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

09/14/2026

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) 83536 (Completion Date 09/14/2026) and 80196 (Completion Date 07/15/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/14/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(d) Document and retain for 12 weeks, weekly staffing schedules, as planned and worked;

The Department staff who did the On Site verification:
Anne Boyd, NCI Community Complaint Investigator

If you have any questions, please contact me at (509)323-7315.

Sincerely,

J Salquist

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

Jessica Salquist, Regional Administrator
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: 230319
Compliance Determination #: 80196
Region/Unit #: RCS Region 1 / Unit B
Investigator: Anne Boyd
Investigation Date(s): 07/08/2026 through 07/15/2026
Complainant Contact Date(s): 07/07/2026, 07/15/2026

Allegation(s):
Staff not responding to resident call light activation.

Investigation Methods:

Sample:	Total residents: 13 Resident sample size: 5 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Staff to resident interactions Resident to resident interactions Resident rooms
Interviews:	Identified resident Residents Three caregivers Manager Assistant Manager
Record Reviews:	Named resident care plan/face sheet Sample resident care plan/face sheet Disclosure of Services Facility staffing schedule (May 2026-Current) Characteristic roster Staff roster

Investigation Summary:
Named resident and other residents interviewed had no concerns about staff response to call lights and stated they did not experience long call wait times. Record review and interview showed the facility investigated the incident. Residents were observed without distress or unmet health needs, and staff were assisting residents during unannounced facility visit. One named resident no longer resided at the facility, The department investigated the allegation under intake 227012 with

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no failed facility practice found. The facility failed to provide 12 weeks of planned and worked staffing schedules in the lookback period. Failed practice found for WAC 388-78A-2450(2)(d).

Conclusion / Action:

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

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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: 230399
Compliance Determination #: 80196
Region/Unit #: RCS Region 1 / Unit B
Investigator: Anne Boyd
Investigation Date(s): 07/08/2026 through 07/15/2026
Complainant Contact Date(s):

Allegation(s):
Failed Fire Safety re-inspection.

Investigation Methods:

Sample:	Total residents: 13 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents Activities Dining Staff to resident interactions Resident to resident interactions Resident rooms
Interviews:	Identified resident Residents Three caregivers Manager Assistant Manager
Record Reviews:	Sample resident care plan/face sheet Disclosure of Services Facility staffing schedule (May 2026-Current) Characteristic roster Staff roster Facility Fire inspection and re-inspection report

Investigation Summary:
The department investigated notification by Washington State Patrol Fire Protection Bureau of facility failure to pass two fire inspections. Interview and record review showed that the facility failed to pass two fire and life safety inspections. Failed facility practice was identified under WAC 388-78A-2040(2).

Conclusion / Action:

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- [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 07/08/2026 of:

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

This document references the following complaint number(s): 230319, 230399

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:

Anne Boyd, NCI 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 #: 2631	Compliance Determination # 80196
Plan of Correction	Community Pride Ritzville LLC	Completion Date
Page 2 of 5	Licensee: Community Pride Ritzville LLC	07/15/2026

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

Residential Care Services — 07/22/2026 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.

Robert Micini
Administrator (or Representative) — 7/27/26 Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure compliance with the Washington State Patrol Office of State Fire Marshal when the facility failed their second Fire and Life Safety Inspection. This failure placed the residents, staff, and visitors at risk for harm.

Findings included...

Review of records from the Washington State Patrol Office of State Fire Marshal (OSFM) showed that the facility had failed their second Fire and Life Safety Inspection (LSI) on 06/23/2026.

Review of the most recent LSI report, dated 06/23/2026, showed that the facility was found to be out of compliance with International Fire Code (IFC) standards in two out of 17 code requirement categories as follows:

Testing and Maintenance (IFC 903.5 2021) and Smoke Detector Sensitivity (IFC 907.8.3 2021).

In an interview on 07/08/2026 at 12:20 PM, Staff A, Manager, stated there were 13 residents residing in the facility. Staff A further stated that the facility was aware that

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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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Testing and Maintenance (IFC 903.5 2021) and Smoke Detector Sensitivity (IFC 907.8.3 2021).

