



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

03/19/2026

Pacifica SL Ellensburg LLC
Ellensburg Senior Living
818 E Mountain View Ave
Ellensburg, WA 98926

RE: Ellensburg Senior Living # 2376

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 74565 (Completion Date 03/19/2026) and 70513 (Completion Date 01/26/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/19/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

The Department staff who did the On Site verification:

Felicia Cantu, 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



Residential Care Services Investigation Summary Report

Provider/Facility: Ellensburg Senior Living **Provider Type:** Assisted Living Facility
License/Cert. #: 2376 **Intake ID:** 204093
Compliance Determination #: 70513 **Region/Unit #:** RCS Region 1 / Unit G
Investigator: Felicia Cantu
Investigation Date(s): 12/22/2025 through 01/26/2026
Complainant Contact Date(s):

Allegation(s):

A named resident pulled another named resident to the floor.

Investigation Methods:

Sample:	Total residents: 64 Resident sample size: 3 Closed records sample size:
Observations:	Identified residents Residents Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified residents Residents Facility staff Others not associated with the facility
Record Reviews:	Characteristic roster Facility policies State reporting log Incident investigation

Investigation Summary:

Observations showed that the residents appeared safe in the facility. Interviews and record review showed that the facility notified all entities of the incident. The facility failed to document resident's changing behaviors in the named resident's negotiated service plan. Failed practice identified WAC 388-78A-2130(ab)

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 #: 2376	Compliance Determination # 70513
Plan of Correction	Ellensburg Senior Living	Completion Date
Page 1 of 4	Licensee: Pacifica SL Ellensburg LLC	01/26/2026

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 12/22/2025 of:

Ellensburg Senior Living
818 E Mountain View Ave
Ellensburg, WA 98926

This document references the following complaint number(s): 204093, 205116

The following sample was selected for review during the unannounced on-site visit: 3 of 64 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Felicia Cantu, Community Complaint Investigator

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

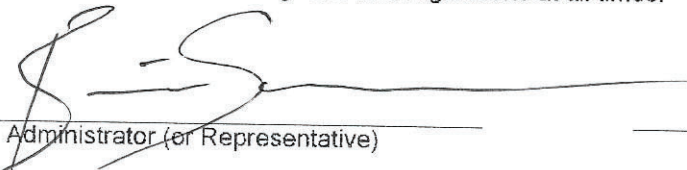
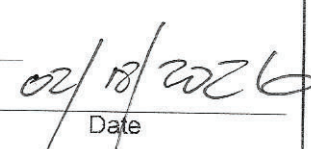
Statement of Deficiencies	License #: 2376	Compliance Determination # 70513
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As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Laura Williams-Davis
Residential Care Services

02/09/2026

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.	
 Administrator (or Representative)	 Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

- (3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :
- (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and
 - (b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on interviews and reviews, the facility failed to update a resident's Negotiated Service Agreement (NSA) when it was no longer meeting the residents' needs for 1 of 3 residents (Resident 1). This failure placed other residents at risk of harm due to the changing needs of Resident 1.

Findings included...

Review of the facility's policy titled "Negotiated Service Agreements" (NSA) dated 12/13/2024, showed that assessments and NSA's will be developed and updated as frequently as necessary to ensure they reflect current resident care needs.

Review of the facility's policy titled "Behavior Management", dated 06/01/2025, showed that community staff will examine resident's patterns of challenging behaviors. If necessary, the residents' NSA is updated to reflect any change in the resident's care needs.

Statement of Deficiencies	License #: 2376	Compliance Determination # 70513
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Review of Resident 1's undated demographic sheet showed that Resident 1 moved into the facility on [REDACTED] /2025, with a diagnosis of [REDACTED].

During an interview on 01/09/2026 at 11:10 AM Collateral Contact 1(CC1), Resident 1's Representative, stated that Resident 1 did not have a pattern of aggressive behaviors before they were admitted to the facility and that there was a short window when Resident 1's behavior started to change.

Review of Resident 1's NSA, dated 09/10/2025, did not show that Resident 1 had a care plan for aggressive behaviors.

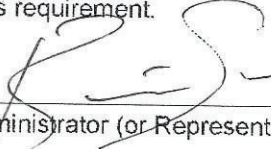
Review of Resident 1's facility chart notes showed the following:

- On 10/16/2025 Resident 1 had shown very aggressive behavior for the last three days, attempting to hit staff during cares, disrupting other residents by undressing in public areas, urinating, and having bowel movements in common areas.
- On 10/20/2025 Resident 1 was agitated during cares and slid down to the floor and landed on their right hip.
- On 10/26/2025 Resident 1 "pooped" on the couch in the common area of unit and was chasing other residents around the unit and stealing their food.
- On 10/27/2025 Resident 1 was "mildly" bothering other residents and was found dumping water on another resident.
- On 11/18/2025 Resident 1 "lunged" at another resident who was in a wheelchair and pulled them to the ground.
- On 11/24/2025 Resident 1 was found in tv room with their pants down, wiping their "dirty" behind with another resident's shirt. Resident 1 was trying to punch and hit staff.
- On 11/26/2025 Resident 1 was grabbing the medicine cart and pushing the dining room chairs into other residents.
- On 12/02/2025 at 10:40 AM Resident 1 was aggressive with care staff "head butting", biting, and kicking the care staff and coming out of their room, "peeing on the floor"
- On 12/02/2025 at 8:44 PM Resident peed and pooped on the chair in the dining room. Resident 1 was swinging arms and bit the care staff.
- On 12/03/2025 at 9:14 PM Resident 1 was getting into other residents' space and agitating them by trying to steal their food and attempting to go into other residents' rooms.
- On 12/11/2025 Resident 1 was found in another Resident's room "disrupting" them.
- On 12/18/2025 Resident 1 became aggressive and tried to punch a staff member, and head butted a staff member on the lip.
- On 12/31/2025 Resident was not at their baseline and was sent to the hospital.
- On 1/03/2026 at 9:21 PM Resident 1's behavior was not baseline. The resident was more somber throughout the day than normal and often yelled.

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Review of all provided NSAs for Resident 1 from the facility there were no further updated assessments or NSAs available.

During an interview on 01/26/2026 at 2:00 PM Staff A, Administrator agreed that Resident 1's NSA should have been updated to address Resident 1's changing behaviors when they occurred.

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, Ellensburg Senior Living is or will be in compliance with this law and / or regulation on (Date) <u>03/09/2026</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>02/18/2026</u> _____ Date