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

CAMP I RICHLAND REAL ESTATE HOLDING CO, LLC
GUARDIAN ANGEL HOMES (THE COTTAGE)
245 Van Giesen St
Richland, WA 99354

RE: GUARDIAN ANGEL HOMES (THE COTTAGE) License # 1513

Dear Administrator:

This letter addresses Compliance Determination(s) 66006 (Completion Date 09/25/2025) and 63690 (Completion Date 08/22/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/25/2025 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-2040-1

The Department staff who did the on-site verification:
Melissa Milanez, Community Complaint Investigator

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

Residential Care Services
Investigation Summary Report

Provider/Facility: GUARDIAN ANGEL HOMES (THE COTTAGE)
License/Cert.#: 1513
Compliance Determination #: 63690
Investigator: Melissa Milanez
Investigation Date(s): 08/05/2025 through 08/22/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 187910
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):
Facility's transfer switch panel caught fire.

Investigation Methods:

Sample:	Total residents: 77 Resident sample size: 77 Closed records sample size:
Observations:	Residents
Interviews:	Maintenance staff Staff Fire Marshal
Record Reviews:	Fire Marshal inspection reports Facility policies Characteristic roster

Investigation Summary:
Interview and record review showed that a fire occurred at the facility. The facility did not follow their emergency preparedness plan. The Washington State Patrol Fire Protection Bureau cited the facility for two violations: failing to notify the fire department and unable to provide documentation on fire watch. Failed facility practice identified for 388-78A-2040(1).

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 1513	Compliance Determination # 63690
Plan of Correction	GUARDIAN ANGEL HOMES (THE COTTAGE)	Completion Date
Page 1 of 4	Licensee: CAMP I RICHLAND REAL ESTATE HOLDING CO, LLC	08/22/2025

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 an unannounced on-site complaint investigation on 08/12/2025 and 08/05/2025 of:

GUARDIAN ANGEL HOMES (THE COTTAGE)
245 Van Giesen St
Richland, WA 99354

This document references the following complaint number(s): 187910

The following sample was selected for review during the unannounced on-site visit: 77 of 77 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Melissa Milanez, Community Complaint Investigator

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

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

08/28/2025
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)

9/3/2025
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when a fire occurred at the facility, and the Deputy State Fire Marshal found the facility in violation of 2 codes. This failure placed residents living in the facility, staff, and visitors to the facility at risk of harm due to inadequate emergency response and lack of fire safety oversight.

Findings included..

Record review of the Deputy State Fire Marshal (DSFM)'s report, dated 07/28/2025, showed the following violation occurred during a fire incident at the facility: The facility failed to adhere to their emergency preparedness plan and failed to notify the fire department as required. Additionally the statement of violation showed when a required fire protection system is out of service the fire department shall be notified immediately and, where required by the fire code official, the building shall either be evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shutdown until the fire protection system has been returned to service. Where utilized, fire watches shall be provided with at least one approved means for notification of the fire department, and their only duty shall be to perform constant patrols of the protected premises to keep watch for fires. The following violation occurred: the facility was unable to provide documentation on fire watch.

Record review of the facility's disaster plan for a fire, undated, showed that the person discovering the fire shall sound the alarm and call 911 immediately.

Record review of the facility's Fire and Safety Policy, dated 2008, showed that the facility is to ensure the safety of all residents and staff. The facility shall see that the following conditions are met, and corrective measures are taken as needed: the community shall be inspected by the local fire department per regulations.

During an interview on 08/12/2025 at 11:48 a.m., Staff A, Administrator, stated that during a routine generator inspection there had been a small fire that occurred in the electrical box. They stated that the maintenance men grabbed the fire extinguisher and put out the fire. Staff A stated that they did not call the fire department. Additionally, they stated that an electrician was called and ordered a replacement part; however, the repair was not completed until the following day.

During an email interview on 08/19/2025 at 4:20 a.m., Collateral Contact 1 (CC1), Fire Marshal, confirmed that the fire alarm panel did not set off an alarm (according to information described by facility's maintenance director). However, per code, the fire alarm panel shall have primary and a secondary power source and when one of them is out (in this situation, the generator), a fire watch is required.

During an interview on 08/22/2025 at 11:33 a.m., Staff B, Maintenance Director, stated that the generator transfer switch panel caught fire. They stated that they extinguished the fire using a fire extinguisher, and that the fire department was not notified. Additionally, they stated that they were unable to provide documentation on fire watch as there was no existing form in place at the time.

During an interview on 08/22/2025 at 11:48 a.m., Staff A stated that it was in their policy to contact the fire department, but this had not been done. They stated that they discussed doing fire watch with Staff B but thought that it only needed to be done if the fire system was not working. They stated that they now have a clear understanding of what should have been done and will learn through this process.

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Page 4 of 4	Licensee: CAMP I RICHLAND REAL ESTATE HOLDING CO, LLC	08/22/2025

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, GUARDIAN ANGEL HOMES (THE COTTAGE) is or will be in compliance with this law and / or regulation on (Date) 09/03/2025.

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

Administrator (or Representative) Date 9/3/25

WAC 388-78A-2040

STEP ONE; ***How the facility will correct the deficiency for each numbered resident.***

We will follow our disaster plan policy and be sure to call 911 and be sure to do a fire watch.

STEP TWO; ***How the facility will protect other residents in similar situations.***

Each home will follow the disaster plan.

STEP THREE; ***Measures the facility will take or the systems it will change to ensure the problem does not recur.***

This is the first time we have had a fire on site and was a learning experience for us department heads as a whole. We plan to review disaster plan policies and educate staff members. The policy is written in accordance with state and local laws and regulations and will not need to change at this time. A fire watch document has been attached and added to the MOD book in each home.

STEP FOUR; How the facility plans to monitor its ongoing performance to sustain compliance.

We plan to educate maintenance department and be sure that the director is knowledgeable in fire disaster plans and preparedness to ensure all steps are taken

STEP FIVE; Dates the corrective action will be completed.

CORRECTIONS HAVE BEEN MADE. 9/3/2025

STEP SIX; TITLE OF PERSON RESPONSIBLE TO ENSURE CORRECTION.

Jon Thompson- Maintenance Director

Laura Miller- Administrator.