STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

HCRC LLC
HAWTHORNE COURT
524 N ELY
KENNEWICK, WA 99336

RE: HAWTHORNE COURT License # 1268

Dear Administrator:

This letter addresses Compliance Determination(s) 66697 (Completion Date 10/08/2025) and 64010 (Completion Date 08/21/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/08/2025 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-2480-1, WAC 388-78A-3090-1-a

The Department staff who did the on-site verification:
Elaine Lopez, Licensor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 1268	Compliance Determination # 64010
Plan of Correction	HAWTHORNE COURT	Completion Date
Page 1 of 4	Licensee: HCRC LLC	08/21/2025

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 and complaint investigation on 08/18/2025, 08/19/2025, 08/20/2025 and 08/21/2025 of:

HAWTHORNE COURT
524 N Ely St
Kennewick, WA 99336

This document references the following complaint numbers: 190668.

The following sample was selected for review during the unannounced on-site visit: 7 of 45 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Elaine Lopez, Licensor
Jessica Clapp, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License #: 1268	Compliance Determination #64010
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Page 2 of 4	Licensee: HCRC LLC	08/21/2025

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.

Laura Williams-Davis — Residential Care Services — 08/26/2025 — 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.

Laurie Hanny — Administrator (or Representative) — 9-3-25 — Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure screening for tuberculosis was completed within three days of starting work for 2 of 4 staff (Staff C and D). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included:

Staff record review was completed with Staff G, Business Office Manager, on 08/19/2025.

<Staff C>

Review of Staff C's, Licensed Practical Nurse, personnel file showed that they started working at the facility on 12/20/2024. Staff C's file did not show that any Tuberculosis (TB) test was completed.

Review of Staff C's work schedule for the dates of 07/27/2025 – 08/19/2025 showed that they worked 10 shifts at the facility.

In an interview on 08/16/2025 at 9:42 AM, Staff A, Administrator, stated that Staff C

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

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Administrator (or Representative) | Date

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Findings included…

Staff record review was completed with Staff G, Business Office Manager, on 08/19/2025.

<Staff C>

Review of Staff C's, Licensed Practical Nurse, personnel file showed that they started working at the facility on 12/20/2024. Staff C's file did not show that any Tuberculosis (TB) test was completed.

Review of Staff C's work schedule for the dates of 07/27/2025 – 08/19/2025 showed that they worked 10 shifts at the facility.

In an interview on 08/18/2025 at 9:42 AM, Staff A, Administrator, stated that Staff C

worked 10 – 20 hours per week at the facility.

<Staff D>

Review of Staff D's, Caregiver, personnel file showed that they started working at the facility on 12/24/2024. Staff D's file showed that a TB test was completed on 01/14/2025, 21 days after they started working.

In an interview on 08/21/2025 at 11:07 AM, Staff A stated that Staff D worked regularly at the facility.

In an interview on 08/20/2025 at 1:40 PM, Staff G acknowledged that the facility had not completed TB testing for Staff C and that Staff D's TB test was completed more than three days after they started working.

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, HAWTHORNE COURT is or will be in compliance with this law and / or regulation on (Date) 9-26-25.

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

Laurie Hanny
Administrator (or Representative)

9-3-27
Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to keep their common area restrooms in a sanitary and good condition for 2 of 2 restrooms (Restroom 1 and 2). This failure caused residents to be at risk of decreased quality of life.

Findings included...

worked 10 – 20 hours per week at the facility.

<Staff D>

Review of Staff D's, Caregiver, personnel file showed that they started working at the facility on 12/24/2024. Staff D's file showed that a TB test was completed on 01/14/2025; 21 days after they started working.

In an interview on 08/21/2025 at 11:07 AM, Staff A stated that Staff D worked regularly at the facility.

In an interview on 08/20/2025 at 1:40 PM, Staff G acknowledged that the facility had not completed TB testing for Staff C and that Staff D's TB test was completed more than three days after they started working.

Plan/Attestation Statement

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Administrator (or Representative) Date

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(a) Provide a safe, sanitary and well-maintained environment for residents;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to keep their common area restrooms in a sanitary and good condition for 2 of 2 restrooms (Restroom 1 and 2). This failure caused residents to be at risk of decreased quality of life.

Findings included…

The environmental observations occurred on 08/18/2025 at 11:40 AM with Staff A, Administrator, and showed the following:

Restroom 1

- The common area/guest restroom across from the dining room, on the left, showed that the linoleum floor had ripped, separated and buckled. The damaged area started near the back of one side of the restroom and continued straight across ending on the opposite wall.

Restroom 2

- The second common area/guest restroom across from the dining room, on the right, showed a gap in the linoleum floor that ran from the door opening across the room ending under the sink and was several feet in length. The gap had black Duct Tape that ran the length of the area and one end was peeling upward.
- Under the sink the linoleum seam gap had a second gap running at a 90-degree angle from the main damaged area. The gap had black Duct Tape that ran the length of the area.
- In the middle of the floor, the linoleum showed three slash type marks, ranging in varying lengths, that caused it to separate.
- Around the base of the toilet on the left side, the linoleum had disintegrated, showed the subfloor and made it an uncleanable surface.
- At the base of the toilet, in the front, the linoleum flooring showed an area that was dark brown and rust colored.

In an interview on 8/18/2025 at 12:30 PM, Staff A acknowledged the repairs needed to the restroom flooring and that they had it in their budget for 2026.

Plan/Attestation Statement

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

Laurie Hanny
Administrator (or Representative)

9-3-25
Date

The environmental observations occurred on 08/18/2025 at 11:40 AM with Staff A, Administrator, and showed the following:

Restroom 1

- The common area/guest restroom across from the dining room, on the left , showed that the linoleum floor had ripped, separated and buckled. The damaged area started near the back of one side of the restroom and continued straight across ending on the opposite wall.

Restroom 2

- The second common area/guest restroom across from the dining room, on the right, showed a gap in the linoleum floor that ran from the door opening across the room ending under the sink and was several feet in length. The gap had black Duct Tape that ran the length of the area and one end was peeling upward.
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In an interview on 8/18/2025 at 12:30 PM, Staff A acknowledged the repairs needed to the restroom flooring and that they had it in their budget for 2026.

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

_____ _____

Administrator (or Representative) Date