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

Caring Places Management, LLC
HERITAGE HOUSE MORTON
PO BOX 1329
Morton, WA 98356

RE: HERITAGE HOUSE MORTON License # 2010

Dear Administrator:

This letter addresses Compliance Determination(s) 60379 (Completion Date 05/30/2025) and 53036 (Completion Date 01/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/30/2025 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:
Anissa Bearden, Licensor

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

Residential Care Services
Investigation Summary Report

Provider/Facility: HERITAGE HOUSE MORTON
License/Cert.#: 2010
Compliance Determination #: 53036
Investigator: Paul Aube
Provider Type: Assisted Living Facility
Intake ID: 161389
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 01/14/2025 through 01/14/2025
Complainant Contact Date(s):

Allegation(s):
Life Safety Code: Public report of facility failing fire code inspections via the local Fire Marshall.

Investigation Methods:

Sample:	Total residents: 30 Resident sample size: 30 Closed records sample size: 0
Observations:	Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Management Maintenance
Record Reviews:	Facility policies Fire Inspection Reports Fire Drill Logs

Investigation Summary:
Life Safety Code: Facility failed three inspections from the local Fire Marshal, and is currently still out of compliance. Failed Practice Identified.

Conclusion / Action:

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

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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 01/14/2025 and 01/14/2025 of:

HERITAGE HOUSE MORTON
860 W Main
Morton, WA 98356

This document references the following complaint number(s): 161389

The following sample was selected for review during the unannounced on-site visit: 30 of 30 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Paul Aube, ALF NCI

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 observation, interview, and record review, the facility failed to maintain fire safety per the state fire marshal regulations for 1 of 1 facility reviewed. These failures placed 30 of 30 residents, staff, and visitors' life and safety at risk in the event of a fire.

Findings included…

IFC (International Fire Code) 701.6 2021- “The owner shall maintain an inventory of all required fire-resistance-rated construction, construction installed to resist the passage of smoke, and the construction included in Sections 703 through 707 and Sections 602.4.1 and 602.4.2 of the International Building Code. Such construction shall be visually inspected by the owner annually and properly repaired, restored or replaced where damaged, altered, breached or penetrated. Records of inspections and repairs shall be maintained. Where concealed, such elements shall not be required to be visually inspected by the owner unless the concealed space is accessible by the removal or movement of a panel, access door, ceiling tile or similar movable entry to the space.”

IFC 705.2 2021- “Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified.”

IFC 907.8 2021- “The maintenance and testing schedules and procedures for fire alarm and fire detection systems shall be in accordance with Sections 907.8.1 through 907.8.5 and NFPA 72. Records of inspection, testing and maintenance shall be maintained.”

IFC 1031.10.2 2021- “Battery-powered emergency lighting equipment shall annually by operating the equipment on battery power for not less than 90 minutes.”

(WAC 212-12-044) “In all Group I, Group E, and Group R2 Occupancies licensed by the state and inspected by the state fire marshal's office, at least twelve planned and unannounced fire drills shall be held every year. (1) Drills shall be conducted quarterly on each shift in Group I and Group R2, Occupancies and monthly in Group E Occupancies to familiarize personnel with signals and emergency action required under varied conditions. (2) A detailed written record of all fire drills shall be maintained and available for inspection. (3) When drills are conducted between 9:00 p.m. and 6:00 a.m., a coded announcement may be used instead of audible alarms.”
In an undated facility policy titled, “Fire Drill Policy and Procedure,” It stated, “Fire drills and trainings will be held monthly and be scheduled so that each community shift participates in a drill once every quarter (i.e. every 3 months) … A written fire drill record must be kept to document fire drills that include b. Hard copy filed onsite for inspection.”

Record review of the Washington State Patrol Fire Protection Bureau report, dated 07/26/2024, showed the Fire Marshal conducted an inspection at the facility and found the facility was out of compliance. It stated,

• “(IFC 701.6 2021): The facility failed to provide the following reports. Annual Inspection of fire-resistance rated construction. Holes found around piping in fire alarm panel room.
• (IFC 705.2 2021): The facility failed provide the following reports. Annual fire door inspection report. Fire doors throughout the building found to excessive gaps.
• (IFC 907.8 2021): Deficiencies found in the fire alarm report. Fire alarm panel breaker missing lock device.
• (IFC 1031.10.2 2021): The facility failed to provide the following reports.
• (WAC 212-12-044): The facility failed to provide the following reports. Night shift fire drills for 3rd and 4th quarter of 2024.”

Record review of the Washington State Patrol Fire Protection Bureau report, dated 09/25/2024, showed the fire marshal conducted a re-inspection at the facility and found that the following violations had not been corrected… It stated,
• “(IFC 701.6 2021): The facility failed to provide the following reports. Annual inspection of fire resistance-rated construction. Holes found around piping in fire alarm panel room.
• (IFC 705.2 2021): The facility failed to provide the following reports. Annual fire door inspection report. Fire doors throughout the building found to excessive gaps.”
• (IFC 907.8 2021): Deficiencies found in the fire alarm report. Fire alarm panel breaker missing lock device.
• (IFC 1031.10.2 2021): The facility failed to provide the following reports.”

Record review of the Washington State Patrol Fire Protection Bureau report, dated 11/08/2024, showed the fire marshal conducted a re-inspection at the facility and found that the following violations had not been corrected… It stated,

• “(IFC 701.6 2021): Holes in fire alarm panel room filled with non-rated material.
• (IFC 705.2 2021): The facility failed to provide the following reports. Annual fire door inspection report. Fire doors throughout the building found to excessive gaps.”
• (IFC 907.8 2021): Deficiencies found in the fire alarm report. Fire alarm panel breaker missing lock device.”

