



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

CENTRAL COLUMBIA SENIOR LIVING
THE CAMBRIDGE
301 H ST SW
QUINCY, WA 98848

RE: THE CAMBRIDGE License # 1716

Dear Administrator:

This letter addresses Compliance Determination(s) 75053 (Completion Date 03/30/2026) and 72703 (Completion Date 02/10/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/30/2026 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 off-site verification:
Nicole McGraw, 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

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services Investigation Summary Report

Provider/Facility: THE CAMBRIDGE
License/Cert.#: 1716

Provider Type: Assisted Living Facility

Compliance Determination #: 72703

Intake ID: 211781

Investigator: Nicole Mcgraw

Region/Unit #: RCS Region 1 / Unit G

Investigation Date(s): 02/10/2026 through 02/10/2026

Complainant Contact Date(s):

Allegation(s):

The facility had a failed fire marshal follow-up.

Investigation Methods:

Sample:	Total residents: 21 Resident sample size: 21 Closed records sample size: 0
Observations:	Environment
Interviews:	Facility staff
Record Reviews:	Characteristic roster, Fire Marshal Report

Investigation Summary:

Interview and record review showed the facility failed their follow up visit from the Deputy State Fire Marshal. Failed Practice Identified, Washington Administrative Code (WAC) 388-78A-2040 reference Statement of Deficiencies dated 02/10/2026.

Conclusion / Action:

- ☒ 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 #: 1716	Compliance Determination # 72703
Plan of Correction	THE CAMBRIDGE	Completion Date
Page 1 of 3	Licensee: CENTRAL COLUMBIA SENIOR LIVING	02/10/2026

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 02/10/2026 of:

THE CAMBRIDGE
301 H ST SW
QUINCY, WA 98848

This document references the following complaint number(s): 211781

The following sample was selected for review during the unannounced on-site visit: 21 of 21 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nicole McGraw, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

This document was prepared by Residential Care Services for the Locator website.

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

02/13/2026
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.

[Signature]
Administrator (or Representative)

3/2/2026
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 Assisted Living Facility failed to maintain compliance with the Washington State Deputy Fire Protection Bureau when the Deputy State Fire Marshal found the facility in continued violation of four codes on re-inspection. This failure placed residents, staff and visitors of the facility at risk of harm in the event of a fire.

Findings included...

Record review of the Deputy State Fire Marshal (DSFM) facility inspection, dated 02/05/2026, showed that the facility had the following uncorrected violations:

- 1) There were two locations that had penetrations in fire and smoke protection features.
- 2) The west wing soiled room had loaded sprinkler heads.
- 3) The facility was unable to provide documentation that weekly generator inspections for December 2025 had been performed.
- 4) The facility was unable to provide documentation for the fourth quarter fire drill that was fully filled out.

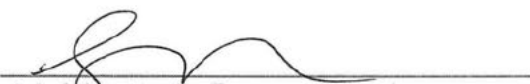
In an interview on 02/10/2026 at 2:35 PM, Staff A, Executive Director, stated that the facility had been working to fix the items that were out of compliance on the reinspection completed by the DSFM on 02/05/2026. In the interview, the DSFM report

was reviewed and Staff A confirmed they were working on getting the uncorrected violations fixed.

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, THE CAMBRIDGE is or will be in compliance with this law and / or regulation on (Date) 3/23/2026

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



Administrator (or Representative)

3/2/2026

Date