In an interview on 07/08/2026 at 12:20 PM, Staff A, Manager, stated there were 13 residents residing in the facility. Staff A further stated that the facility was aware that

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they had failed their first LSI re-inspection.

In an interview on 07/09/2026 at 2:35PM, Collateral Contact, Deputy Fire Marshal, stated that they had conducted the initial fire inspection and the first LSI re-inspection at the facility, found that the facility had two IFC code violations, and that they cited the facility for failing to maintain compliance records according to state law.

This is a recurring citation previously cited on 09/10/2025.

Per facility Assistant Manager, Chrissy Fields, via telephone on 07/28/2026, the BIC date has been corrected to: 08/29/2026. ME

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) ~~08/31/26~~ 08/29/2026

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

Robert Minni
Administrator (or Representative)

7/27/26
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(d) Document and retain for 12 weeks, weekly staffing schedules, as planned and worked;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staffing schedules were retained for planned and worked staff schedules for 1 of 1 monthly staff schedule (June 2026). This failure placed residents at risk of inaccurate and incomplete investigative findings to inquiries on their behalf by outside investigative entities, and placed residents at risk of receiving care by staff who were not identified on staffing schedules.

Findings included...

In an interview on 07/08/2026 at 12:20PM Staff A, Manager, reported they investigated a recent incident that had occurred at the facility on 06/16/2026. Staff A further stated

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they had failed their first LSI re-inspection.

In an interview on 07/09/2026 at 2:35PM, Collateral Contact, Deputy Fire Marshal, stated that they had conducted the initial fire inspection and the first LSI re-inspection at the facility, found that the facility had two IFC code violations, and that they cited the facility for failing to maintain compliance records according to state law.

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Administrator (or Representative) Date

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Findings included…

In an interview on 07/08/2026 at 12:20PM Staff A, Manager, reported they investigated a recent incident that had occurred at the facility on 06/16/2026. Staff A further stated

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they had interviewed the staff, who had worked the evening of 06/16/2026, during the course of their investigation.

In an interview on 07/09/2026 at 12:50PM, Staff A verified that facility staffing shifts were 6AM to 6PM, and 6PM to 6AM totaling two staffing shifts in a 24-hour period.

Review of an undated facility investigation report showed that Staff A had interviewed Staff B, Caregiver, related to a facility investigation as they were a staff member who had worked the evening of 06/16/2026 (the date of the incident investigated).

In an interview on 07/10/2026 at 10:21AM, Staff B stated they were the staff who worked the evening of 06/16/2026 with Staff C, Caregiver. Staff B further stated they were not the staff scheduled for that day, and that at times staff stood in for each other when unexpected issues arose or for when a staff member who was scheduled to work did not end up working.

Review of the facility's June 2026 staffing schedule showed a Monday through Sunday staffing schedule of seven days, without numerical identification for days of the month, or specific time indications for identified shifts. The June 2026 staff schedule showed that Staff B and Staff C were not identified as scheduled for work on 06/16/2026 at the time of facility incident.

In an interview on 07/10/2026 at 11:50AM, Staff A stated they were unaware that the facility was required to document changes to the planned staffing schedule if a different staff member worked than what the planned staffing schedule reflected, and that they did not have 12 weeks of planned and worked staff schedules that reflected staffing at the facility. Staff A further stated they were not aware that staff who were training needed to be identified on the facility staffing schedule, and verified Staff C had been training the evening of 06/16/2026 with Staff B, and was not on the staffing schedule for June 2026 that was provided to the department.

Review of an email, dated 07/13/2026, showed Staff A had verified that Staff C was employed by the facility as a caregiver from 06/15/2026 to 06/24/2026.

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License #: 2631
Community Pride Ritzville LLC
Licensee: Community Pride Ritzville LLC

Compliance Determination # 80196
Completion Date
07/15/2026

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) Robert Miriri Date 7/27/26

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_____ _____

Administrator (or Representative) Date

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