In an interview on 01/14/2025 at 9:59AM, Staff A, Administrator, was asked to discuss any updates to the violations that occurred during the Fire Marshal’s visit.
• (IFC 701.6 2021): Staff A was asked if they could discuss the holes in the wall near the piping near the fire alarm breaker panel. Staff A stated, “[When previously fixed] we used the wrong fire-retardant caulking.” Staff A stated that they spoke with the Fire Marshal to get clarification. Staff A stated “[They] told me the corrected one to use. I went out to [store] and purchased it right away, and we installed that right away.”

• (IFC 705.2 2021): Staff A was asked to discuss the issues with gapping in the doors. Staff A stated, “There is this new tool where they check for the gapping. The maintenance guys went around with the tool, and we did not pass that. We ordered the shims and tried to fix them the way the [Fire Marshal] explained.” Staff A stated that they had to reach out to a fire door specialist for certain doors, and stated they were then notified on what was needed to be done in order to move forward with getting the doors in compliance. “We got a bid [from a door company] and we submitted it to the home office [for approval]. My maintenance guys did go ahead and fix what they could fix, but we are currently waiting on the doors that we could not fix.” She stated she was sent an estimate for the fixes. “There are like 6 doors that we could not fix on our own.”

• (IFC 907.8 2021): Staff A was asked about the missing lock on the fire alarm panel breaker. Staff A stated that there was no lock on the breaker but stated it has since been ordered and installed. Staff A stated that once it was installed, they informed the Fire Marshal.

• (IFC 1031.10.2 2021): Staff A was asked about the failure to provide reports for emergency power testing. Staff A stated that the maintenance had tested all of the emergency lights recently, and stated they failed. Staff A stated at that time all of the lights were replaced with new batteries. Staff A stated from this point, they will all be on the same cycle and changed regularly on the same date.

• (WAC 212-12-044): Staff A was asked about the failure to provide night shift fire drill records to the Fire Marshal. Staff A stated they were completed during the time of the inspection but were missing. Staff A stated that they had since been located and stated that they were sent over to the Fire Marshal for review.

In an interview and observation with Staff B, Maintenance, during a walkthrough of the facility on 01/14/2025, at 10:28AM, Staff B was asked to clarify and demonstrate the issues/concerns with the door gapping. Staff B opened a bathroom door, which was adjacent to the dining area near the front office. Staff B opened the door and stated that there was a mechanism that was to automatically close the door when let go, but

stated the doors were not closing properly. Staff B was then observed to let go of the door and the door was observed to not close all the way. Staff B then stated that another office, which was next to the bathroom, had issues with gapping as well. Staff B was then observed to enter the office, turn around and close the door. The seams to the door were observed to be larger in some areas, and tighter in others. Staff B stated that this door was an example of the fixes that needed to be completed, as there should be a 1/8th inch gap around the door frame, and ½ inch on the bottom of the door. He stated that they obtained a new tool to measure this. Staff B then closed the double doors next to the resident dining area. Staff B stated that these were “crash doors.” Staff B stated that these doors are special fire doors and stated there needed to be a special door person to come and fix them. The crash double doors while closed were observed to have a 0.5-inch gap in between them. Staff B stated that this gap needed to be tighter together when closed and was part of the reason they were out of compliance with this. Staff B stated that they had replaced a lot of resident room hinges and seals, which did help with some of the gapping in resident rooms. Staff B then entered resident room 8, turned around, and closed the door. The doorway was observed to have a slightly larger gap to the top of the door. Staff B stated they are actively working to get all of the doors back into compliance. Staff B then entered the Activity Room. Staff B stated that this was a metal door that also closed automatically when let go. Staff B entered the room, and the door closed appropriately. While the door was closed, there was observed to be a larger gap to the bottom left seam of the door, which became tighter near the top. Staff B was then asked if they could show and demonstrate the tool they use to measure the door gapping. Staff B obtained the tool and walked into resident room 11 where they were currently working. Staff B demonstrated that the tool was used by placing it in the gaps of the door, and then sliding it along the seams of the door to measure. Staff B, stated in this resident room, that there was little to no resistance when he was moving it across the top of the door frame, indicating that there was too much of a gap. On the hinge side of the door, it was observed that there was no room for the tool to be inserted. Staff B stated that this was too tight. Staff B then unlocked the door to where the fire alarm panel box was located. The fire alarm panel box was observed to have a red locking device installed over it. Above the panel box, the piping where previous holes had been, were observed to be filled with a red caulking. Staff B was asked if this area was where the holes in the wall near the piping, which was repaired after the Fire Marshal inspection. Staff B confirmed that it was. Staff B was asked how often the fire door inspections were to be completed. Staff B stated it was completed, “Once a year, annually.” Staff B stated that right now it was currently ongoing since they were not all up to compliance. Staff B stated that the repairs had been ongoing for about 2.5 to 3 months. Staff B was asked how often the fire alarms are checked. Staff B stated, “Monthly.” Staff B was asked how often the Emergency Lighting was tested. Staff B stated, “Also monthly.” Staff B was asked how often fire drills are conducted. Staff B stated, “Fire drills are conducted monthly.”

During an interview on 01/14/2025 at 12:07PM, Staff A was asked why the facility was still out of compliance with the fire doors, with them being notified of the non-compliance in July of 2024. Staff A stated there was pushback from the corporate offices when they were attempting to get the repairs coordinated/scheduled. Staff A stated that the remoteness of the facility also impacted the timeliness of bids, and repairs.

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, HERITAGE HOUSE MORTON 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