STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

NorthCare Washington LLC
NorthCare Kennewick
3321 W 10th Ave
Kennewick, WA 99336

RE: NorthCare Kennewick License # 2734

Dear Administrator:

This letter addresses Compliance Determination(s) 72829 (Completion Date 02/12/2026) and 71379 (Completion Date 01/12/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/12/2026 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 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 an unannounced on-site follow-up on 01/09/2026 of:
NorthCare Kennewick
3321 W 10th Ave
Kennewick, WA 99336

This document references the following SOD dated: 01/12/2026

The following sample was selected for review during the unannounced on-site visit: 0 of 14 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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

01/20/2026
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)

1.22.26
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 out of compliance on a reinspection. 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 10/08/2025, showed that the facility failed their first reinspection. The second follow-up inspection, dated 01/08/2026, showed that the facility continued to violate the following requirements:

- Unable to provide documentation that the five-year internal pipe testing was completed.
- Unable to provide documentation that the annual forward flow test was completed.
- Did not provide documentation that the annual fire extinguisher service was performed.

In an interview on 01/09/2026 at 3:30 PM, Staff A, Registered Nurse, acknowledged the Fire Marshal report and stated that they were in the process of completing the required corrections.

This is an uncorrected deficiency previously cited on 10/16/2025 for subsection (2).

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 Kennewick is or will be in compliance with this law and / or regulation on (Date) 2.7.26 .

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

Administrator (or Representative)

1.22.26
Date

Residential Care Services
Investigation Summary Report

Provider/Facility: NorthCare Kennewick
Provider Type: Assisted Living Facility
License/Cert.#: 2734
Compliance Determination #: 67279
Intake ID: 197796
Investigator: Jessica Clapp
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 10/14/2025 through 10/16/2025
Complainant Contact Date(s):

Allegation(s):
Failed fire marshal inspection.

Investigation Methods:

Sample:
Total residents: 13
Resident sample size: 4
Closed records sample size: 0

Observations:
Residents
Activities
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions
Medication administration
Kitchen
Food preparation

Interviews:
Nursing staff
Residents
Maintenance staff
Business office manager
Human resources
Kitchen staff
Laundry staff
Administrator

Record Reviews:
Medical records (face sheet, assessment, care plan, medication administration records, progress notes)
Incident investigation
Facility policies
Personnel files
Staff training records
Staff patterns

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:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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 10/15/2025 and 10/14/2025 of:

NorthCare Kennewick
3321 W 10th Ave
Kennewick, WA 99336

This document references the following complaint numbers: 197796.

The following sample was selected for review during the unannounced on-site visit: 4 of 13 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

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.

Scott Bowen IDR PM signed for Region 1
Residential Care Services

11/17/2025
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)

11/17/25
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 five 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:

- Unable to provide documentation that the four year fire/smoke damper inspection was completed.
- The facility is documenting the inspection of the dampeners, but is not checking to the operation of it.
- Unable to provide documentation that the five year internal pipe testing was completed.
- Unable to provide documentation that the annual forward flow test was completed.
- Did not provide documentation that the annual fire extinguisher servicing was performed.
- Failed to provide documentation that an annual fire alarm inspection had been

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-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 five 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:

- Unable to provide documentation that the four year fire/smoke damper inspection was completed.
- The facility is documenting the inspection of the dampeners, but is not checking to the operation of it.
- Unable to provide documentation that the five year internal pipe testing was completed.
- Unable to provide documentation that the annual forward flow test was completed.
- Did not provide documentation that the annual fire extinguisher servicing was performed.
- Failed to provide documentation that an annual fire alarm inspection had been

performed in the last twelve months.

- Failed to provide documentation that a sensitivity test has been performed on smoke detectors.

In an interview on 10/14/2025 at 10:43 AM, Staff G, Registered Nurse, acknowledged that the facility was out of compliance with the Life Safety Code Inspection and that they disagree with the Fire Marshal inspection 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, NorthCare Kennewick is or will be in compliance with this law and / or regulation on (Date) 11/17/25 .

TBD - Fire Marshall

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

Administrator (or Representative) — Date: 11/17/25

performed in the last twelve months.

- Failed to provide documentation that a sensitivity test has been performed on smoke detectors.

In an interview on 10/14/2025 at 10:43 AM, Staff G, Registered Nurse, acknowledged that the facility was out of compliance with the Life Safety Code Inspection and that they disagree with the Fire Marshal inspection 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, NorthCare Kennewick 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