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

New Day Senior Living Management LLC
Vista Manor
700 SE Brace St
Wilbur, WA 99185

RE: Vista Manor License # 2637

Dear Administrator:

This letter addresses Compliance Determination(s) 80371 (Completion Date 07/13/2026) and 77600 (Completion Date 05/19/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/13/2026 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-2474-1, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-c, WAC 388-78A-2474-2-d

The Department staff who did the on-site verification:
Brian Zbylski, ALF 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

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 follow-up on 05/18/2026 of:

Vista Manor
700 SE Brace St
Wilbur, WA 99185

This document references the following SOD dated: 05/19/2026

The following sample was selected for review during the unannounced on-site visit: 6 of 16 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Brian Zbylski, ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 — 06/01/2026 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) — 06/03/2026 Date

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;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure basic training and specialty training was completed by 1 of 3 staff (Staff A). These failures resulted in residents receiving care and services from staff who had not completed required trainings and placed the residents at risk of unmet care needs.

Findings included...

Review of the facility's undated Disclosure of Services showed that the facility provided services for residents with dementia and mental health diagnoses.

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-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;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure basic training and specialty training was completed by 1 of 3 staff (Staff A). These failures resulted in residents receiving care and services from staff who had not completed required trainings and placed the residents at risk of unmet care needs.

Findings included…

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

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

Review of Staff A's, Caregiver, personnel file showed a hire date of 12/11/2025. Further review showed no documentation of 70-hour basic training or specialty training for dementia and mental health.

In an interview on 05/18/2026 at 11:40 AM, Staff F, Manager, stated that Staff A had not completed 70-hour basic training or dementia and mental health specialty training.

Observation on 05/18/2026 at 1:03 PM, showed Staff A assisted a resident in the facility dining room.

This is an uncorrected deficiency previously cited on 03/23/2026 for subsections (2) (b) and (2) (c).

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, Vista Manor is or will be in compliance with this law and / or regulation on (Date) 07/02/2026.

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

Administrator (or Representative) — Date: 04/03/2026

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

Review of Staff A's, Caregiver, personnel file showed a hire date of 12/11/2025. Further review showed no documentation of 70-hour basic training or specialty training for dementia and mental health.

In an interview on 05/18/2026 at 11:40 AM, Staff F, Manager, stated that Staff A had not completed 70-hour basic training or dementia and mental health specialty training.

Observation on 05/18/2026 at 1:03 PM, showed Staff A assisted a resident in the facility dining room.

This is an uncorrected deficiency previously cited on 03/23/2026 for subsections (2) (b) and (2) (c).

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, Vista Manor 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

HOME AND COMMUNITY LIVING ADMINISTRATION

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

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

The department completed data collection for the unannounced on-site full inspection on 03/11/2026, 03/12/2026 and 03/19/2026 of:
Vista Manor
700 SE Brace St
Wilbur, WA 99185

The following sample was selected for review during the unannounced on-site visit: 4 of 14 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Brian Zbylski, ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

03/26/2026
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)

04/01/2026
Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in:

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a negotiated service agreement within 30 days of admission for 1 of 4 residents (Resident 4). This failure placed the resident at risk of not receiving assistance based on their assessed care and service needs.

Findings included...

Review of Resident 4's Personal Data Sheet showed that the resident was admitted to the facility on [redacted]/2026.

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-2130 Service agreement planning. The assisted living facility must:

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a negotiated service agreement within 30 days of admission for 1 of 4 residents (Resident 4). This failure placed the resident at risk of not receiving assistance based on their assessed care and service needs.

Findings included…

Review of Resident 4's Personal Data Sheet showed that the resident was admitted to the facility on [redacted] 2026.

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

Review of Resident 4's undated medical file showed no documentation of a negotiated service agreement.

In an interview on 03/12/2026 at 12:10 PM, Staff F, Manager, stated that they had not completed a negotiated service agreement for Resident 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, Vista Manor is or will be in compliance with this law and / or regulation on (Date) 05/07/2026.

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

Administrator (or Representative) Date 04/01/2026

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete an annual assessment for 1 of 4 residents (Resident 3). This failure resulted in the resident's care needs not being assessed and placed the resident at risk of not receiving needed services.

Findings included...

Review of Resident 3's medical file showed the resident moved into the facility on [redacted]/2024. Further review showed an annual resident assessment dated 12/20/2024.

In an interview on 03/11/2026 at 1:45 PM, Staff H, Manager of sister facility, stated that an annual assessment had not been completed for Resident 3 since December 2024.

