STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

White River Community Healthcare, LLC
Assisted Living on Jensen
2229 JENSEN ST
ENUMCLAW, WA 98022

RE: Assisted Living on Jensen License # 2713

Dear Administrator:

This letter addresses Compliance Determination(s) 73741 (Completion Date 03/04/2026) and 70061 (Completion Date 12/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/04/2026 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-2300-2-a-i, WAC 388-78A-2300-2-a-ii, WAC 388-78A-2305-1, WAC 246-215-05270-1, WAC 246-215-05270-2, WAC 246-215-04565-3-b, WAC 388-78A-2880-1, WAC 388-78A-2880-1-a, WAC 388-78A-2880-1-b, WAC 388-78A-2880-1-c, WAC 388-78A-2880-1-d, WAC 388-78A-2880-2, WAC 388-78A-2474-2-b

The Department staff who did the on-site verification:
Jane Hermano, NCI

If you have any questions, please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 12/15/2025 and 12/23/2025 of:
White River Assisted Living
2229 JENSEN ST
ENUMCLAW, WA 98022

The following sample was selected for review during the unannounced on-site visit: 7 of 28 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor
Jane Hermano, NCI
Michelle Bentz, NH Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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.

Jim Sherman
Residential Care Services

01-13-2026
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-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure 1 of 1 kitchen (Main Kitchen) that provided meal preparation and services to residents maintained a dietitian approved diet manual available for use by kitchen staff. This failure placed all residents at risk of receiving services that do not meet the current nutritional standards.

Findings included...

Observation on 12/18/2025 at 10:57 AM, showed Staff H, Interim Dietary Director/Cook prepared food. Observation showed Staff I, Cook, joined Staff H in the kitchen and prepared food for dinner.

During an interview at this time, Staff H stated that the Cooks used a dietary manual as a guide to provide food services to all residents. Staff H stated that they kept the manual "somewhere" at the Dietary Director's office.

Review of the dietary manual "alaCarte Menus", revised 2021, showed no documentation that a Registered Dietitian signed and approved the "alaCarte" menu guide.

During an interview on 12/19/2025 at 1:13 PM, Staff J, Regional Dietary Director, stated that they replaced the dietary service and manual when the facility changed ownership in 2024. Staff J stated that the registered dietitian from the new dietary service reviewed and approved the facility's dietary manual. Staff J stated that they were unaware that the updated dietary manual was not maintained and made accessible to the food preparation staff. Staff J was unable to provide the updated dietary manual.

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, White River Assisted Living is or will be in compliance with this law and / or regulation on (Date) 2/12/26.

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

Administrator (or Representative) — Date 1/16/2026

WAC 246-215-04565 Equipment Manual and mechanical warewashing equipment, chemical sanitization Temperature, pH, concentration, and hardness (FDA Food Code 4-501.114). A chemical sanitizer used in a sanitizing solution for a manual or mechanical operation at contact times specified under WAC 246-215-04710 must meet the requirements specified under WAC 246-215-07220 , must be used in accordance with the EPA-registered label use instructions, and must be used as follows:

(3) A quaternary ammonium compound solution must:

(b) Have a concentration as specified under WAC 246-215-07220 and as indicated by the manufacturer's use directions included in the labeling; and

WAC 246-215-05270 Operation and maintenance Using a handwashing sink (FDA Food Code 5-205.11).

(1) A handwashing sink must be maintained so that it is accessible at all times for employee use.

(2) A handwashing sink may not be used for purposes other than handwashing.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure safe food handling practices were followed in 1 of 1 kitchen (Main Kitchen) that provided meal preparation and services to all residents. This failure placed all residents at risk of potential foodborne illnesses.

Findings included...

Review of the facility's policy titled, "10.07 Preventing Foodborne Illness" dated 2023, showed that staff that handled, served, or prepared food were trained in practices of safe food handling and preventing foodborne illnesses. The policy showed that the staff must wash their hands whenever entering or re-entering the kitchen.

HANDWASHING SINK

Observation during food preparation in the main kitchen on 12/18/2025 at 10:43 AM, showed that the kitchen consisted of an eyewash station near the food preparation counter and a handwashing sink between the kitchen's entry and exit door. The coffee machine dispenser, pitchers, and disposable cups were stored on and took up the sink's limited counter space. Observation showed that the kitchen staff on duty performed hand washing at the eyewash station.

During an interview at this time, Staff H, Interim Dietary Director/Cook, stated that the staff was no longer using the handwashing sink. Staff H stated that all kitchen staff used the eyewash station to wash their hands.

