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

12/30/2025

WWGHR LLC
WHEATLAND VILLAGE
1500 CATHERINE STREET
WALLA WALLA, WA 99362

RE: WHEATLAND VILLAGE # 1640

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70308 (Completion Date 12/30/2025) and 67938 (Completion Date 11/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/30/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040 Other requirements.

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

The Department staff who did the On Site verification:
Jessica Clapp, Assisted Living Facility 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

Residential Care Services
Investigation Summary Report

Provider/Facility: WHEATLAND VILLAGE
Provider Type: Assisted Living Facility
License/Cert.#: 1640
Compliance Determination #: 67938
Intake ID: 199262
Investigator: Jessica Clapp
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 10/29/2025 through 11/03/2025
Complainant Contact Date(s):

Allegation(s):
Failed fire marshal reinspection.

Investigation Methods:

Sample:	Total residents: 96 Resident sample size: 5 Closed records sample size: 0
Observations:	Desk review
Interviews:	Administrator Plant Operations Manager
Record Reviews:	Fire Marshal report Facility's plan of correction

Investigation Summary:
Interview and record review showed that the facility failed the Deputy State Fire Marshal inspection. Failed practice identified. Refer to Washington State Administrative Code (WAC) 388-78A-2040(2).

Conclusion / Action:

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

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1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 1640	Compliance Determination #67938
Plan of Correction	WHEATLAND VILLAGE	Completion Date
Page 1 of 4	Licensee: WWGHR LLC	11/03/2025

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 10/29/2025 of:

WHEATLAND VILLAGE
1500 CATHERINE STREET
WALLA WALLA, WA 99362

This document references the following complaint number(s): 199262

The following sample was selected for review during the unannounced on-site visit: 5 of 96 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

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

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

11/07/2025
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.

Ava Aduan
Administrator (or Representative)

11/12/2025
Date

WAC 388-78A-2040 Other requirements.

(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 maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility in violation of several codes during the initial inspection on 03/19/2025 and then continued to be in violation of seven codes during the reinspection on 10/07/2025. This failure placed residents living in the facility, staff and visitors at risk of harm in the event of a fire .

Findings included...

Record review of the Washington State Patrol Fire Protection Bureau report, dated 03/19/2025, showed that the facility failed their initial inspection. The follow-up inspection, dated 10/07/2025, showed that the facility continued to violate the following requirements:

Assisted Living Unit

- The second-floor community deck had a combustible awning without fire sprinkler coverage.
- Unable to provide documentation of an annual forward flow testing in the fire sprinkler backflow devices within 12 months.
- Unable to provide documentation on hydrostatic testing on the fire department connections within the past five years.
- Unable to provide documentation for first quarter fire sprinkler system inspection

for 2024.

- Unable to provide documentation for the second semi annual service kitchen hood suppression system for 2024.
- Unable to provide documentation on annual inspection and testing of fire alarm in the past 12 months.
- The fire control panel had active trouble signal.
- The electrical panel and breaker providing power to the FACP in the fire control room did not have signage on the FACP box.
- There was no signage on the emergency power panel indicating the FACP was inside the panel.
- Unable to provide documentation for monthly carbon monoxide alarm testing after December 2024.

Memory Care Unit

- Two doors with self closers were propped open.
- Unable to provide documentation of an annual forward flow testing in the fire sprinkler backflow devices within 12 months.
- Unable to provide documentation of hydrostatic testing on the fire department connections within the past five years.
- Unable to provide documentation of first quarter fire sprinkler system inspection for 2024.
- Unable to provide documentation for the second semi annual service kitchen hood suppression system for 2024.
- Unable to provide documentation for monthly carbon monoxide alarm testing after December 2024.
- Unable to provide documentation of NICET certification for the technician performing the annual fire alarm inspection and testing.

In an interview on 10/29/2025 at 10:03 AM, Staff B, Plant Operations Manager, acknowledged the Fire Marshal Report and stated that they were working on correcting the areas to meet the requirements.

Statement of Deficiencies	License #: 1640	Compliance Determination #67938
Plan of Correction	WHEATLAND VILLAGE	Completion Date
Page 4 of 4	Licensee: WWGHR LLC	11/03/2025

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, WHEATLAND VILLAGE is or will be in compliance with this law and / or regulation on (Date) 12/10/2025

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

Ann Adrian — Administrator (or Representative)

11/11/2025 — Date

Response to Complaint Investigation received November 7th via fax

Plan of Correction – Wheatland Village

Date: November 8, 2025

Ron Burt, Facility Operations Director, Wheatland Village
Ann Adrian, Sr Executive Director, Wheatland Village

Assisted Living Unit

Deficiency:
The second-floor community deck had a combustible awning without fire sprinkler coverage.
Correction/Plan of Action:
The second-floor community deck combustible awning has been removed. Will be replaced with a fire-compliant metal awning. Estimate from Elsom Roofing is attached. Fabric awning has been removed. Roofing to be installed in the next few weeks.

Deficiency:
Unable to provide documentation of annual forward flow testing in the fire sprinkler backflow devices within 12 months.
Correction/Plan of Action:
Cascade Fire will complete this on **November 25, 2025**.

Deficiency:
Unable to provide documentation on hydrostatic testing on the fire department connections within the past five years.
Correction/Plan of Action:
Cascade Fire will complete this on **November 25, 2025**.

Deficiency:
Unable to provide documentation for first quarter fire sprinkler system inspection.
Correction/Plan of Action:
Documentation for the **first quarter fire sprinkler inspection** is **attached**.

Deficiency:
Unable to provide documentation for the second semiannual service kitchen hood suppression system for 2024.
Correction/Plan of Action:
Documentation for the **second semiannual kitchen hood suppression system inspection for 2024** is **attached**.

Deficiency:
Unable to provide documentation on annual inspection and testing of the fire alarm in the past 12 months.
Correction/Plan of Action:
The annual fire alarm inspection and testing is scheduled for **November 17–21, 2025 as the fire panels are being replaced**. During this time, the fire control panel with the active trouble signal will be repaired/replaced.

Deficiency:
The electrical panel and breaker providing power to the FACP in the fire control room did not have signage.
Correction/Plan of Action:
Signage has been installed on the electrical panel.

Deficiency:
Unable to provide documentation for monthly carbon monoxide alarm testing after December 2024.
Correction/Plan of Action:
Documentation for **monthly carbon monoxide alarm testing for 2025** is **scanned and attached**.

Memory Care Unit

Deficiency:
Two doors with self-closers were propped open.
Correction/Plan of Action:
The issue has been addressed. The doors are no longer propped open and staff have been re-educated to ensure this does not occur again.

Deficiency:
Unable to provide documentation of an annual forward flow testing in the fire sprinkler backflow devices within 12 months.
Correction/Plan of Action:
Cascade Fire will complete this on **November 25, 2025**.

Deficiency:
Unable to provide documentation for first quarter fire sprinkler system inspection.
Correction/Plan of Action:
Documentation for the **first quarter fire sprinkler inspection** is **attached**.

Deficiency:
Unable to provide documentation for the second semiannual service kitchen hood suppression system for 2024.
Correction/Plan of Action:
Documentation for the **second semiannual kitchen hood suppression system inspection for 2024** is **attached**.

Deficiency:
Unable to provide documentation for monthly carbon monoxide alarm testing after December 2024.
Correction/Plan of Action:
Documentation for **monthly carbon monoxide alarm testing for 2025** is **scanned and attached**.

Deficiency:
Unable to provide documentation of NICET certification for the technician performing the annual fire alarm inspection and testing.
Correction/Plan of Action:
NICET certification is **attached**.