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

11/10/2025

Richland Community Healthcare, LLC
Richland Assisted Living
1745 Pike Ave
Richland, WA 99354-2295

RE: Richland Assisted Living # 2709

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 68649 (Completion Date 11/10/2025) and 65347 (Completion Date 09/22/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/10/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
**WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

**WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:**

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

(3) Has received three positive references for the person;

**WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:**

(2) The results of the national fingerprint background check are pending.

**WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.**

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

(2) Long-term care worker orientation. Individuals required to complete the seventy-hour long-term care worker basic training must complete long-term care worker orientation, which is two hours of training regarding the long-term care worker's role and applicable terms of employment as described in WAC 388-112A-0210 .

(a) All long-term care workers who are not exempt from certification as described in RCW 18.88B.041 hired on or after January 7, 2012, must complete two hours of long-term care worker orientation training before providing care to residents.

**WAC 388-112A-0220 What is safety training, who must complete it, and when should it be completed?**

(1) Safety training is part of the long-term care worker requirements. It is a three hour training that must meet the requirements of WAC 388-112A-0230 and include basic safety precautions, emergency procedures, and infection control.

(2) The following individuals must complete safety training:

(a) All long-term care workers who are not exempt from certification as described in RCW 18.88B.041 hired after January 7, 2012, must complete three hours of safety training. This safety training must be provided by qualified instructors that meet the requirements in WAC 388-112A-1260 .

**WAC 388-78A-2474 Training and home care aide certification requirements.**

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(d) Cardiopulmonary resuscitation and first aid; and

**WAC 388-78A-2480 Tuberculosis Testing Required.**

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

The Department staff who did the On Site verification:
Robin Barnes, Assisted Living Facility 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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***1200 Alder Street, Union Gap, WA 98903***



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 the unannounced on-site full inspection and complaint investigation on 09/16/2025, 09/17/2025 and 09/18/2025 of:

Richland Assisted Living
1745 Pike Ave
Richland, WA 99354-2295

This document references the following complaint numbers: 191685.

The following sample was selected for review during the unannounced on-site visit: 6 of 21 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Robin Barnes, Assisted Living Facility Licensor
Jessica Clapp, Assisted Living Facility Licensor

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
Residential Care Services

11/07/2025
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)

10/6/2025
Date

**WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.**

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure a valid Washington state name and date of birth background check was submitted every two years for 2 of 2 staff (Staff E and F). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Staff records were reviewed on 09/18/2025 at 9:53 AM, with Staff G, Human Resources. Staff G stated that they were responsible for maintaining and updating staff records.

<Staff E>

Review of the personnel file for Staff E, Health Service Director/Licensed Practical Nurse, showed that they started working at the facility on 10/14/2022. Staff E's file showed that they had a Washington state name and date of birth background check completed on 08/11/2022. Staff E's file showed that a Washington state name and date of birth background check was not completed again until 02/26/2025; 199 days after the

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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Findings included…

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Review of the personnel file for Staff E, Health Service Director/Licensed Practical Nurse, showed that they started working at the facility on 10/14/2022. Staff E's file showed that they had a Washington state name and date of birth background check completed on 08/11/2022. Staff E's file showed that a Washington state name and date of birth background check was not completed again until 02/26/2025; 199 days after the

previous background check expired.

<Staff F>

Review of the personnel file for Staff F, Caregiver, showed that they started working at the facility on 04/24/2012. Staff F's file showed that they had a Washington state name and date of birth background check completed on 11/04/2022. Staff F's file showed that a Washington state name and date of birth background check was not completed again until 02/10/2025; 98 days after the previous background check expired.

In an interview on 09/18/2025 at 10:33 AM, Staff G stated that they did not know why a Washington state name and date of birth background check was not completed within two years for Staff E and Staff F.

**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, Richland Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/30/2025.

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

Administrator (or Representative) — Date: 10/6/2025

**WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:**

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

(3) Has received three positive references for the person;

previous background check expired.

<Staff F>

Review of the personnel file for Staff F, Caregiver, showed that they started working at the facility on 04/24/2012. Staff F's file showed that they had a Washington state name and date of birth background check completed on 11/04/2022. Staff F's file showed that a Washington state name and date of birth background check was not completed again until 02/10/2025; 98 days after the previous background check expired.