In an interview on 03/11/2026 at 3:00 PM, Staff F, Manager, stated that a current annual

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

Review of Resident 4's undated medical file showed no documentation of a negotiated service agreement.

In an interview on 03/12/2026 at 12:10 PM, Staff F, Manager, stated that they had not completed a negotiated service agreement for Resident 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, Vista Manor 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-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete an annual assessment for 1 of 4 residents (Resident 3). This failure resulted in the resident's care needs not being assessed and placed the resident at risk of not receiving needed services.

Findings included…

Review of Resident 3's medical file showed the resident moved into the facility on [redacted]/2024. Further review showed an annual resident assessment dated 12/20/2024.

In an interview on 03/11/2026 at 1:45 PM, Staff H, Manager of sister facility, stated that an annual assessment had not been completed for Resident 3 since December 2024.

In an interview on 03/11/2026 at 3:00 PM, Staff F, Manager, stated that a current annual

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

assessment by a qualified assessor had not been completed for Resident 3.

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, Vista Manor is or will be in compliance with this law and / or regulation on (Date) 05/07/2026 .

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

Administrator (or Representative) — Date: 04/01/2026

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain prescribed medication for 1 of 4 residents (Resident 3). This failure resulted in the resident missing four doses of medication and placed the resident at risk of adverse health effects from not receiving the medication.

Findings included...

Review of Resident 3's Negotiated Care Plan, dated 01/06/2026, showed the resident required medication assistance from staff and that family or staff would pick up their medication from a local pharmacy.

Review of Resident 3's January 2026 Medication Administration Record showed an order for levetiracetam twice daily for seizure (sudden, involuntary disruption of normal brain cell activity) prevention. Further review showed that the resident did not receive the medication once on 01/22/2026, twice on 01/23/2026 and once on 01/24/2026.

In an interview on 03/12/2026 at 8:45 AM, Staff F, Manager, stated that the levetiracetam refill order was not submitted timely by staff, resulting in the resident missing four doses.

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

assessment by a qualified assessor had not been completed for Resident 3.

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, Vista Manor 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-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to obtain prescribed medication for 1 of 4 residents (Resident 3). This failure resulted in the resident missing four doses of medication and placed the resident at risk of adverse health effects from not receiving the medication.

Findings included…

Review of Resident 3's Negotiated Care Plan, dated 01/06/2026, showed the resident required medication assistance from staff and that family or staff would pick up their medication from a local pharmacy.

Review of Resident 3's January 2026 Medication Administration Record showed an order for levetiracetam twice daily for seizure (sudden, involuntary disruption of normal brain cell activity) prevention. Further review showed that the resident did not receive the medication once on 01/22/2026, twice on 01/23/2026 and once on 01/24/2026.

In an interview on 03/12/2026 at 8:45 AM, Staff F, Manager, stated that the levetiracetam refill order was not submitted timely by staff, resulting in the resident missing four doses.

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, Vista Manor is or will be in compliance with this law and / or regulation on (Date) 05/01/2026 .

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

Administrator (or Representative) Date 04/01/2026

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to maintain hot water temperatures within 105 and 120 degrees Fahrenheit in 2 of 6 resident room sinks (Room 8, kitchenette and bathroom), 1 of 1 common restroom (Restroom 1), and 2 of 2 dining room sinks (Sink 1 and 2). This failure placed residents at risk of injury from water that was too hot.

Findings included...

Observation on 03/12/2026 at 10:10 AM, showed Room 8's kitchenette sink water temperature measured at 123.5 degrees Fahrenheit (F).

Observation on 03/12/2026 at 10:25 AM, showed Room 8's bathroom sink water temperature measured at 121.8 F.

Observation, during the environmental tour with Staff G, Maintenance, on 03/12/2026 at 11:25 AM, showed the following water temperatures:

- Dining room Sink 1 was accessible to residents and water temperature measured at 121.6 F.
- Dining room Sink 2 was accessible to residents and water temperature measured at 120.8 F.
- Common Restroom 1 sink water temperature measured at 124.5 F.

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, Vista Manor 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-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to maintain hot water temperatures within 105 and 120 degrees Fahrenheit in 2 of 6 resident room sinks (Room 8, kitchenette and bathroom), 1 of 1 common restroom (Restroom 1), and 2 of 2 dining room sinks (Sink 1 and 2). This failure placed residents at risk of injury from water that was too hot.

Findings included…

Observation on 03/12/2026 at 10:10 AM, showed Room 8's kitchenette sink water temperature measured at 123.5 degrees Fahrenheit (F).

