is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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Pine Ridge Statement of Deficiency: POC

WAC 388-78A2090Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs and preferences for each resident, and must complete a full assessment addressing the following within fourteen days of the resident mov-in date, unless extended by the department for good cause.

Based on interview and record review the facility failed to ensure that full assessments were completed within 14 days of admission for the residents who had moved into the facility in the previous 6 months. This failure placed the residents at risk for unmet care needs.

Facility Response:

Full assessments with be completed on the 14the day of admission unless extended by the department for good cause. 14-day trigger has been updated in EMAR (ALIS) system that was not previously there.

RCW70.129.140

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident dignity and respect in full recognition of his or her individuality.

WAC 388-78A-2660 Resident rights. The assisted living facility must comply with chapter 70.129RCW, Long-term care resident rights;

Not allow any staff person to abuse or neglect any resident.

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to provide care in a timely and respectful manner for 2 of 11 residents. This failure resulted in resident 7 experiencing pain and discomfort from lack of care and placed residents in the dementia unit at risk for a decreased quality of life.

Facility response:

Staff has been in serviced on providing care in timely and respectful manner. Staff will provide care and services to meet the needs of the residents in the dementia unit timely and appropriately according to service plans and need and health and hygiene.

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WAC 388-78-2140 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 servicers necessary to meet the resident's needs, including:

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

(ii)The resident's full assessment;

(3) The times services will be delivered, including and 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 develop a plan to include interventions in the residents negotiated service agreements for resident falls for 3 of 11 residents. This failure placed residents at risk of further health complications and injuries from falls.

Facility response:

Facility will include falls and interventions in high-risk meetings weekly and discuss implement and plan records and documentation with Temporary Care Plans.

WAC 388-78A-2100 Ongoing assessments

The assisted living must

(b) Complete an assessment specifically focused on a resident's identified problems and related issues

(i) When the resident's negotiated service agreement no longer addresses the resident; s current needs and preferences:

This requirement was not met as evidenced by :

Based on interview and record review the facility failed to updated the assessment in include skin condition that required interventions and monitoring for 1 of 11 residents. This failure put resident at risk of infection and unmet care needs.

Facility response:

Facility will update all negotiated service agreements as needed to mee the current and ongoing needs of all residents.

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

WAC 388-78-2474 Training and home care aide certification requirements.

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in Chapter 388-112A WAC.
(2) (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 re1quirements of chapter 388-112 WAC including but not limited to
(3) (a) Orientation and safety
(4) (b) Basic
(5) © Specialty for Dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;
(6) (e)Continuing education
(7) The assisted living facility must ensure all persons listed in subsection(2) obtain the home-care aide certification

This requirement was not met as evidenced by:

Based on observation and record review and interview the facility failed to ensure training requirements were met for dementia specialty training for 3 of 5 staff

Facility Response:

Training for Dementia Mental Health will be scheduled and all staff requiring training will attend the class.

All new hire employees will have Dementia Mental health training within 120 days of hire.

All staff will have completed basic training and obtain certifications for Home Health Aide on or before 120 days.

WACX388-110-220 Enhanced adult residential care service standards

(3) In an assisted living facility with an enhanced adult residential care-specialized dementia care serves contract for resident served under that contract. The contract must: Ensure that each staff who works directly with residents has at least six hours of continuing education per year related to dementia, including Alzheimer's disease. This six hours of continuing education may be part of the ten hours of continuing education required by WAC 388-112-0205.

This requirement was not met as evidenced by:

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Based on interview and record review, the facility failed to ensure staff completed six annual continuing education credits relating to dementia care for staff who worked directly with residents with dementia for 4 of 5 sampled staff. This failure resulted in residents care being provided by staff who had not completed their annual training.

Facility response:

All staff will be assigned and will complete six hours of continuing education credits relating to dementia. Continuing education credits related to dementia will be assigned and completed annually.

WAC 388-78A-2462 Background checks Who is required to have.

The assisted living facility must ensure that the administrator and all caregivers employed directly or be contract after January 7, 2012 have the following background checks

(a) A Washington state name and date of birth background check

Facility response:

The administrator and all caregivers that are employed directly or by contract will have a Washington state name and date of birth background check.

WAC 388-78A-2480 Tuberculosis Testing Required

The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to implement a system to ensure that staff were tested for tuberculosis within three days of employment for 1 of 5 staff.

Facility response:

The facility will develop and implement a system to ensure that staff be screened for tuberculosis within 3 days of hire.

Staff will be screened for tuberculosis within 3 days of hire.

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