In an interview on 09/18/2025 at 10:33 AM, Staff G stated that they did not know why a Washington state name and date of birth background check was not completed within two years for Staff E and Staff F.

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(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

(3) Has received three positive references for the person;

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was submitted within one day of starting work in the facility and failed to ensure that three references checks were received while the background check was pending for 1 of 3 staff (Staff D). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Staff records were reviewed on 09/18/2025 at 9:53 AM with Staff G, Human Resources. Staff G stated that they were responsible for maintaining and updating staff records.

Review of the personnel file for Staff D, Activity Director, showed that they started working at the facility on 09/26/2024. Staff D's file showed that a Washington state name and date of birth background check was completed on 11/14/2024, 49 days after they started working at the facility. In addition, Staff D's file showed that only two of the three required reference checks were completed.

In an interview on 09/18/2025 at 10:17 AM, Staff G stated that they did not know why a Washington state name and date of birth background check was completed late.

In an email interview on 09/22/2025 at 12:00 PM, Staff G stated that the hire date for Staff D would be the date they started working with residents.

**Plan/Attestation Statement**

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Based on interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was submitted within one day of starting work in the facility and failed to ensure that three references checks were received while the background check was pending for 1 of 3 staff (Staff D). This failure placed residents at risk of being cared for by disqualified staff.

Findings included…

Staff records were reviewed on 09/18/2025 at 9:53 AM with Staff G, Human Resources. Staff G stated that they were responsible for maintaining and updating staff records.

Review of the personnel file for Staff D, Activity Director, showed that they started working at the facility on 09/26/2024. Staff D's file showed that a Washington state name and date of birth background check was completed on 11/14/2024, 49 days after they started working at the facility. In addition, Staff D's file showed that only two of the three required reference checks were completed.

In an interview on 09/18/2025 at 10:17 AM, Staff G stated that they did not know why a Washington state name and date of birth background check was completed late.

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Administrator (or Representative) Date

**WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:**

(2) The results of the national fingerprint background check are pending.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that a national fingerprint background check was completed within 120 days for 1 of 3 staff (Staff C). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Staff records were reviewed on 09/18/2025 at 9:53 AM with Staff G, Human Resources. Staff G stated that they were responsible for maintaining and updating staff records.

Review of the personnel file for Staff C, Caregiver, showed that they started working at the facility on 05/02/2024. Staff C's file showed that a national fingerprint background check was completed 02/18/2025, 292 days after they started working at the facility.

In an interview on 09/18/2025 at 10:07 AM, Staff G stated that they did not know why the fingerprint background check was completed late for Staff C.

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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, Richland Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/30/2025.

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

Administrator (or Representative) — Date 10/6/2025

**WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.**

**WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:**

(2) The results of the national fingerprint background check are pending.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure that a national fingerprint background check was completed within 120 days for 1 of 3 staff (Staff C). This failure placed residents at risk of being cared for by disqualified staff.

Findings included…

Staff records were reviewed on 09/18/2025 at 9:53 AM with Staff G, Human Resources. Staff G stated that they were responsible for maintaining and updating staff records.

Review of the personnel file for Staff C, Caregiver, showed that they started working at the facility on 05/02/2024. Staff C's file showed that a national fingerprint background check was completed 02/18/2025, 292 days after they started working at the facility.

In an interview on 09/18/2025 at 10:07 AM, Staff G stated that they did not know why the fingerprint background check was completed late for Staff C.

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Administrator (or Representative) Date

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(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

(2) Long-term care worker orientation. Individuals required to complete the seventy-hour long-term care worker basic training must complete long-term care worker orientation, which is two hours of training regarding the long-term care worker's role and applicable terms of employment as described in WAC 388-112A-0210 .

(a) All long-term care workers who are not exempt from certification as described in RCW 18.88B.041 hired on or after January 7, 2012, must complete two hours of long-term care worker orientation training before providing care to residents.

**WAC 388-112A-0220 What is safety training, who must complete it, and when should it be completed?**

(1) Safety training is part of the long-term care worker requirements. It is a three hour training that must meet the requirements of WAC 388-112A-0230 and include basic safety precautions, emergency procedures, and infection control.

(2) The following individuals must complete safety training:

(a) All long-term care workers who are not exempt from certification as described in RCW 18.88B.041 hired after January 7, 2012, must complete three hours of safety training. This safety training must be provided by qualified instructors that meet the requirements in WAC 388-112A-1260 .

