STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Arbor Ridge Assisted Living Limited Partnership
ARBOR RIDGE ASSISTED LIVING
9501 NE Hazel Dell Ave
Vancouver, WA 98665

RE: ARBOR RIDGE ASSISTED LIVING License # 1588

Dear Administrator:

This letter addresses Compliance Determination(s) 68801 (Completion Date 11/20/2025) and 64599 (Completion Date 09/24/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/20/2025 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, WAC 388-78A-2040-1, WAC 388-78A-2040-2

The Department staff who did the on-site verification:
Richard Westom, NCI, ALF Complaint Investigator

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit E
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 follow-up on 08/25/2025 of:
ARBOR RIDGE ASSISTED LIVING
9501 NE Hazel Dell Ave
Vancouver, WA 98665

This document references the following SOD dated: 09/24/2025

The following sample was selected for review during the unannounced on-site visit: 53 of 53 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Richard Westom, NCI, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

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) | 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.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to stay in compliance with the local and state fire ordinances for 1 of 1 Assisted Living Facilities (ALF). This failure placed all residents, visitors, and staff at risk of injury and harm in the event of a fire.

Findings included…

Review of the Washington State Fire Marshal's letter of non-compliance, dated 09/23/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below.

- **1. Owners Responsibility:** Fire door inspection shall be conducted in accordance with NFPA 80. Fire doors shall be brought into compliance upon finding deficiencies. Fire doors appear to be replaced and do not have fire door tags.
- **2. Inspection and Maintenance:** An annual inspection of fire resistance-rated construction shall be conducted throughout the building.

In an interview on 09/25/2025 at 8:23 AM, Staff A stated that they were out of

compliance with the fire marshal.

This is a recurring deficiency previously cited on 07/09/2025 and an uncorrected deficiency from 07/09/2025 and 04/29/2025.

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, ARBOR RIDGE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 follow-up on 06/16/2025 and 07/07/2025 of:
ARBOR RIDGE ASSISTED LIVING
9501 NE Hazel Dell Ave
Vancouver, WA 98665

This document references the following SOD dated: 07/09/2025

The following sample was selected for review during the unannounced on-site visit: 55 of 55 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Richard Westom, NCI, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

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) | 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.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the facility failed to stay in compliance with the local and state fire ordinances. This failure placed 55 of 55 residents' lives and safety at risk in the event of a fire.

Findings included…

Record review of the local fire inspection report, dated 01/17/2025, showed the facility had numerous violations on the 01/17/2025 inspection that included:

- An annual fire door inspection shall be completed. All fire doors shall be brought into compliance. Excessive gaps on doors were identified throughout the building.

During an unannounced visit on 07/07/2025 at 12:11 PM, Staff (B) maintenance supervisor, stated the doors were finished upstairs, and contractors were working on the door's downstairs.

In an interview on 07/07/2025 at 12:22 PM, Collateral Contact 1 (CC1) Contractor stated we should be done with fixing the doors tomorrow, but we still need to replace seven doors, I'm not sure if they have been ordered yet.

In an interview on 07/08/2025 at 08:55 AM (CC2) the Project manager stated there were seven doors that need replaced, it will take two weeks to get them and another two weeks to schedule the installation.

In an E-mail sent on 07/08/2025 at 2:24 PM, Staff (A), administrator stated contractor said they could not put a band aid on the doors that need replaced, that would pass inspection.

In an interview on 07/09/2025 (CC3) State fire marshal stated his initial inspection was 11/01/2024, reinspection 12/11/2024 and a third inspection on 01/17/2025 and the doors were still not fixed.

This is an uncorrected deficiency previously sited on 04/29/2025.

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, ARBOR RIDGE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

Residential Care Services
Investigation Summary Report

Provider/Facility: ARBOR RIDGE ASSISTED LIVING
Provider Type: Assisted Living Facility
License/Cert.#: 1588
Intake ID: 176310
Compliance Determination #: 58780
Region/Unit #: RCS Region 3 / Unit I
Investigator: Richard Westom
Investigation Date(s): 04/29/2025 through 04/29/2025
Complainant Contact Date(s):

Allegation(s):

1. life safety. Facility with failed fire marshal visit

Investigation Methods:

Sample:	Total residents: 74 Resident sample size: 74 Closed records sample size: 0
Observations:	Doors
Interviews:	Fire marshal Administrator
Record Reviews:	Fire marshal report

Investigation Summary:

1. life safety. The facility continues to be out of compliance with the state fire marshal, they have 96 doors that need repaired. Failed practice

Conclusion / Action:

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

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800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 04/29/2025 of:

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

This document references the following complaint number(s): 176310

The following sample was selected for review during the unannounced on-site visit: 74 of 74 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Richard Westom, NCI, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

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) | 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.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interviews and record review, the facility failed to stay in compliance with the local and state fire ordinances. This failure placed 55 of 55 residents' lives and safety at risk in the event of a fire.

Findings included…

Record review of the local fire inspection report dated 01/17/2025, showed the facility had numerous violations on the 01/17/2025 inspection that included:

1. An annual fire door inspection shall be completed. All fire doors shall be brought into compliance. Excessive gaps on doors were identified throughout the building. Combustible items on doors throughout shall be removed.

In an interview on 04/23/2025 at 9:24 AM, Collateral Contact 1 (CC1), State Fire Marshal, stated "my first visit to the facility was in November of 2024, and they are still out of compliance with my report."

In an interview on 04/29/2025 at 11:03 AM, Staff A, Administrator, stated “all this should have been fixed a long time ago, all 96 doors are out of compliance.”

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, ARBOR RIDGE ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date