STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
Residential Care Services • RCSIDR@dshs.wa.gov

June 12, 2026
(email)

Licensee: Spokane Valley AL, LLC
Trustwell Living at Ridgeview Place
12903 E Mission Ave
Spokane Valley, WA 99216

IDR RESULTS

Statement of Deficiency (SOD) Date: 05/19/2026
ALF #2730

Dear Provider:

Thank you for participating in the Informal Dispute Resolution (IDR) process on 06/11/2026.

During the IDR, your dispute regarding the following was reviewed:

WAC 388-78A-2170 – Required assisted living facilities

The following information was considered during the review:

- All materials presented by the Assisted Living Facility ;
- All oral statements and explanations offered by the Assisted Living Facility ;
- Records gathered by the Residential Care Services (RCS) regional staff;

After careful review and consideration, the outcome of the IDR review is as follows:

WAC 388-78A-2170 – Required assisted living facilities – **Citation Upheld**

Based on the above, there is no change to the previously imposed enforcement action.

Next Steps:

- If you have not done so already, begin the process of correcting the disputed deficiency or deficiencies immediately.

- Contact the local field manager if you need clarification related to the SOD report.

- Within 10 calendar days after you receive this letter, complete, and return the "Plan/Attestation Statement" for all disputed deficiencies.

    - For each disputed deficiency, indicate the date you have or will have corrected each one.
    - Next to each disputed deficiency, sign and date certifying that you have or will correct each disputed deficiency.
    - Mail the "Plan/Attestation Statement" with original 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

- You must complete corrections within 45 days or less if directed by the department after review of your proposed correction dates.

If you have any questions, please contact me at Scotti.Bower1@dshs.wa.gov

Sincerely,



Scotti Bower
IDR Program Manager
Residential Care Services

cc: Regional Administrator, Region 1
Field Manager, Region 1 Unit B
Statewide and Regional Long Term Care Ombudsman
Compliance Unit Manager and Specialist
Vendor Overpayments
Central File
IDR File