



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Home and Community Living Administration  
PO Box 45600, Olympia, WA 98504-5600**

October 3, 2025

**ELECTRONIC-FACSIMILE**

Administrator  
ARBOR RIDGE ASSISTED LIVING  
9501 NE Hazel Dell Ave  
Vancouver, WA 98665

Assisted Living Facility License # **1588**  
Licensee: Arbor Ridge Assisted Living Limited Partnership

**IMPOSITION OF CIVIL FINE**

Dear Administrator:

On September 24, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter constitutes formal notice of a civil fine on the license for your assisted living facility, also known as **ARBOR RIDGE ASSISTED LIVING**, located at **9501 NE Hazel Dell Ave, Vancouver**, by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fine on the license is based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated September 24, 2025.

**Civil Fine**

**WAC 388-78A-2040 (1)(2) Other requirements.**

**\$900.00**

**The licensee failed to stay in compliance with the local and state fire ordinances for one Assisted Living Facility. This failure placed all residents, visitors, and staff at risk of injury and harm in the event of a fire.**

**This is a recurring deficiency previously cited on July 9, 2025, and an uncorrected deficiency from July 9, 2025, and April 29, 2025.**

***NOTE: This is the violation, which resulted in the fine; see the attached Statement of Deficiencies for any additional violations.***

Administrator  
ARBOR RIDGE ASSISTED LIVING  
License # 1588  
October 3, 2025  
Page 2

**Attestation (Plan of Correction):**

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Clinton Fridley, RN, Field Manager  
Region 3, Unit E  
6639 Capitol Blvd SW Point Plaza West  
Tumwater, WA 98501  
Phone: (360) 450-1218/ Fax: (360) 664-8451  
**[rcsregion3email@dshs.wa.gov](mailto:rcsregion3email@dshs.wa.gov)**

**Appeal Rights:**

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

**Informal Dispute Resolution [RCW 18.20.195]**

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

**The written request must be received by the 10<sup>th</sup> working day from receipt of this letter.**

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Please **email** your request(s) and supporting documentation to:

**[RCSIDR@dshs.wa.gov](mailto:RCSIDR@dshs.wa.gov)**

**OR**

**FAX to: 360-725-3225**

Administrator  
ARBOR RIDGE ASSISTED LIVING  
License # 1588  
October 3, 2025  
Page 3

Formal Administrative Hearing

You may contest the civil fine by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fine. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

**The written request must be received within twenty-eight (28) calendar days of receipt of this letter.**

Send your **written** request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

**Payment:**

If you do not request a formal administrative hearing, the civil fine is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **\$900.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, WA 98507-9501  
(360) 664-5919 / FAX: (360) 664-8401  
[OFRMMISVendor@dshs.wa.gov](mailto:OFRMMISVendor@dshs.wa.gov)

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

**NOTICE:** State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Clinton Fridley, Field Manager, at (360) 450-1218.

Sincerely,



Matt Hauser  
Compliance Specialist  
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit E  
RCS Regional Administrator, Region 3  
HCS Regional Administrator, Region 3  
DDA Regional Administrator, Region 3  
WA LTC Ombuds  
Office of Financial Recovery, Vendor Program Unit  
HQ Central Files  
DRW  
HP