SANITIZING SOLUTION

Observation on 12/18/2025 at 11:05 AM, showed a red bucket filled with sanitizing solution on the floor next to the food preparation counter. Observation showed that the test kit (strips) found by Staff H used to check the effectiveness of the sanitizing solution had expired in 2023.

During an interview at this time, Staff H stated that they used buckets for holding cleaning and sanitizing solutions. Staff H stated that they used a pre-mixed disinfectant solution from an auto dispensed faucet hose and the solution was changed every two hours and as needed for safe use. Staff H stated that they were unsure when the sanitizing solution was last changed. Staff H stated that they used the test strips to measure the concentration of the sanitizing solution. Staff H stated that there was no documentation for staff to monitor and ensure that the sanitizing solution was tested for

effective sanitation of the food surface areas in the kitchen.

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, White River Assisted Living is or will be in compliance with this law and / or regulation on (Date) 2/27/26 SM 2/19/26

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

Administrator (or Representative) 1/16/2026 Date

WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:

(1) Notify construction review services:

(a) In writing;

(b) Thirty days or more before the intended change in use;

(c) Describe the current and proposed use of the room; and

(d) Provide all additional documentation as requested by construction review services;

(2) Obtain the written approval of construction review services for the new use of the room; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to notify and obtain written approval from the Department of Health Facilities and Services Licensing Construction Review Services (CRS) prior to using a room for a purpose other than what was approved for 1 of 1 room (Room 228). This failure placed all residents at risk of potentially residing in a room that no longer meets resident units requirements.

Findings included...

Review of the facility's Resident Characteristic Roster showed Room 228 listed as an unoccupied resident's room.

Observation on 12/16/2025 at 1:26 PM, showed Room 228 located on the second floor

was locked. When unlocked, the room contained an office desk, maintenance tools and supplies.

During an interview at the same time, Staff G, Maintenance Director, stated that they used the room for their office and storage. Staff G stated that Room 228 was a resident room. Staff G stated that the room use function has changed in the last six months. Staff G stated that they were unaware if the facility obtained CRS approval to convert the resident's room.

Review of the Department's CRS online website on 12/16/2025, showed no application that requested a change in room use. There was no documentation of any approval by CRS for the change of use of a resident room.

During an interview on 12/17/2025 at 9:40 AM, Staff A, Regional Operations Director, stated that they were aware of the CRS reporting requirements. Staff A stated that they did not have documented approval from CRS to change the resident's room to another facility function room.

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, White River Assisted Living is or will be in compliance with this law and / or regulation on (Date) ~~2/27/26~~ 8M
2/12/26

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

Administrator (or Representative) — Date: 1/12/2026

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:

(b) Basic;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 1 of 6 staff (Staff B) completed all required training to perform their job duties and responsibilities. This failure placed residents at risk of unmet care needs from staff with incomplete training.

Statement of Deficiencies	License #: 2713	Compliance Determination # 70061
Plan of Correction	White River Assisted Living	Completion Date
Page 7 of 7	Licensee: White River Community Healthcare, LLC	12/29/2025

Findings included...

Review of facility's undated personnel records showed the facility hired Staff B, Caregiver, on 07/09/2025.

Basic training

Review of Staff B's undated personnel records showed there was no documentation in Staff B's records that showed Staff B completed the required 70-hour basic training. There was no documentation in Staff B's records that showed Staff B was enrolled in a Home and Community Aide training program. A review of facility staff schedules showed that Staff B was providing care to residents without direct supervision.

During an interview with Staff K, Corporate Regional Health and Wellness Director, on 12/23/2025 at 2:30 PM, Staff K stated that Staff B was not currently scheduled to complete the 70-hour training requirement. Staff K stated that they were not aware that Staff B had not been enrolled in a Health Care Aide certification course.

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, White River Assisted Living is or will be in compliance with this law and / or regulation on (Date) 2/27/26 5M
2/28/26

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

Administrator (or Representative)

1/16/2026
Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

White River Community Healthcare, LLC
White River Assisted Living
2229 JENSEN ST
ENUMCLAW, WA 98022

RE: White River Assisted Living # 2713

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 12/29/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

James Sherman, Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:

eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

The facility failed to ensure the mechanical vents in one resident room, a resident's laundry room, a common bathroom, and a housekeeping storage space were kept in working order. Two non-functioning paper towel dispensers in one common bathroom and one laundry room needed replacement. During the full licensing inspection, the four air vents worked properly, and the paper towel dispensers were replaced. This deficiency was corrected by the exit conference.

You Are Not:
- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - o What specific deficiency or deficiencies you disagree with;
  - o Why you disagree with each deficiency, and
  - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

- Please contact me at (206)305-3489.

Sincerely,

Jim Sherman

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

Enclosure