Observation on 03/12/2026 at 10:25 AM, showed Room 8's bathroom sink water temperature measured at 121.8 F.

Observation, during the environmental tour with Staff G, Maintenance, on 03/12/2026 at 11:25 AM, showed the following water temperatures:

- Dining room Sink 1 was accessible to residents and water temperature measured at 121.6 F.

- Dining room Sink 2 was accessible to residents and water temperature measured at 120.8 F.

- Common Restroom 1 sink water temperature measured at 124.5 F.

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

In an interview on 03/12/2026 at 11:25 AM, Staff G stated that they kept monthly water temperature logs and that the hot water system had been professionally repaired and adjusted about 3 to 4 years prior.

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, Vista Manor is or will be in compliance with this law and / or regulation on (Date) 05/01/2026 .

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

Administrator (or Representative) Date 04/01/2026

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:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

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

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(c) Initial and on-going assessments of the nursing needs of each resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that nurse delegator supervisory visits were completed every 90 days for 1 of 3 residents (Resident 1) who received nurse delegated services. This failure resulted in the resident having their blood glucose levels checked by staff who had not been periodically evaluated by the registered nurse delegator and placed the resident at risk for harm.

Findings included...

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

In an interview on 03/12/2026 at 11:25 AM, Staff G stated that they kept monthly water temperature logs and that the hot water system had been professionally repaired and adjusted about 3 to 4 years prior.

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, Vista Manor 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-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:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

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

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(c) Initial and on-going assessments of the nursing needs of each resident;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that nurse delegator supervisory visits were completed every 90 days for 1 of 3 residents (Resident 1) who received nurse delegated services. This failure resulted in the resident having their blood glucose levels checked by staff who had not been periodically evaluated by the registered nurse delegator and placed the resident at risk for harm.

Findings included…

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

Per WAC 246-840-930 supervisory visits shall occur at least every 90 days.

Review of the facility's undated Disclosure of Services showed that the facility provided services by nursing assistants under the delegation of a registered nurse.

Review of Resident 1's medication administration record showed the resident required blood glucose (sugar in blood that provides energy to cells) checks once (delegated nursing task) daily.

In an interview on 03/12/2026 at 9:30 AM, Resident 1 stated that they required daily blood glucose checks by staff.

Review of Resident 1's Nurse Delegation Nursing Visit record showed that Staff I, Registered Nurse Delegator, completed an initial visit for blood glucose checks on 05/01/2025. Further review showed a return visit was to be completed by 07/30/2025.

Review of the facility's nurse delegation records showed no documentation of a return visit on or before 07/30/2025.

In an interview on 03/19/2026 at 12:07 PM, Staff F, Manager, stated that the previous managers had instructed Staff I that 90-day supervisory nurse delegation visits were not needed. Staff F further stated that they did not know if Staff I had completed a supervisory visit since 05/01/2025.

In an interview on 03/19/2026 at 4:12 PM. Staff I stated that they had taken directions from the previous managers and did not complete 90-day supervisory nurse delegation visits.

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, Vista Manor is or will be in compliance with this law and / or regulation on (Date) 05/07/2026 .

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

Administrator (or Representative) — Date: 04/01/2026

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

Per WAC 246-840-930 supervisory visits shall occur at least every 90 days.

Review of the facility's undated Disclosure of Services showed that the facility provided services by nursing assistants under the delegation of a registered nurse.

Review of Resident 1's medication administration record showed the resident required blood glucose (sugar in blood that provides energy to cells) checks once (delegated nursing task) daily.

In an interview on 03/12/2026 at 9:30 AM, Resident 1 stated that they required daily blood glucose checks by staff.

Review of Resident 1's Nurse Delegation Nursing Visit record showed that Staff I, Registered Nurse Delegator, completed an initial visit for blood glucose checks on 05/01/2025. Further review showed a return visit was to be completed by 07/30/2025.

Review of the facility's nurse delegation records showed no documentation of a return visit on or before 07/30/2025.

In an interview on 03/19/2026 at 12:07 PM, Staff F, Manager, stated that the previous managers had instructed Staff I that 90-day supervisory nurse delegation visits were not needed. Staff F further stated that they did not know if Staff I had completed a supervisory visit since 05/01/2025.

In an interview on 03/19/2026 at 4:12 PM. Staff I stated that they had taken directions from the previous managers and did not complete 90-day supervisory nurse delegation visits.

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, Vista Manor 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.

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

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

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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was completed every two years for 1 of 5 staff (Staff D). This failure placed the residents at risk of receiving care from staff who had not completed an updated background check as required.

