

STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF HEALTH CARE SERVICES  
RESIDENTIAL LICENSING

**REPORT OF INSPECTION & NOTICE OF VIOLATION**

In the matter of: )  
Ridgeway Assisted Living, HOME )  
Lonnie Ridgeway, ADMINISTRATOR )  
Ridgeway Family Business LLC, OWNER )  
Respondent )

**BACKGROUND INFORMATION**

The Department of Health and Social Services, Division of Health Care Services, Residential Licensing ("Division") is the agency responsible for licensing Respondent. Pursuant to AS 47.32.110, the Division conducted an inspection. This Report contains the results of that inspection. Pursuant to AS 47.32.120(b), Respondent may submit a written response to this Report of Inspection.

**INSPECTION**

**A. License Status:**

The Home was initially licensed on 05/12/2021.

The Home's current provisional license is valid from 05/12/2021 to 05/31/2022.

With a license to provide care to two (2) residents who are;

Persons with a mental or developmental disability.

The Home is currently located at 6239 East 12<sup>th</sup> Avenue, Anchorage, Alaska 99504.

**B. Summary of Inspection:**

The Department conducted an inspection at the above referenced assisted living home on the following date(s):

1. 04/18/2022

The Department's inspection involved various actions including those checked below:

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- Announced/unannounced onsite visit(s)
- Joint Inspection with one or more state agencies
- Premise Inspection
- Staff Interviews
- Resident Interviews
- Document Review
- Exit Interview
- Other:

**C. Findings:**

Based upon the aforementioned inspection, the Department has reasonable cause to believe that Respondent violated the following applicable statutes and/or regulations:

**No violations at the time of inspection.**

**D. Plan of Correction/Allegation of Compliance:**

No Plan of Correction Required.

**E. Enforcement Action:**

Based upon its inspection, the Department intends to take the following enforcement actions against Respondent.


- No Enforcement Action.

**ADMINISTRATIVE REMEDIES**

Pursuant to AS 47.32.120(b), you have the right to submit a written response to this Notice of Violation/Report of Inspection. If you choose to submit a written response, it will be maintained as part of your licensing file.

04/27/2022

Date

  
Jordan Gingery  
Community Care Licensing Specialist I

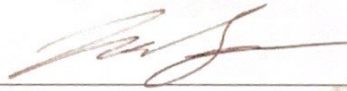
CERTIFICATION OF SERVICE

Ridgeway Assisted Living  
Lonnie Ridgeway  
6239 East 12th Avenue  
Anchorage, Alaska  
99504

The undersigned certifies that a true and correct copy of the attached document was sent on this date via:  regular mail  certified mail  facsimile transmission  hand delivery  electronic mail to the following person:

04/27/2022

Date



Jordan Gingery  
Community Care Licensing Specialist I

Enclosed:  
Report of Inspection  
Request to Implement Administrative Remedies  
Plan of Correction  
Allegation of Compliance  
Resident File Checklist (Confidential)  
Warning Notice (if required)