**WAC 388-78A-2474 Training and home care aide certification requirements.**

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(a) Orientation and safety;

(d) Cardiopulmonary resuscitation and first aid; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to complete the two-hour orientation training and three-hour safety training for 1 of 2 staff (Staff B) and failed to ensure facility orientation was completed before staff interacted with residents for 2 of 2 staff (Staff B and C). Additionally, the facility failed to ensure cardiopulmonary resuscitation and first aid training was completed for 2 of 5 staff (Staff B and F). These failures placed residents at risk of being cared for by untrained staff.

Findings included...

Staff records were reviewed with Staff G, Human Resources, on 09/18/2025 at 9:53 AM.

Staff G stated that they were responsible for maintaining and updating staff records.

Review of the file for Staff B, Caregiver, showed that they were hired on 05/07/2025. Staff B's file did not show that they had received long-term care worker safety and orientation trainings. Staff B's file showed that they did not receive facility orientation until 08/20/2025 (105 days after their hire date). Staff B's file also showed that their Cardio-Pulmonary Resuscitation (CPR) and first-aid certificate expired on 07/31/2025.

Review of the file for Staff C, Caregiver, showed they were hired on 05/02/2024. Staff C's file did not show that they had received facility orientation training. Staff C had worked in the facility for 504 days as of 09/18/2025.

Review of the file for Staff F, Caregiver, showed that they were hired on 03/25/2020. Staff F's file showed that their CPR certification expired on 03/30/2025.
In an interview on 09/18/2025 at 9:59 AM, Staff G stated that they did not know that facility orientation had to be completed before staff worked with residents.

In an interview on 09/18/2025 at 10:10 AM, Staff G stated that Staff C was hired prior to Staff G becoming the HR person for the facility. Staff G stated they did not know why Staff C had not completed facility orientation.

In an interview on 09/18/2025 at 12:00 PM, Staff G stated that they did not know why Staff B and Staff F CPR certificates had expired.

In an email interview on 09/22/2025 at 12:00 PM, Staff G stated that the hire dates for Staff B, Staff C and Staff F would be the date they started working with residents.

**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, Richland Assisted Living ~~is or~~ will be in compliance with this law and / or regulation on (Date) 10/30/2025.

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

Administrator (or Representative) — Date: 10/6/2025

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Review of the file for Staff B, Caregiver, showed that they were hired on 05/07/2025. Staff B's file did not show that they had received long-term care worker safety and orientation trainings. Staff B's file showed that they did not receive facility orientation until 08/20/2025 (105 days after their hire date). Staff B's file also showed that their Cardio-Pulmonary Resuscitation (CPR) and first-aid certificate expired on 07/31/2025.

Review of the file for Staff C, Caregiver, showed they were hired on 05/02/2024. Staff C's file did not show that they had received facility orientation training. Staff C had worked in the facility for 504 days as of 09/18/2025.

Review of the file for Staff F, Caregiver, showed that they were hired on 03/25/2020. Staff F's file showed that their CPR certification expired on 03/30/2025.
In an interview on 09/18/2025 at 9:59 AM, Staff G stated that they did not know that facility orientation had to be completed before staff worked with residents.

In an interview on 09/18/2025 at 10:10 AM, Staff G stated that Staff C was hired prior to Staff G becoming the HR person for the facility. Staff G stated they did not know why Staff C had not completed facility orientation.

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

_____ _____
Administrator (or Representative) Date

**WAC 388-78A-2480 Tuberculosis Testing Required.**

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure screening for tuberculosis was completed within three days of hire for 1 of 3 staff (Staff D). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included...

Staff records were reviewed on 09/18/2025 at 9:53 AM with Staff G, Human Resources. Staff G stated that they were responsible for maintaining and updating staff records.

Review of the personnel file for Staff D, Activity Director, showed that they started working at the facility on 09/26/2024. Staff D's file showed that a Tuberculosis (TB) test was completed on 11/14/2024, 49 days after they started working at the facility.

In an interview on 09/18/2025 at 10:17 AM, Staff G stated they didn't know why a TB test was completed late for Staff D.

In an email interview on 09/22/2025 at 12:00 PM, Staff G stated that the hire date for Staff D would be the date they started working with residents.

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

Holliek

Administrator (or Representative)

10/6/2025

Date