Findings included…

Observation on 03/12/2026 at 8:50 AM showed Staff D, Caregiver, assisted residents in the facility dining room.

Review of Staff D’s personnel file showed that a Washington state name and date of birth background check was completed on 11/23/2023. Further review showed that a subsequent background check was completed on 03/17/2026.

In an interview on 03/19/2026 at 11:40 AM, Staff F, Manager, stated that a background check for Staff D was recently completed when they discovered it had expired.

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, Vista Manor is or will be in compliance with this law and / or regulation on (Date) 05/01/2026 .

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

Administrator (or Representative) Date 04/01/2026

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;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to ensure orientation and safety training was completed by 1 of 5 staff (Staff B), basic training and specialty training was completed by 1 of 5 staff (Staff C), and that cardiopulmonary resuscitation and first aid training was completed by 1 of 5 staff (Staff B). These failures resulted in residents receiving care and services from staff who had not completed required trainings and placed the residents at risk of unmet care needs.

Findings included...

<Staff B>

Review of Staff B's, Caregiver, personnel file showed a hire date of 12/09/2025. Further

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, Vista Manor 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-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;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to ensure orientation and safety training was completed by 1 of 5 staff (Staff B), basic training and specialty training was completed by 1 of 5 staff (Staff C), and that cardiopulmonary resuscitation and first aid training was completed by 1 of 5 staff (Staff B). These failures resulted in residents receiving care and services from staff who had not completed required trainings and placed the residents at risk of unmet care needs.

Findings included…

<Staff B>

Review of Staff B's, Caregiver, personnel file showed a hire date of 12/09/2025. Further

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

review showed no documentation of five-hour orientation and safety or first aid and Cardiopulmonary Resuscitation (CPR) training.

Observation on 03/11/2026 at 12:57 PM, showed Staff B assisted a resident with a transfer from a recliner chair to a wheelchair in the common area.

In an interview on 03/19/2026 at 12:07 PM, Staff F, Manager, stated that Staff B had not completed orientation and safety or first aid/CPR training.

<Staff C>

Review of Staff C's, Caregiver, personnel file showed a hire date of 09/03/2025. Further review showed no documentation of 70-hour basic training or specialty training for dementia and mental health.

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

In an interview on 03/19/2026 at 12:07 PM, Staff F stated that Staff C had not completed 70-hour basic training or dementia and mental health specialty training.

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, Vista Manor is or will be in compliance with this law and / or regulation on (Date) 05/01/2026 .

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

Administrator (or Representative) Date 04/01/2026

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

review showed no documentation of five-hour orientation and safety or first aid and Cardiopulmonary Resuscitation (CPR) training.

Observation on 03/11/2026 at 12:57 PM, showed Staff B assisted a resident with a transfer from a recliner chair to a wheelchair in the common area.

In an interview on 03/19/2026 at 12:07 PM, Staff F, Manager, stated that Staff B had not completed orientation and safety or first aid/CPR training.

<Staff C>

Review of Staff C's, Caregiver, personnel file showed a hire date of 09/03/2025. Further review showed no documentation of 70-hour basic training or specialty training for dementia and mental health.

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

In an interview on 03/19/2026 at 12:07 PM, Staff F stated that Staff C had not completed 70-hour basic training or dementia and mental health specialty training.

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, Vista Manor 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.

Attestation for on-site full inspection of

Vista Manor, 700 SE Brace St.

Wilbur, Washington 99185

Inspection Dates: 03/11/2026, 03/12/2026, 03/19/2026

DSHS Washington State

I, Erica Anchondo, Administrator of Vista Manor, hereby attest to the following:

Regarding WAC 388-78A-2130 – Service agreement planning

The facility engages in proactive service agreement planning in compliance with WAC 388-7A- 2130

-The facility to ensure all resident service agreements are reviewed/updated/revised to align with WAC requirements.

-By adhering to these guidelines, the facility will be equipped to implement standardized service agreement templates capturing goals, services, providers, and consent.

-The facility to establish structured planning meetings with appropriate disciplines to finalize service agreements.

- The facility to conduct regular audits of service agreements for completeness, accuracy, and timeliness.

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

Regarding WAC 388-78A-2100 – On-going assessments

Requirement for monitoring the well-being of clients with the aim of ensuring that clients receive appropriate care and support to maintain their health and overall care with an emphasis regarding the importance of ongoing assessments for clients to receive appropriate care.

