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

Pioneer Street LLC
Ridgefield Living Center
104 Pioneer St
Ridgefield, WA 98642

RE: Ridgefield Living Center License # 2252

Dear Administrator:

This letter addresses Compliance Determination(s) 60644 (Completion Date 07/09/2025) and 56617 (Completion Date 04/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/09/2025 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-2040-2

The Department staff who did the on-site verification:
Jason Rose

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

Sincerely,

Clinton Fridley

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Ridgefield Living Center
Provider Type: Assisted Living Facility

License/Cert.#: 2252
Intake ID: 166513
Compliance Determination #: 56617
Region/Unit #: RCS Region 3 / Unit I
Investigator: Jason Rose
Investigation Date(s): 03/19/2025 through 04/18/2025
Complainant Contact Date(s):

Allegation(s):
1) Life safety code: facility is out of compliance with fire code per fire Marshal.

Investigation Methods:

Sample:	Total residents: 34 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Activities Resident rooms
Interviews:	Identified resident Residents care staff Maintenance staff
Record Reviews:	Fire Marshal Letters and inspection reports. Generator and sprinkler test reports.

Investigation Summary:
1) Life safety code: facility is out of compliance with fire code per fire Marshal. Repairs not complete for compliance.

Conclusion / Action:

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

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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 complaint investigation on 03/19/2025 and 04/18/2025 of:

Ridgefield Living Center
104 Pioneer St
Ridgefield, WA 98642

This document references the following complaint number(s): 168074, 171783, 166513, 173686, 173800

The following sample was selected for review during the unannounced on-site visit: 3 of 34 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Jason Rose

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.

Jody Just
Residential Care Services

04/18/2025
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.

Leslie Swindell
Administrator (or Representative)

4/28/25
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 observation, interview and record review, the facility failed to stay in compliance with the Washington State Patrol Fire Protection Bureau for two consecutive inspections. This failure placed all residents, visitors, and staff life and safety at risk in the event of a fire.

Findings included...

Records reviewed on 03/18/2025 at 1:00 PM, of inspection reports from the Washington State Patrol Fire Projection Bureau, dated 12/27/2024 and 01/31/2025, revealed the following:

- Fire inspection of facility conducted on 12/27/2024 had 19 statements of violation.
- Re-inspection conducted on 01/31/2025 had 5 statements of violation uncorrected. These were: Annual fire door inspection shall be completed; five-year sprinkler internal and FDC hydro annual forward flow reports were missing; Fire sprinklers were not added to combustible awnings; facility failed to provide annual generator inspection; three feet of clearance shall be maintained around generator (fence).
- The code requirement for annual fire door inspection includes "...barriers shall be inspected and maintained in accordance with NFPA 80..."(NFPA is the National Fire Protection Agency. NFPA 80 is the standard for fire doors, and other opening protectives. NFPA.org.)

Record review on 03/25/2025 at 10:40 AM, revealed a letter sent to the Fire Marshal from the facility, dated 03/03/2025, stated that the facility had "... a plan to correct and adjust all residential fire doors over the space of a two- year period..."

Interview on 03/19/2025 at 12:29 PM, Staff B, the facility maintenance supervisor, stated that they had questions about the fence impeding the clearance of the generator and it had not been taken down. The fire door inspection had not been completed.

Interview on 3/27/2025 at 12:49 PM, with Collateral Contact 1, Deputy Fire Marshal, stated the facility has had four months to start corrections. The fence around the generator did need to come down, the required sprinklers have not been installed, and repairing three doors a quarter over the next two years was not acceptable.

During an unannounced visit, on 03/19/2025 at 12:25 PM, observation around facility revealed a vanity fence within three feet, on two sides of the outside generator and that sprinklers had not been installed on combustible awnings.

Record review on 03/19/2025 showed that the facility did not provide annual fire door inspection reports requested for fire doors as required by NFPA 80.

Follow up interview on 04/01/2025 with Collateral Contact 1, it was confirmed that the fire door inspection and any needed repairs or maintenance needed to be completed to be within the required fire code (FNPA 80.)

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, Ridgefield Living Center is or will be in compliance with this law and / or regulation on (Date) ~~6/27/2025~~ 6/2/2025.

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

Heather Swindell — Administrator (or Representative)

4/28/25 — Date