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

11/20/2025

Greenlake Management Columbian, LLC
Royal Columbian Senior Living
5615 W Umatilla Ave
Kennewick, WA 99336

RE: Royal Columbian Senior Living # 2581

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 69096 (Completion Date 11/20/2025) and 66040 (Completion Date 10/06/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/20/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(c) Safely operate the assisted living facility; and

(d) Operate in compliance with state and federal law, including, but not limited to, chapters 7.70 , 11.88, 11.92, 11.94, 69.41, 70.122, 70.129, and 74.34 RCW, and any rules promulgated under these statutes.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610 ;

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Royal Columbian Senior Living
License/Cert.#: 2581
Compliance Determination #: 66040
Investigator: Elaine Lopez
Investigation Date(s): 09/22/2025 through 10/06/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 195577
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):
Two residents and three staff members tested positive for Coronavirus (COVID-19).

Investigation Methods:

Sample:	Total residents: 95 Resident sample size: 5 Closed records sample size: 0
Observations:	Observations of the front door, common areas, residents to resident and resident to staff interactions.
Interviews:	Facility staff and an other not associated with the facility.
Record Reviews:	The facility characteristic roster, facility respiratory protection program plan and respiratory program template.

Investigation Summary:
Interview with administration staff showed that the facility was in a COVID-19 outbreak with residents and staff infected. Facility staff interviews showed that the facility staff were not medically cleared for fit testing and were not fit tested for their respiratory protection method. Interviews showed that the facility did not follow their Respiratory Protection Plan of having documentation that staff are being medically cleared for fit testing methods. Failed practice identified. Washington Administrative Code 388-78A-2600 Policies and procedures.

Conclusion / Action:

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

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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 09/22/2025 and 09/24/2025 of:

Royal Columbian Senior Living
5615 W Umatilla Ave
Kennewick, WA 99336

This document references the following complaint number(s): 195577

The following sample was selected for review during the unannounced on-site visit: 5 of 95 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Elaine Lopez, 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 #: 2581	Compliance Determination #66040
Plan of Correction	Royal Columbian Senior Living	Completion Date
Page 2 of 4	Licensee: Greenlake Management Columbian, LLC	10/06/2025

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

10/15/2025
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.

Rachael Alr
Administrator (or Representative)

10/15/25
Date

WAC 388-78A-2600 Policies and procedures.

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(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(k) To prevent and limit the spread of infections consistent with WAC 388-78A-2610 ;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to follow their Respiratory Protection Program policy for medical clearance and respiratory fit testing for 4 of 4 staff (Staff B, C, D, E). This failure caused the facility staff to not be medically cleared or correctly fitted with respiratory protection when staff cared for residents with a respiratory infection.

Findings included...

Record review of the facility's policy titled, "Respiratory Protection Plan for Greenlake Senior Living," dated 10/09/2024, showed that the infection control coordinator oversees the implementation of the Respiratory Protection Program (RPP) and ensures compliance with all regulations. The facility was responsible for obtaining medical clearance, hazard assessment to identify potential respiratory hazards and respiratory protection selection based on the hazard assessment on staff that interacted with

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

10/15/2025
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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Findings included...

Record review of the facility's policy titled, "Respiratory Protection Plan for Greenlake Senior Living," dated 10/09/2024, showed that the infection control coordinator oversees the implementation of the Respiratory Protection Program (RPP) and ensures compliance with all regulations. The facility was responsible for obtaining medical clearance, hazard assessment to identify potential respiratory hazards and respiratory protection selection based on the hazard assessment on staff that interacted with

residents suspected or confirmed to have a respiratory infection.

In an interview on 09/24/2025 at 10:56, Staff A, Director of Operations, stated "Yes," to the question if the facility had Coronavirus (COVID-19) in the building. Staff A stated that they were not able to find the binder that contained staff medical clearance or fit testing documents for respiratory protection. Staff A stated that there was a 3-ring binder with all of the documents put together, although they needed to find it. Staff A stated that when staff come in, they answer the questionnaire for medical clearance that is done by a company that the facility hired.

In an interview on 09/24/2025 at 10:56 AM Staff A stated that as of today the facility had five residents and three staff members that had tested positive for COVID-19 and that the facility was completing COVID-19 testing that day. Staff A stated the first two positive residents with COVID-19 were on 09/19/2025. The third, fourth and fifth residents tested positive for COVID-19 on 09/22/2025.

In an interview on 09/24/2025 at 10:56 AM, Staff B, Regional Health Director/Licensed Practical Nurse, stated that staff had been fit-tested. Staff B stated that they needed to call the previous nurse and ask where the documents were for the staff medical clearance and fit testing. Staff B stated that they were not able to find the RPP binder that contained staff medical clearance and the fit testing documents. Additionally, Staff B stated that staff were wearing surgical masks and Personal Protective Equipment (PPE) when in contact with COVID-19 positive residents. Staff B stated that they had done a full staff in-service on how to Donn and Doff PPE and that there were PPE stations outside each of the COVID-19 positive resident rooms.

In an interview and record review, on 09/24/2025 at 11:00 AM, Staff A stated the following staff hire dates:
- Staff B started working at the facility on 10/16/2024.
- Staff C, Caregiver/Resident Care Coordinator, started working at the facility on 03/20/2025 as a caregiver
- Staff D, Caregiver, started working at the facility on 08/01/2025
- Staff E, Caregiver, started working at the facility on 05/19/2025

In an interview on 09/24/2025 at 11:43 AM, Staff B stated that they had not been fit tested at this facility and had been fit tested at their previous employer a few months ago. Although, Staff B stated that they did not have a copy of the documents.

In an interview on 09/24/2025 at 11:45 AM, Staff C, Resident Care Coordinator, stated that they could not recall if they had been fit tested at this facility and stated that they had been fit tested at other facilities.

In an interview on 09/24/2025 at 11:49 AM, Staff D stated that they had not been medically cleared or fit tested at this facility. Staff D stated that they had been done at another facility they used to work at. Staff D said, "I think in June or July 2025." Staff D stated that they were going into COVID-19 positive resident rooms and wearing PPE.

Staff D stated that the facility's nurse [Staff B] had done PPE training the week prior on how to put on and take off PPE.

In an interview on 09/24/2025 at 11:59 AM, Staff E stated that their last medical clearance and fit testing was about two years ago through previous employment. Staff E stated that they have not been medically cleared or fit tested at this facility.

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, Royal Columbian Senior 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.

Rachel Ahr — Administrator (or Representative)

10/15/25 — Date

Staff D stated that the facility's nurse [Staff B] had done PPE training the week prior on how to put on and take off PPE.

In an interview on 09/24/2025 at 11:59 AM, Staff E stated that their last medical clearance and fit testing was about two years ago through previous employment. Staff E stated that they have not been medically cleared or fit tested at this facility.

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, Royal Columbian Senior 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