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

07/29/2026

Community Pride Ritzville LLC
Community Pride Ritzville LLC
PO Box 59
Saint John, WA 99171

RE: Community Pride Ritzville LLC # 2631

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 81159 (Completion Date 07/29/2026) and 78617 (Completion Date 06/11/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/29/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

The Department staff who did the On Site verification:
Raul Gatchalian, 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

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Residential Care Services
Investigation Summary Report

Provider/Facility: Community Pride Ritzville LLC
Provider Type: Assisted Living Facility
License/Cert.#: 2631
Intake ID: 226001
Compliance Determination #: 78617
Region/Unit #: RCS Region 1 / Unit B
Investigator: Raul Gatchalian
Investigation Date(s): 06/04/2026 through 06/11/2026
Complainant Contact Date(s): 06/04/2026, 06/15/2026

Allegation(s):

1. Staff are not TB tested.
2. Delegated tasks being performed without any delegation.
3. Staff falsifying medication records.
4. Expired food in the kitchen.
5. Residents soaked and not being changed.

Investigation Methods:

Sample:	Total residents: 13 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Dining Resident care equipment Resident rooms Staff to resident interactions Medication administration Kitchen
Interviews:	Identified staff Nursing staff Residents Business office manager Kitchen staff Nurse delegator
Record Reviews:	Medical records

Investigation Summary:

1. All sampled staff stated that they had been TB tested. Records review showed all sampled staff completed their TB test appropriately. The facility followed their policy. All sampled residents had no concerns related to staff caring for them. No facility failed practice.
2. Sampled staff stated that they had not been cleared to perform delegated task. Records review showed that sampled staff performed task without proper training

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and guidance from the delegated nurse. The facility failed to determine competency of care staff performing the tasks. Failed facility practice cited under WAC 388-78A-2320 (1), (b), RCW 18.79.260 (3), (a), and (i).
3. Sampled staff were able to demonstrate accurate documentation of the medication administration records (MAR). Records review of MAR showed that sampled staff accurately documented in real time. Sampled staff stated that they administered the medications first and then immediately documented. The facility followed their policy. All sampled residents had no concerns related to medication services. No facility failed practice.
4. The kitchen was observed clean and organized. The kitchen fridge was observed to have food in containers with label and no expired food was noted. The kitchen staff stated that they check the fridge daily. All sampled residents had no concerns related to food safety. No facility failed practice.
5. All sampled residents stated that they were able to get help when they called for assistance and had no concerns related to care services. All sampled residents were observed clean with no strong odor. Sampled staff was observed assisting a resident to the bathroom before lunch. Sampled staff stated that they followed the individual care plan per each resident to include their toilet schedule. Records review showed residents receiving care routinely for safety. The facility followed their policy. No facility failed practice.

Conclusion / Action:

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

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 06/04/2026 of:

Community Pride Ritzville LLC
406 S Cascade St
Ritzville, WA 99169

This document references the following complaint number(s): 226001, 227012

The following sample was selected for review during the unannounced on-site visit: 5 of 13 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Raul Gatchalian, 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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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 — 06/23/026 (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) — 06/28/2026 (Date)

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to determine the nurse delegation competency of 1of 2 sampled staff (Staff A) who performed delegated nursing tasks. This failure placed residents at risk for receiving care from untrained staff.

Findings included...

WAC 246-840-930 (9), assess the ability of the nursing assistant or home care aide to competently perform the delegated task in the absence of direct or immediate nurse supervision.

Review of Resident 1's medication administration records, dated 06/01/2026 to 06/04/2026, showed that Staff A, Caregiver, documented that they had performed blood sugar checks (invasive nurse delegated task) for Resident 1.

Review of Staff A's undated employee records showed no nurse delegated competency.

In an interview on 06/04/2026 at 11:44 AM, Staff A stated that since hire, the nurse

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delegator had not cleared them to perform nurse delegated tasks.

Review of Resident 1's Nurse Delegation Nursing Visit, dated 10/26/2023, showed that Staff A performed nursing delegated tasks without completing competency or receiving the required training from the nurse delegator.

In an interview on 06/04/2026 at 12:27 PM, Staff B, Nurse Delegator, stated "I told them they cannot perform those tasks until delegated; they just started working and have not met the requirements to be delegated."

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, Community Pride Ritzville LLC is or will be in compliance with this law and / or regulation on (Date) 07/20/2026

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

Robert Minier
Administrator (or Representative)

06/28/2026
Date

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