



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

Geenlake Management Kennewick, LLC  
Three Rivers Place Senior Living  
1108 W 5th Ave  
Kennewick, WA 99336

RE: Three Rivers Place Senior Living License # 2536

Dear Administrator:

This letter addresses Compliance Determination(s) 64606 (Completion Date 08/27/2025) and 62294 (Completion Date 07/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/27/2025 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-2466-1-a

The Department staff who did the on-site verification:  
Robin Barnes, Assisted Living Facility Licensors

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

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**Provider/Facility:** Three Rivers Place Senior Living  
**License/Cert.#:** 2536  
**Compliance Determination #:** 62294  
**Investigator:** Anna Cairns  
**Investigation Date(s):** 07/09/2025 through 07/25/2025  
**Complainant Contact Date(s):**

**Provider Type:** Assisted Living Facility  
**Intake ID:** 183616  
**Region/Unit #:** RCS Region 1 / Unit G

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### Allegation(s):

1. Staff misconduct that included drug usage.
  2. Improper resident care.
  3. Poor food quality.
  4. Improper building maintenance.
  5. Checks from the named resident had been found in the trash at the facility that had previous employees names on the payee portion of the check.
- 

### Investigation Methods:

|                        |                                                                                                                                                                                                                                  |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sample:</b>         | Total residents: 35<br>Resident sample size: 3<br>Closed records sample size: 0                                                                                                                                                  |
| <b>Observations:</b>   | Desk review per Field Manager approval                                                                                                                                                                                           |
| <b>Interviews:</b>     | Administrator<br>Business Office Manager<br>Staff<br>Residents<br>Resident Representative                                                                                                                                        |
| <b>Record Reviews:</b> | Characteristic roster<br>Resident record (face sheet)<br>Incident investigation<br>Facility policy (abuse, neglect, and reporting)<br>Staff list<br>Staff schedule)<br>Staff records (references, credential, background checks) |

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### Investigation Summary:

1. Interviews with staff and resident showed no concern with staff drug use or staff conduct. No failed practice identified.
2. Interviews and record review showed sufficient care was provided to residents and that staff had the needed credentials to provide care to residents. The facility did not maintain a valid two year Washington state name and date of birth background check for one staff member. Failed practice identified, WAC 388-78A-

2466 (1)(a). Previously cited on 10/03/2022.

3. Interviews showed that the facility provided a food committee meeting and alternate meal options for residents when requested. No failed practice identified.

4. Interviews showed no concerns with resident apartment or facility maintenance issues that had not been addressed. No failed practice identified.

5. Record review and interview showed that the checks from the named resident had not been found in the trash at the facility. The facility was notified by family that the named resident's bank showed a check cashed with the AP's name on it. The facility completed an investigation, and made the appropriate notifications. Interview showed that residents had a locking cabinet in their apartment and that they could lock their door if they chose to. No failed practice identified.

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**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 #: 2536                              | Compliance Determination # 62294 |
| Plan of Correction        | Three Rivers Place Senior Living             | Completion Date                  |
| Page 1 of 3               | Licensee: Geenlake Management Kennewick, LLC | 07/25/2025                       |

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 07/09/2025 of:

Three Rivers Place Senior Living  
1108 W 5th Ave  
Kennewick, WA 99336

This document references the following complaint number(s): 183616

The following sample was selected for review during the unannounced on-site visit: 3 of 35 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor

From:  
DSHS, Aging and Long-Term Support Administration  
Residential Care Services, Region 1 , Unit G  
1200 Alder Street  
Union Gap, WA 98903

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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

08/04/2025  
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.

*Tonya Williams*  
Administrator (or Representative)

8/13/25  
Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to maintain a valid two year name and date of birth background check for 1 of 1 staff (Staff C). This failure placed residents at risk of being cared for by disqualified staff.

**Findings included...**

Review of Staff C's, Caregiver, personnel file showed that they had been hired on 04/01/2023. Staff C's file showed that their initial Washington state name and date of birth background check was completed on 04/11/2023 and expired on 04/11/2025. Staff C's file showed that their two year background check was not completed until 07/14/2025, 94 days after the initial background check had expired.

In an interview on 07/14/2025, Staff B, Business Office Manager, acknowledged that Staff C's Washington state name and date of birth background check was completed late.

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This is recurring deficiency previously cited on 10/03/2022.

**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, Three Rivers Place Senior Living is or will be in compliance with this law and / or regulation on  
(Date) 8/13/25.

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

Tonya Williams  
Administrator (or Representative)

8/13/25  
Date

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