



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 74348 (Completion Date 03/16/2026) and 73129 (Completion Date 02/25/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/16/2026 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-2040-1, WAC 388-78A-2040-2

The Department staff who did the off-site verification:
Elaine Lopez, Licenser

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: Tri-Cities Assisted Living **Provider Type:** Assisted Living Facility
License/Cert. #: 2549 **Intake ID:** 212641
Compliance Determination #: 73129 **Region/Unit #:** RCS Region 1 / Unit G
Investigator: Elaine Lopez
Investigation Date(s): 02/20/2026 through 02/25/2026
Complainant Contact Date(s):

Allegation(s):

1. The facility failed their Fire Marshal re-inspection.
 2. The facility license expired 11/30/2025.
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Investigation Methods:

Sample: Total residents: 89
Resident sample size: 3
Closed records sample size: 0

Observations: The two outdoor smoking areas were observed to not have cigarette butts on the ground or in a garbage can. Two cigarette receptacles were in place. The front lobby and hallways were clean and without odors. Resident to resident and resident to staff interactions were observed to be respectful.

Interviews: Facility staff and sampled residents.

Record Reviews: Fire Marshal report and electronic correspondence from the Fire Marshal, Assisted Living Facility updated license.

Investigation Summary:

1. The facility failed their initial Fire Marshal inspection and their first follow-up Fire Marshal reinspection. Failed practice identified. WAC 388-78A-2040(1)(2).
 2. The facility had an updated license with an expiration date of 11/30/2026. No facility 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 #: 2549	Compliance Determination # 73129
Plan of Correction	Tri-Cities Assisted Living	Completion Date
Page 1 of 3	Licensee: Greenlake Management Pasco, LLC	02/25/2026

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 02/20/2026 and 02/23/2026 of:

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

This document references the following complaint number(s): 212585, 212641

The following sample was selected for review during the unannounced on-site visit: 3 of 89 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Elaine Lopez, Licenser

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 #: 2549	Compliance Determination # 73129
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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

03/05/2026
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)	3/5/26 _____ Date
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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 interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility was non-compliant during their re-inspection of the facility. This failure placed residents living in the facility, staff, and visitors at risk of harm in the event of a fire.

Findings included...

Record review of the Deputy State Fire Marshal (DSFM)'s report, dated 02/11/2026, showed that the facility failed their initial inspection on 11/24/2025. The follow-up reinspection on 02/11/2026 showed that the facility continued to violate the following requirements:

- Cigarettes were being discarded under and near a wood bench outside the facility. Cigarettes were being discarded into a garbage can near the smoking area.
- The following two locations had penetrations in fire-resistant-rated-construction and construction installed to resist the passage of smoke: The first-floor electrical room had no key for access and the first-floor linen room (spray foam used).
- Room 127's fire door would not latch from a fully opened position.

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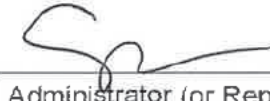
- The facility could not provide documentation of an internal pipe inspection that was performed on 01/20/2025 and the fourth quarter 2025 fire sprinkler inspection.

In an interview on 2/20/2026 at 10:24 AM, Staff A, Administrator, acknowledged that the facility had the Fire Marshal at the facility recently and that there were uncorrected violations during their reinspection that occurred on 2/11/2026.

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) 3/10/26.

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



Administrator (or Representative)

3/5/26

Date