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

Greenlake Management Pasco, LLC
Tri-Cities Assisted Living
2000 N 22nd Ave
Pasco, WA 99301

RE: Tri-Cities Assisted Living License # 2549

Dear Administrator:

This letter addresses Compliance Determination(s) 69091 (Completion Date 11/20/2025) and 65994 (Completion Date 10/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/20/2025 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-2474-2-e

The Department staff who did the on-site verification:
Elaine Lopez, Licensor

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

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

Statement of Deficiencies	License #: 2549	Compliance Determination #65994
Plan of Correction	Tri-Cities Assisted Living	Completion Date
Page 1 of 3	Licensee: Greenlake Management Pasco, LLC	10/03/2025

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 the unannounced on-site full inspection and complaint investigation on 09/29/2025, 09/30/2025, 10/01/2025 and 10/02/2025 of:

Tri-Cities Assisted Living
2000 N 22nd Ave
Pasco, WA 99301

This document references the following complaint numbers: 193686, 193165, 195448, 195143, 196392.

The following sample was selected for review during the unannounced on-site visit: 9 of 91 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Elaine Lopez, Licensor
Jessica Clapp, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor
Robin Barnes, Assisted Living Facility Licensor

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

Statement of Deficiencies	License #: 2549	Compliance Determination #:65934
Plan of Correction	Tri-Cities Assisted Living	Completion Date
Page 2 of 3	Licensee: Greenlake Management Pasco, LLC	10/03/2025

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

10/09/2025
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.

Administrator (or Representative)

10/10/25
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that the required 12 hours of continuing education were completed for 2 of 6 staff (Staff E and F). This failure placed the residents at risk of being cared for by untrained staff

Findings included...

Staff E

Review of the personnel file for Staff E, Resident Care Coordinator, showed that they started working at the facility on 04/08/2022. Staff E's file showed that they had completed five of the required 12 hours of continuing education training.

Staff F

Review of the personnel file for Staff F, Caregiver, showed that they restarted working at the facility on 6/11/2024. Staff F's file showed that they had not completed any of the required continuing education training.

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

10/09/2025
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.

Administrator (or Representative)

Date

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that the required 12 hours of continuing education were completed for 2 of 6 staff (Staff E and F). This failure placed the residents at risk of being cared for by untrained staff.

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Staff F

Review of the personnel file for Staff F, Caregiver, showed that they restarted working at the facility on 6/11/2024. Staff F's file showed that they had not completed any of the required continuing education training.

Statement of Deficiencies	License # 2549	Compliance Determination #65994
Plan of Correction	Tri-Cities Assisted Living	Completion Date
Page 3 of 3	Licensee: Greenlake Management Pasco, LLC	10/03/2026

In an interview on 09/30/2025 at 11:50 AM, Staff H, Business Office Manager, acknowledged the continuing education requirement was not met for Staff E and Staff F.

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, Tri-Cities Assisted Living is or will be in compliance with this law and / or regulation on (Date) 11/15/25 .

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

Administrator (or Representative) 10.10.25 Date

In an interview on 09/30/2025 at 11:50 AM, Staff H, Business Office Manager, acknowledged the continuing education requirement was not met for Staff E and Staff F.

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, Tri-Cities Assisted Living 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

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

Greenlake Management Pasco, LLC
Tri-Cities Assisted Living
2000 N 22nd Ave
Pasco, WA 99301

RE: Tri-Cities Assisted Living # 2549

Dear Administrator:

This document references the following complaint numbers 193686, 193165, 195448, 195143, 196392.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 10/03/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laura Williams-Davis, ALF Field Manager

Residential Care Services
Region 1, Unit G
Preferred methods:
eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

The facility failed to have the required signatures at least annually on resident negotiated service agreements. The facility obtained the required signatures on the residents' service agreements during the inspection.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

The facility failed to have a clearly stated Medicaid policy on accepting Medicaid as payment. The facility drafted a new Medicaid policy with the requirements during the inspection.

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(3) Provide intact sixteen mesh screens on operable windows and openings used for ventilation; and

The facility failed to provide and maintain intact screens on operable windows. The facility ordered and began replacing window screens during the inspection.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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

Enclosure