



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

Greenlake Management Ocean Shores, LLC
Ocean Shores Assisted Living
1020 Catala Avenue SE
Ocean Shores, WA 98569

RE: Ocean Shores Assisted Living License # 2615

Dear Administrator:

This letter addresses Compliance Determination(s) 70149 (Completion Date 12/16/2025) and 65980 (Completion Date 09/23/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/16/2025 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-3010, WAC 388-78A-3010-8, WAC 388-78A-3010-8-e

The Department staff who did the on-site verification:
Paul Aube, ALF NCI

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

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services Investigation Summary Report

Provider/Facility: Ocean Shores Assisted Living

License/Cert.#: 2615

Compliance Determination #: 65980

Investigator: Paul Aube

Investigation Date(s): 09/23/2025 through 09/23/2025

Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 193571

Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1. Misappropriation of Property: Facility report of resident belongings being stolen from their rooms.
2. Financial Exploitation: Facility report of resident's money being stolen from their rooms.

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 9 Closed records sample size: 1
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Residents Nursing Staff Management
Record Reviews:	Incident investigation Progress Notes Facility policies

Investigation Summary:

1. Misappropriation of Property: Facility notified all appropriate parties and investigated incident. Facility with intervention in place to prevent future occurrences. Facility failed to have a locked compartment available in all resident rooms for them to utilize and store their belongings. Failed practice Identified.
2. Financial Exploitation: Facility notified all appropriate parties and investigated incident. Facility with intervention in place to prevent future occurrences. Facility failed to have a locked compartment available in all resident rooms for them to utilize and store their belongings. Failed practice Identified.

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 #: 2615	Compliance Determination # 65980
Plan of Correction	Ocean Shores Assisted Living	Completion Date
Page 1 of 4	Licensee: Greenlake Management Ocean Shores, LLC	09/23/2025

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 an unannounced on-site complaint investigation on 09/23/2025 of:

Ocean Shores Assisted Living
1020 Catala Avenue SE
Ocean Shores, WA 98569

This document references the following complaint number(s): 193571, 194358, 194631

The following sample was selected for review during the unannounced on-site visit: 9 of 49 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Paul Aube, ALF NCI

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

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License # 2615	Compliance Determination #65980
Plan of Correction	Ocean Shores Assisted Living	Completion Date
Page 2 of 4	Licensee: Greenlake Management Ocean Shores, LLC	09/23/2025

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.

Clinton Fridley
Residential Care Services

09/29/2025

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.

Webb Smathers
Administrator (or Representative)

10/3/25
Date

WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(8) Miscellaneous: Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches.

This requirement was not met as evidenced by:

Based on observation and interview, the assisted living facility failed to provide a locking compartment for residents to utilize in their rooms for 4 of 8 residents reviewed (Resident 2 [R2], Resident 3, [R3], Resident 5 [R5] and Resident 6 [R6]). This failure resulted in residents at the facility being unable to secure their belongings and placed them at risk for an overall decreased quality of life.

Findings included...

During an interview with Staff A, Executive Director, on 09/23/2025 at 9:54AM, Staff A was asked if all resident rooms at the facility had a locked compartment, such as a locking cabinet/drawer, for residents to utilize and store their belongings. Staff A stated, "Some people have chosen to have a locked cabinet with a key. We have encouraged them to put those things in there. They are the only ones that get the key to that. Not all rooms have that. It is an option if they want one or not."

Review of an undated "Assisted Living Facility Resident Characteristic Roster" showed that R2 admitted to the assisted living facility on [REDACTED]/2024.

During an interview with R2 on 09/23/2025 at 10:29AM, R2 was asked if they had a

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.

Residential Care Services

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-3010 Resident units. The assisted living facility resident units must have the following:

(8) Miscellaneous: Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches;

This requirement was not met as evidenced by:

Based on observation and interview, the assisted living facility failed to provide a locking compartment for residents to utilize in their rooms for 4 of 8 residents reviewed (Resident 2 [R2], Resident 3, [R3], Resident 5 [R5] and Resident 6 [R6]). This failure resulted in residents at the facility being unable to secure their belongings and placed them at risk for an overall decreased quality of life.

