STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

03/02/2026

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 # 2609

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 73715 (Completion Date 03/02/2026) and 70524 (Completion Date 12/23/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/02/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

The Department staff who did the On Site verification:
Clinton Fridley, Community Nurse Field Manager
Maria Salas, ALF Complaint Investigator

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley RN

Clinton Fridley, Community Nurse 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 #: 70524
Investigator: Clinton Fridley
Investigation Date(s): 12/23/2025 through 12/23/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 203765
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):
Report of fifth failed fire marshal follow up.

Investigation Methods:

Sample:	Total residents: 53 Resident sample size: 53 Closed records sample size: 0
Observations:	Resident to resident interactions Staff to resident interactions
Interviews:	Maintenance staff
Record Reviews:	fire marshal reports

Investigation Summary:
Based on record review and interview the facility remained out of compliance with local fire marshal inspections after five follow up attempts. Failed practice identified.

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
800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 12/23/2025 of:

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

This document references the following complaint number(s): 203765

The following sample was selected for review during the unannounced on-site visit: 53 of 53 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Maria Salas, ALF Complaint Investigator
Clinton Fridley, Community Nurse Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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.

Clinton Fridley RN
Residential Care Services

01/05/2026
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.

Dawnielle Sweeney
Administrator (or Representative)

2/6/26
Date

WAC 388-78A-2040 Other requirements.

(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 stay in compliance with the local and state fire ordinances for 1 of 1 Assisted Living Facilities (ALF). This failure placed all residents, visitors, and staff at risk of injury and harm in the event of a fire.

Findings included...

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 01/03/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

- **Inspection and Maintenance:** "Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified."

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 02/08/2025, showed the facility had failed to gain and maintain compliance as required

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.

Clinton Fridley RN
Residential Care Services

01/05/2026
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)

Date

WAC 388-78A-2040 Other requirements.

(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 stay in compliance with the local and state fire ordinances for 1 of 1 Assisted Living Facilities (ALF). This failure placed all residents, visitors, and staff at risk of injury and harm in the event of a fire.

Findings included...

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 01/03/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

- **Inspection and Maintenance:** "Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified."

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 02/08/2025, showed the facility had failed to gain and maintain compliance as required

by state law, findings below:

- **Inspection and Maintenance:** "Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified."

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 04/23/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

- **Inspection and Maintenance:** "Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified."

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 05/29/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

- **Inspection and Maintenance:** "Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified."

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 11/25/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

- **Inspection and Maintenance:** "Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified."

In an interview on 12/23/2025 at 2:00 PM, Staff A, Maintenance Director, stated that the original company they had been working with had subcontracted another company to complete the job and that at that time the employees that were sent out to complete the job had not finished all the work that needed to be done like leveling doors, fixing door trim, installing panic bars and the door gaps. Staff A stated this was the reason for them not being back in compliance with the fire marshal.

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) 2/6/26.

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

Dawnielle Sweeney
Administrator (or Representative)

2/6/26
Date

- **Inspection and Maintenance:** "Opening protectives in fire-resistance-rated assemblies shall be inspected and maintained in accordance with NFPA 80. Opening protectives in smoke barriers shall be inspected and maintained in accordance with NFPA 80 and NFPA 105. Openings in smoke partitions shall be inspected and maintained in accordance with NFPA 105. Fire doors and smoke and draft control doors shall not be blocked, obstructed, or otherwise made inoperable. Fusible links shall be replaced promptly whenever fused or damaged. Opening protectives and smoke and draft control doors shall not be modified."

In an interview on 12/23/2025 at 2:00 PM, Staff A, Maintenance Director, stated that the original company they had been working with had subcontracted another company to complete the job and that at that time the employees that were sent out to complete the job had not finished all the work that needed to be done like leveling doors, fixing door trim, installing panic bars and the door gaps. Staff A stated this was the reason for them not being back in compliance with the fire marshal.

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)_____ .

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

_____ _____

Administrator (or Representative) Date