-Management/Administrator to conduct and maintain ongoing and accurate assessments and consent of client's physical, emotional, and social well-being to ensure clients receive appropriate care.

-Management/Administrator to conduct ongoing assessments at regular time intervals parallel with regulations per state requirement and based on the individual needs of the client.

-Management/Administrator to ensure that all client assessments and consents are reviewed and updated, at regular time intervals parallel with regulations per state requirement.

Regarding WAC 388-78A-2240 – Non-availability of medications

To ensure the facility assumes responsibility for obtaining a resident's prescribed medications in a correct and timely manner.

-Management/Administrator to ensure timely identification and documentation of medication non-availability or delays in procurement.

-Prompt communication with residents/representatives and medical team regarding anticipated delays, alternatives, temporary substitutions or dose adjustments.

-Verification that any interim measures maintain residents safety and treatment efficacy.

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

-Documentation of all communications, decisions , and actions taken related to non-availability, including date, time, personal involved, and rationale.

-Coordination with pharmacy services, prescribers, and care teams to restore or obtain medications as quickly as possible.

-Review/revise of non-availability events for trends and system-wide improvement opportunities.

Regarding WAC 388-78A-2950 – Water supply

To ensure facility maintains a safe and reliable water supply, including temperature range (105-120 degrees F).

-Management/Maintenance to conduct standardized water audits, testing logs and corrective action records.

-Management/Maintenance to ensure traceability of test results, maintenance activities, and any resident communications.

-Maintenance training on water testing procedures, interpretation of results, and emergency response with scheduled periodic refreshers and competency validation.

-Resources can include, although not limited to training courses, facility training manual and in-person training sessions.

-To ensure that the Management team and/or Administrator provide ongoing training and supervision tailored to the needs and abilities of each individual worker to ensure all workers are competent to perform the services they are assigned.

-Management/Administrator to monitor and evaluate training effectiveness by soliciting feedback from staff and clients, to improve

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

the training program and ensure the training is within the needs of all parties involved.

Regarding WAC 388-78A-2320 – Intermittent nursing services systems

To ensure that the facility follows the guidelines per regulations with medication management policies and procedures, including administration and delegation, to provide a safe and effective environment for clients who require medication assistance and/or delegated task(s).

-Management/Administrator to ensure that qualified worker/care team individuals have the necessary training and experience to perform a delegated task safely, appropriately and effectively with ongoing supervision.

-Management/Administrator to ensure current and accurate RN delegation documentation, delegation process which includes tasks delegated, individual who will perform the tasks, assessment of the individual's competency and any reevaluation of a client or task. Delegated documentation and updates required by facility in the parallel time frame of state regulation or sooner to reflect any changes in the delegated tasks or individuals to perform.

-Management/Administrator to ensure RN delegation documentation includes verification of worker/care team credentials, adequate supervision with appropriate training and monitoring of worker/care team performances and take corrective action, as needed, to meet clients specific care requirements.

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

Regarding WAC 388-78A-2466 – Background checks

To ensure the facility maintains staff records, documentation, and background checks in compliance with WAC 388-78A-2466

-Maintain required staff paperwork prior to employment and/or as mandated (e.g., licensure/certifications, identity, work eligibility, non-criminal background checks).

-Completion of appropriate background checks (criminal history, as required) through approved sources and timely clearance decisions.

-Maintenance of accurate, secure, and accessible personnel files.

-Procedures for expungement, exclusion, or remediation of disqualifying findings in accordance with policy and regulatory requirements.

-Enforce pre-employment clearance before start date, with tracked expectations.

-Training on background check policies, privacy, and data handling in parallel with regular audits to confirm up-to-date status by verifying corrective actions with closure dates.

Regarding WAC 388-78A-2474 – Training and home care aide certification requirements. To ensure all workers/care team are qualified and able to preform the job duties required with appropriate training and experience, as well as any necessary licensure or certification.

The facility to maintain accurate and complete records of all staff members including qualifications, training, and job performance.

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

-Management/Administrator to ensure that the facility/living environment is safe and healthy for the individuals served and workers/care team who provide service.

-Management/Administrator to maintain accurate and complete records of each individual worker/care team employed.

-Management/Administrator to ensure that all worker/care team individuals receive ongoing training to maintain required skills and knowledge.

All measures shall be obtained and completed by the date specified on the returned full investigation report (45 days from the date received).

I certify that the above statements are true and accurate to the best of my knowledge.



Erica Anchondo

Administrator

Vista Manor

erica.anchondo@theNDSLM.com

509-464-9486

509-850-5906

509-465-4041 (fax)

04/01/2026

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