Findings included...

During an interview with Staff A, Executive Director, on 09/23/2025 at 9:54AM, Staff A was asked if all resident rooms at the facility had a locked compartment, such as a locking cabinet/drawer, for residents to utilize and store their belongings. Staff A stated, "Some people have chosen to have a locked cabinet with a key. We have encouraged them to put those things in there. They are the only ones that get the key to that. Not all rooms have that. It is an option if they want one or not."

Review of an undated "Assisted Living Facility Resident Characteristic Roster" showed that R2 admitted to the assisted living facility on [REDACTED]/2024.

During an interview with R2 on 09/23/2025 at 10:29AM, R2 was asked if they had a

locked compartment in their room so they could keep valuables/belongings locked up. R2 stated that their room did not have a locking compartment. Observations of R2's room showed there was no locking compartment anywhere in the resident's room. R2 was asked if it would make them feel safer if they had a locking compartment for their valuables. R2 stated, "Yes, that would."

Review of an undated "Assisted Living Facility Resident Characteristic Roster" showed that R3 admitted to the assisted living facility on [REDACTED]/2021.

During an interview with R3 on 09/23/2025 at 10:50AM, R3 was asked if they had a locked compartment in their room so they could keep valuables/belongings locked up. R3 stated that they did not have a locking compartment in their room. Observations of R3's room showed there was no locking compartment anywhere in the resident's room. R3 was asked if it would make them feel safer if they had a locking compartment for their valuables. R3 stated that they would like to have one.

Review of an undated "Assisted Living Facility Resident Characteristic Roster" showed that R5 admitted to the assisted living facility on [REDACTED]/2025.

During an interview with R5 on 09/23/2025 at 12:25PM, R5 was asked if they had a locked compartment in their room so they could keep valuables/belongings locked up. R5 stated that there is a drawer that has a lock on it in the bathroom but stated that the lock was missing. Observations of R5's room showed there was a locking compartment (drawer) in the resident bathroom, however there was observed to be a hole where the lock was removed. Further observations showed there was no other locking compartments in the other parts of R5's room for them to utilize. R5 was asked if it would make them feel safer if they had a locking compartment for their valuables. R5 stated that they would like one and suggested it should be placed in the cabinets inside the living area of the room, and not the resident bathroom.

Review of an undated "Assisted Living Facility Resident Characteristic Roster" showed that R6 admitted to the assisted living facility on [REDACTED]/2025.

During an interview with R6 on 09/23/2025 at 12:30PM, R6 was asked if they had a locked compartment in their room so they could keep valuables/belongings locked up. R6 stated that they did not have a locking compartment in their room. Observations of R6's room showed there was a locking compartment (cabinet) in the living area, but the lock was not engaged. R6 was asked if they were ever given a key to this cabinet to utilize the cabinet. R6 stated that they were not even aware that the lock was there. R6 then stated, "The only keys that I have are one for my room, and one for my mailbox." R6 was asked if it would make them feel safer if they had a locking compartment for their valuables. R6 stated "Absolutely, that would be great."

During an interview with Staff A on 09/23/2025 at 12:45PM, Staff A was asked if there

Statement of Deficiencies	License #: 2635	Compliance Determination # 65980
Plan of Correction	Ocean Shores Assisted Living	Completion Date
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was a reason why all residents at the facility did not have a locking compartments in their rooms. Staff A stated, "They just never have had them. Some rooms have them, and some don't."

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, Ocean Shores Assisted Living is or will be in compliance with this law and / or regulation on (Date) 11/7/25.

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

Debbie Smathers
Administrator (or Representative)

10/3/25
Date

was a reason why all residents at the facility did not have a locking compartments in their rooms. Staff A stated, "They just never have had them. Some rooms have them, and some don't."

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, Ocean Shores 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