STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Centralia Point Operating Company LLC
Centralia Point Assisted Living and Memory Care
2010 Cooks Hill Rd
Centralia, WA 98531

RE: Centralia Point Assisted Living and Memory Care License # 2609

Dear Administrator:

This letter addresses Compliance Determination(s) 25432 (Completion Date 06/15/2023) and 22874 (Completion Date 04/28/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/15/2023 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-2040-2

The Department staff who did the on-site verification:
Anissa Bearden, Licensor

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Centralia Point Assisted Living and Memory Care
License/Cert.#: 2609
Compliance Determination #: 22874
Investigator: Anissa Bearden
Investigation Date(s): 04/21/2023 through 04/28/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 73469
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):
1) facility was out of compliance with the state fire marshal violations for 3 months.

Investigation Methods:

Sample:	Total residents: 21 Resident sample size: 21 Closed records sample size: 0
Observations:	Residents Activities Dining Environment Entire facility building and grounds. Resident care equipment Resident rooms
Interviews:	Maintenance staff Identified staff Administrative staff Owner of the facility
Record Reviews:	Maintenance logs State fire marshal reports/inspections

Investigation Summary:
1) facility was out of compliance with WA state fire Marshal violations from 12/12/2022 - 03/16/2023. The facility had staff turn over that contributed to the delay and the owner failed to follow up when took ownership in 02/2022 to verify when the facility's inspections were scheduled to be completed.

Conclusion / Action:

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

☐ N/A

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
6639 Capitol Blvd SW, Floor 1or 1, Tumwater, WA 98501

Statement of Deficiencies	License #: 2609	Compliance Determination # 22874
Plan of Correction	Centralia Point Assisted Living and Memory Care	Completion Date
Page 1 of 3	Licensee: Centralia Point Operating Company LLC	04/28/2023

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 04/21/2023 and 04/28/2023 of:

Centralia Point Assisted Living and Memory Care
2010 Cooks Hill Rd
Centralia, WA 98531

This document references the following complaint number(s): 73469

The following sample was selected for review during the unannounced on-site visit: 21 of 21 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anissa Bearden, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
6639 Capitol Blvd SW, Floor 1or 1
Tumwater, WA 98501

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.

Cory Cisneros
Residential Care Services

05/03/2023
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.

Bupe WBoun — Administrator (or Representative)

5/8/2023 — Date

WAC 388-78A-2040 Other requirements.

Corrected 3/16/2023 BupeWBoun 5/8/2023

(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 facility failed to stay in compliance with the Washington State Patrol Fire Protection Bureau for the second consecutive inspection. This failure placed 21 of 21 residents' and 22 staffs' life and safety at risk in the event of a fire.

Findings included...

Record review of the State Patrol Fire Protection Bureau inspection report, dated 12/12/2023, showed the facility had numerous violations on 12/12/2023 inspection that included:
"Fire walls, fire barriers, fire partitions, smoke barriers and smoke partitions or any other wall required to have protected openings or penetrations shall be effectively and permanently identified with signs or stenciling in the concealed space.

Hood system failed to vent properly in kitchen. Fuel burning kitchen appliance shall not be used until hood system is repaired.

Fire rated construction shall be repaired multiple holes found in corridor. Each penetration shall be a listed assembly with documentation available at time of inspection.

The following doors failed to self-close and latch: Floor 2 laundry room door, and care office by room 4.

Facility failed to provide the following documents: Annual fire sprinkler report, 5 year internal pipe, testing, 3 year dry system full flow testing, annual forward flow testing of backflow, quarterly fire sprinkler inspections.

Facility failed to provide the semi annual hood system inspection test by Internal Code Council (ICC) certified inspector.

Facility failed to provide the following documents: Sensitivity testing, 5 year Fire Department Connections (FDC) hydro test, monthly carbon monoxide detector testing.

Facility failed to provide monthly emergency light testing.

Facility failed to provide the annual emergency light testing.

Facility failed to provide any fire drills."

Record review of the State Patrol Fire Protection Bureau inspection report, dated 01/30/2023, showed an inspection was conducted that multiple violations were identified that included:

"Facility failed to provide the following documents for the facility's sprinkler system: 5 year internal pipe testing, annual forward flow testing on backflow.

Facility failed to provide the following documents for the smoke detectors: sensitivity testing device shall be corrected that failed the testing.

Facility failed to provide the following documents: 5 year hydro test.
The door locks to the room's 8 and 6 were missing or broken."

Record review of the State Patrol Fire Protection Bureau inspection report, dated 03/01/2032, showed an inspection was conducted with violations that were identified as uncorrected from the previous inspections that included:
"Facility failed to provide the documents for the 5 year FDC hydro test."

In an interview on 04/21/2023 at 1:20 PM, Staff A, Administrator, stated that when they started at the facility on 03/01/2023, there was a list of violations that needed to be corrected from the State Fire Marshall Inspections. Staff A stated that Staff B (former) Maintenance director ended his employment on 03/01/2023. Staff A stated the facility didn't have a maintenance director from 03/02/2023 thru 03/16/2023.

In an interview on 04/21/2023 with Collateral Contact 1, Owner of the facility, stated that they took ownership of the facility in February 2022 and that they were unaware that the 5 year hydro test was to be completed that year. Collateral Contact 1 stated that they were familiar with the inspections as this was their fourth facility they owned in the state.

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, Centralia Point Assisted Living and Memory Care is or will be in compliance with this law and / or regulation on (Date) 3/16/2023 .

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

Byrne Bown — Administrator (or Representative)

5/8/2023 — Date