



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

NorthCare Washington LLC
NorthCare Pasco
5921 Road 60
Pasco, WA 99301

RE: NorthCare Pasco License # 2666

Dear Administrator:

This letter addresses Compliance Determination(s) 71190 (Completion Date 01/09/2026) and 69280 (Completion Date 12/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/09/2026 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-2040-2

The Department staff who did the on-site verification:
Jessica Clapp, Assisted Living Facility Licensors

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: NorthCare Pasco

Provider Type: Assisted Living Facility

License/Cert.#: 2666

Compliance Determination #: 69280

Intake ID: 202515

Investigator: Jessica Clapp

Region/Unit #: RCS Region 1 / Unit G

Investigation Date(s): 11/26/2025 through 12/03/2025

Complainant Contact Date(s):

Allegation(s):

Failed fire marshal reinspection.

Investigation Methods:

Sample: Total residents: 60
Resident sample size: 0
Closed records sample size: 0

Observations: Desk review

Interviews: Administrator

Record Reviews: Fire Marshal report
Email correspondence

Investigation Summary:

Interview and record review showed that the facility failed the Deputy State Fire Marshal inspection. Failed practice identified. Refer to Washington State Administrative Code (WAC) 388-78A-2040(2).

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 #: 2666	Compliance Determination # 69280
Plan of Correction	NorthCare Pasco	Completion Date
Page 1 of 3	Licensee: NorthCare Washington LLC	12/03/2025

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 11/26/2025 of:

NorthCare Pasco
5921 Road 60
Pasco, WA 99301

This document references the following complaint number(s): 202515

The following sample was selected for review during the unannounced on-site visit: 0 of 60 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Jessica Clapp, Assisted Living Facility Licensors

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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

12/09/2025

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)

12/16/25

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 maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility in violation of several codes during the initial inspection on 08/27/2025 and then continued to be in violation of two codes during the reinspection on 10/08/2025. 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 Washington State Patrol Fire Protection Bureau report, dated 08/27/2025, showed that the facility failed their initial inspection. The follow-up inspection, dated 10/08/2025, showed that the facility continued to violate the following requirements:

- Six rooms had magnetic holders holding doors open that were not connected to the fire system.
- Unable to provide documentation that a sensitivity test had been completed.

In an interview on 11/26/2025 at 2:29 PM, Staff A, Registered Nurse, acknowledged the Fire Marshal Report and stated that an appeal had been completed.

Review of a fire marshal electronic message dated 12/02/2025 at 9:28 AM, showed that

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

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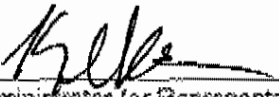
In an interview on 11/26/2025 at 2:29 PM, Staff A, Registered Nurse, acknowledged the Fire Marshal Report and stated that an appeal had been completed.

Review of a fire marshal electronic message dated 12/02/2025 at 9:28 AM, showed that

Statement of Deficiencies	License # 2086	Compliance Determination # 69280
Plan of Correction	NorthCare Pasco	Completion Date
Page 3 of 3	Licensed: NorthCare Washington LLC	12/09/2026

the appeal process had been completed and that the citations were upheld.

In an interview on 12/03/2025 at 10:22 AM, Staff A acknowledged the appeal determination.

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, NorthCare Pasco is or will be in compliance with this law and / or regulation on (Date) <u>12/14/25</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>12/16/25</u> _____ Date

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Plan/Attestation Statement

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Administrator (or Representative)

Date