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***

ESL Spokane LLC
The Gallery at Spokane
5401 S Regal St
Spokane, WA 99223

RE: The Gallery at Spokane License # 2684

Dear Administrator:

This letter addresses Compliance Determination(s) 67164 (Completion Date 10/14/2025) and 64729 (Completion Date 08/27/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/14/2025 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-2160, WAC 388-78A-3040-3

The Department staff who did the on-site verification:
Carla Rose, NCI Community 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

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 on 08/25/2025, 08/26/2025 and 08/27/2025 of:

The Gallery at Spokane
5401 S Regal St
Spokane, WA 99223

The following sample was selected for review during the unannounced on-site visit: 9 of 81 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Carla Rose, NCI Community Licensor
Brian Zbylski, ALF Licensor
Jennifer Lee, Assisted Living Facility Licensor
Joy Pipgras, LTC Surveyor

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

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 — 09/05/2025 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.

Administrator (or Representative) — 9/8/25 Date

**WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.**

**This requirement was not met as evidenced by:**

Based on observation, interview and record review, the facility failed to follow the negotiated service agreement for 1 of 2 residents (Resident 3) with a history of elopement. This failed practice resulted in the resident exiting the secured memory care unit unattended.

Findings included...

Review of Resident 3's pre-admission assessment, dated 12/28/2023, showed that the resident had a history of elopement (unauthorized absence from the facility) and that staff were to check on Resident 3 every hour.

Review of an incident report, dated 09/04/2024, showed that Resident 3 eloped, had a fall resulting in skin tears, and was found across the street from the facility.

Review of Resident 3's combined assessment and care plan (the facility's negotiated service agreement-NSA), dated 04/10/2025, showed that the resident was to always have a staff member with them while in the courtyard.

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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Based on observation, interview and record review, the facility failed to follow the negotiated service agreement for 1 of 2 residents (Resident 3) with a history of elopement. This failed practice resulted in the resident exiting the secured memory care unit unattended.

Findings included…

Review of Resident 3's pre-admission assessment, dated 12/28/2023, showed that the resident had a history of elopement (unauthorized absence from the facility) and that staff were to check on Resident 3 every hour.

Review of an incident report, dated 09/04/2024, showed that Resident 3 eloped, had a fall resulting in skin tears, and was found across the street from the facility.

Review of Resident 3's combined assessment and care plan (the facility's negotiated service agreement-NSA), dated 04/10/2025, showed that the resident was to always have a staff member with them while in the courtyard.

Review of an incident report, dated 08/08/2025, showed that Resident 3 eloped from the courtyard and was found in the facility parking lot.

An observation during the environmental tour on 08/25/2025 at 9:15 AM, showed a courtyard with two gates that exited into the parking lot from the memory care unit. Both gates were alarmed and had emergency exit signs posted.

In an interview during the environmental tour, Staff F, Maintenance Director, stated that the gates were alarmed and if held for 15 seconds, they would automatically open.

In an interview on 08/27/2025 at 12:56 PM, Staff E, Health and Wellness Director, confirmed that if staff had followed the NSA and accompanied Resident 3 in the courtyard, that Resident 3 would not have eloped.

**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 Gallery at Spokane is or will be in compliance with this law and / or regulation on (Date) 10/10/25

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

Kari Nuss
Administrator (or Representative)

9/8/25
Date

**WAC 388-78A-3040 Laundry.**

(3) The assisted living facility must use washing machines that have a continuous supply of hot water with a temperature of 140 F measured at the washing machine intake, that automatically dispenses a chemical sanitizer as specified by the manufacturer, or that employs alternate sanitization methods recommended by the manufacturer.

**This requirement was not met as evidenced by:**

Based on observation and interview, the facility failed to ensure that washing machines had a continuous supply of hot water at 140 degrees Fahrenheit or used automatically dispensed chemical sanitizer for 2 of 3 washing machines (Washing Machines 2 and 3). This failure resulted in the washing machine water being 113 degrees and placed residents at risk of transmitting or contracting bacteria and infection.

Review of an incident report, dated 08/08/2025, showed that Resident 3 eloped from the courtyard and was found in the facility parking lot.

An observation during the environmental tour on 08/25/2025 at 9:15 AM, showed a courtyard with two gates that exited into the parking lot from the memory care unit. Both gates were alarmed and had emergency exit signs posted.

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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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Based on observation and interview, the facility failed to ensure that washing machines had a continuous supply of hot water at 140 degrees Fahrenheit or used automatically dispensed chemical sanitizer for 2 of 3 washing machines (Washing Machines 2 and 3). This failure resulted in the washing machine water being 113 degrees and placed residents at risk of transmitting or contracting bacteria and infection.

| Statement of Deficiencies | License #: 2684 | Compliance Determination #64729 |
|---|---|---|
| Plan of Correction | The Gallery at Spokane | Completion Date |
| Page 4 of 4 | Licensee: ESL Spokane LLC | 09/27/2025 |

Findings included...

Observation on 08/25/2025 at 9:15 AM, during the environmental tour with Staff F, Maintenance Director, showed that Washing Machines 2 and 3 did not contain in-line thermometers to measure the hot water inlet temperature. Observation at that time showed no automatic sanitizer dispensing system.

In an interview on 08/25/2025 at 9:15 AM, Staff F stated that they had not ever checked the temperature of the hot water inlet on the facility washing machines. Staff F further stated that the facility did not have an automatic sanitizer dispensing systems installed on their washing machines.

Observation on 08/26/2025 at 9:24 AM, showed a water temperature of 113 degrees Fahrenheit at the hot water inlet of washing machine 3. In an interview at that time, Staff F stated that Washing Machine 2's hot water would have measured the same temperature as machine 3, because they were supplied by the same water heating system.

**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 Gallery at Spokane is or will be in compliance with this law and / or regulation on (Date) 10/10/25

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

Kari M — 9/8/25

Administrator (or Representative) — Date

Findings included…

Observation on 08/25/2025 at 9:15 AM, during the environmental tour with Staff F, Maintenance Director, showed that Washing Machines 2 and 3 did not contain in-line thermometers to measure the hot water inlet temperature. Observation at that time showed no automatic sanitizer dispensing system.

In an interview on 08/25/2025 at 9:15 AM, Staff F stated that they had not ever checked the temperature of the hot water inlet on the facility washing machines. Staff F further stated that the facility did not have an automatic sanitizer dispensing systems installed on their washing machines.

Observation on 08/26/2025 at 9:24 AM, showed a water temperature of 113 degrees Fahrenheit at the hot water inlet of washing machine 3. In an interview at that time, Staff F stated that Washing Machine 2's hot water would have measured the same temperature as machine 3, because they were supplied by the same water heating system.

**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 Gallery at Spokane 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

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***



ESL Spokane LLC
The Gallery at Spokane
5401 S Regal St
Spokane, WA 99223

RE: The Gallery at Spokane # 2684

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 08/27/2025 and found that your facility does not meet the Assisted Living Facility requirements.

**The Department:**

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Stephanie Jenks, Community Field Manager
Residential Care Services
Region 1, Unit B
Preferred methods:

eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

**Consultation(s):**
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-78A-2305 Food sanitation. The assisted living facility must:**

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

The facility's main kitchen and memory care kitchenette had areas with food and drink debris. The food preparation was satisfactory and met the requirements. The areas in the kitchens that needed attention were cleaned prior to the conclusion of the inspection.

**You Are Not:**
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

**You May:**
• Contact me for clarification of the deficiency or deficiencies found.

**In Addition, You May:**
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

**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

Enclosure