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 Special Care Community LLC
The Cottages of Spokane
6930 N Nevada St
Spokane, WA 99208

RE: The Cottages of Spokane License # 2591

Dear Administrator:

This letter addresses Compliance Determination(s) 79344 (Completion Date 06/23/2026) and 76686 (Completion Date 05/21/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/23/2026 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-2371-1

The Department staff who did the on-site verification:
Sandra Fast, Community Complaint 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: The Cottages of Spokane
Provider Type: Assisted Living Facility

License/Cert.#: 2591
Intake ID: 221030
Compliance Determination #: 76686
Region/Unit #: RCS Region 1 / Unit B
Investigator: Sandra Fast
Investigation Date(s): 04/30/2026 through 05/21/2026
Complainant Contact Date(s): 04/21/2026, 05/27/2026

Allegation(s):
A care staff was recorded by a resident's cell phone verbally abusing the identified resident.

Investigation Methods:

Sample:
Total residents: 75
Resident sample size: 5
Closed records sample size: 0

Observations:
Identified resident
Residents
Dining
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Identified resident
Nursing staff
Residents
Family members
Social services staff
Staff development coordinator
Human resources

Record Reviews:
Medical records
Incident investigation
Facility policies
Personnel files
Staff training records
Staff patterns

Investigation Summary:
Records reviewed showed that the facility had a process for responding to resident abuse and did not follow their procedure or document an investigation or any interventions. A citation was issued according to Washington Administrative Code (WAC) 388/-78a-2371(1)

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Conclusion / Action:

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

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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 04/30/2026 of:

The Cottages of Spokane
6930 N Nevada St
Spokane, WA 99208

This document references the following complaint number(s): 221030

The following sample was selected for review during the unannounced on-site visit: 5 of 75 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Sandra Fast, Community Complaint 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 #: 2591	Compliance Determination #76686
Plan of Correction	The Cottages of Spokane	Completion Date
Page 2 of 3	Licensee: Spokane Special Care Community LLC	05/21/2026

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 — 05/29/2026 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) — 6/1/26 Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document an investigation for alleged or suspected abuse for 1 of 5 sampled residents (Resident 3). This failure placed the resident at risk of psychosocial harm and a decreased quality of life.

Findings included...

Review of the facility's undated policy titled, "Abuse-Neglect-Exploitation," showed that an incident report would be prepared for any suspected/allegation of abuse, neglect or exploitation to determine the circumstances of the event and to determine appropriate measures to prevent similar future situations.

Review of Resident 3's Negotiated Service Agreement (NSA), revised on 02/17/2026, showed that Resident 3 was diagnosed with [redacted]. The NSA further showed that the resident needed assistance to effectively communicate.

In an interview on 04/21/2026 at 3:00 PM, Collateral Contact 1, Representative, stated that Resident 3 had recorded a negative staff interaction with their iPhone and played the recording to one of CC1's siblings. CC1 stated that their sibling reported the interaction to them. CC1 further stated that in the interaction, Staff B, Medication

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As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services _____ Date _____

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) _____ Date _____

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Review of Resident 3's Negotiated Service Agreement (NSA), revised on 02/17/2026, showed that Resident 3 was diagnosed with [redacted] The NSA further showed that the resident needed assistance to effectively communicate.

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Technician, had been overheard calling Resident 3, "a f***ing batty lady," and telling the resident to, "do what they f***ing said."

In an interview on 04/30/2026 at 1. 26 PM, Staff A, Executive Director, stated that whenever abuse allegations were reported, an investigation was done to see if they were founded. Staff A further stated that Resident 3's family had informed them that Staff B, Medication Technician, had said, "the f-word," in a frustrated manner while interacting with the resident. Staff A stated that Staff B, was moved to another cottage for a time after the allegation was reported. Staff A stated that an incident report/investigation was not documented and that they probably should have done that.

Review of Resident 3's facility record showed no documented investigation regarding the incident with Staff B.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, The Cottages of Spokane is or will be in compliance with this law and / or regulation on (Date) 6/15/26.

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

Collette Matthews — Administrator (or Representative)

6/11/26 — Date

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Technician, had been overheard calling Resident 3, “a f***ing batty lady,” and telling the resident to, “do what they f***ing said.”

In an interview on 04/30/2026 at 1: 26 PM, Staff A, Executive Director, stated that whenever abuse allegations were reported, an investigation was done to see if they were founded. Staff A further stated that Resident 3’s family had informed them that Staff B, Medication Technician, had said, “the f-word,” in a frustrated manner while interacting with the resident. Staff A stated that Staff B, was moved to another cottage for a time after the allegation was reported. Staff A stated that an incident report/investigation was not documented and that they probably should have done that.

Review of Resident 3’s facility record showed no documented investigation regarding the incident with Staff B.

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

_____ _____

Administrator (or Representative) Date

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