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

Hazel Dell Community Healthcare, LLC
Hazel Dell Assisted Living
7514 NE 13TH AVE
VANCOUVER, WA 98665

RE: Hazel Dell Assisted Living License # 2710

Dear Administrator:

This letter addresses Compliance Determination(s) 68893 (Completion Date 11/26/2025) and 66377 (Completion Date 10/07/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/26/2025 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-2466-1, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e

The Department staff who did the off-site verification:
Kyle Gehlen, ALF Licensor - LTC

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

Sincerely,

Clinton Fridley RN

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit E
Residential Care Services

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
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800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2710	Compliance Determination # 66377
Plan of Correction	Hazel Dell Assisted Living	Completion Date
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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 on 09/30/2025 and 10/03/2025 of:
Hazel Dell Assisted Living
7514 NE 13TH AVE
VANCOUVER, WA 98665

The following sample was selected for review during the unannounced on-site visit: 10 of 67 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Richard Westom, NCI, ALF Complaint Investigator

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

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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

10/09/2025
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)

10/14/2025
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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

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 completed every two years for 1 of 5 sampled staff (Staff D). This failure placed all residents at risk for harm by receiving care and services from staff whose criminal history was unknown.

Findings included...

On 10/02/2025 at 12:48 PM, the department received the requested staff documents.

Record review for Staff D, caregiver, showed that Staff D was hired on 01/28/2019. Review of Staff D's Washington State name and date of birth background check showed that it was completed on 01/09/2023 and expired on 01/09/2025. The next Washington State name and date of birth background check was completed on 10/01/2025, after the full inspection was initiated and nearly nine months after the previous one had expired.

On 10/03/2025 at 2:30 PM, Staff A, Executive Director, acknowledged that the current Washington state name and date of birth background check for Staff D was completed late.

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, Hazel Dell Assisted Living is or will be in compliance with this law and / or regulation on (Date) 11/14/2025.

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

Administrator (or Representative) — Date 10/14/2025

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(i) The resident's preadmission assessment;

(ii) The resident's full assessments;

(iii) On-going assessments of the resident;

(b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

(e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document, in the resident's negotiated service agreement (NSA), the plan to provide specific resident identified care and service needs for 2 of 10 sampled residents (Residents 5 and 6). This failure to

develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 5 (R5)

During an unannounced full licensing inspection on 10/01/2025 at 9:50 AM, R5's records showed that they admitted to the facility on [redacted]/2021 with various diagnoses including [redacted] and [redacted].

Record review of R5's assessment and NSA, both dated 06/06/2025, showed documentation that R5 was receiving home health services for physical therapy and documented no issues with urinary incontinence.

Review of the facility's resident characteristic roster (RCR) showed no documentation that R5 was receiving home health services and that R5 has urinary incontinence.

On 10/03/2025 at 12:20 PM, Staff F, Director of Staff Development, confirmed that R5 was not receiving home health services.

Resident 6 (R6)

On 10/01/2025 at 11:25 AM, R6's records showed that they were admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Review of the facility's RCR documented that R6 utilizes an ambulation device and has a medical device.

Record review of R6's NSA, dated 01/07/2025, showed no documentation that R6 utilizes an ambulation device or any medical devices.

Record review of R6's document, titled "Washington Resident Health Assessment/Evaluation and Service Plan," dated 01/07/2025, showed no documentation that R6 utilizes any medical devices, but did document a manual wheelchair for ambulation.

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On 10/02/2025, a safety assessment for a trapeze, dated 06/12/2024, was provided for R6.

On 10/03/2025 at 10:55 AM, the department observed a trapeze above the bed, a manual wheelchair, and a front wheel walker in R6's room. No documentation was found in any of R6's records provided, to show that R6 utilizes a front wheel walker for ambulation.

On 10/03/2025 at 2:30 PM, Staff A, Executive Director, acknowledged the department's findings.

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, Hazel Dell Assisted Living is or will be in compliance with this law and / or regulation on (Date) 11/14/2025.

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

Administrator (or Representative) 10/14/2025 Date