STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

Arcadia at Lookout Ridge AL Operator LLC
Arcadia at Lookout Ridge Assisted Living
2300 W 9th St
Washougal, WA 98671

RE: Arcadia at Lookout Ridge Assisted Living License # 2753

Dear Administrator:

This letter addresses Compliance Determination(s) 73199 (Completion Date 02/20/2026) and 71016 (Completion Date 01/09/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/20/2026 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-2480-1, WAC 388-78A-2665, WAC 388-78A-2665-1, WAC 388-78A-2665-2, WAC 388-78A-2665-3, WAC 388-78A-2665-4, WAC 388-78A-2665-5, WAC 388-78A-2665-6

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

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

Sincerely,

Clinton Fridley RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

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

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 01/07/2026 and 01/09/2026 of:

Arcadia at Lookout Ridge Assisted Living
2300 W 9th St
Washougal, WA 98671

The following sample was selected for review during the unannounced on-site visit: 7 of 51 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

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

Statement of Deficiencies	License #: 2753	Compliance Determination # 71016
Plan of Correction	Arcadia at Lookout Ridge Assisted Living	Completion Date
Page 2 of 6	Licensee: Arcadia at Lookout Ridge AL Operator LLC	01/09/2026

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 RN
Residential Care Services

1/20/2026
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)

01/28/2026
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 complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 3 of 3 sampled staff (Staff F, G, and H).This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

On 01/09/2026 at 1:00 PM, the department received the requested staff documents.

Staff F
Record review for Staff F, Caregiver, showed that Staff F was hired on 10/07/2025. Review of Staff F's TB test records showed documentation of a first step of the TB skin test was initiated on 01/08/2026. No other TB test results were provided to show that a first step TB test was completed within three days of employment as required by regulation, or that a second step of the TB skin test was completed within one to three weeks of the first step of the TB test being completed per regulation.

Staff G
Record review for Staff G, Cook, showed that Staff G was hired on 11/05/2025. Review of Staff G's TB test records showed documentation of a first step of the TB skin test was initiated on 01/08/2026. No other TB test results were provided to show that a first step TB test was completed within three days of employment as required by regulation, or that a second step of the TB skin test was completed within one to three weeks of the first step of the TB test being completed per regulation.

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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Staff G
Record review for Staff G, Cook, showed that Staff G was hired on 11/05/2025. Review of Staff G's TB test records showed documentation of a first step of the TB skin test was initiated on 01/08/2026. No other TB test results were provided to show that a first step TB test was completed within three days of employment as required by regulation, or that a second step of the TB skin test was completed within one to three weeks of the first step of the TB test being completed per regulation.

Staff H
Record review for Staff H, Caregiver, showed that Staff H was hired on 11/05/2025. Review of Staff F's TB test records showed documentation of a first step of the TB skin test was initiated on 01/08/2026. No other TB test results were provided to show that a first step TB test was completed within three days of employment as required by regulation, or that a second step of the TB skin test was completed within one to three weeks of the first step of the TB test being completed per regulation.

On 01/09/2026 at 12:45 PM, Staff A, Executive Director, acknowledged that the TB tests for Staff F, G, and H were not completed per regulation.

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, Arcadia at Lookout Ridge Assisted Living is or will be in compliance with this law and / or regulation on (Date) 02/01/2026 .

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

Administrator (or Representative) — Date: 1/28/2026

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was

Staff H
Record review for Staff H, Caregiver, showed that Staff H was hired on 11/05/2025. Review of Staff F's TB test records showed documentation of a first step of the TB skin test was initiated on 01/08/2026. No other TB test results were provided to show that a first step TB test was completed within three days of employment as required by regulation, or that a second step of the TB skin test was completed within one to three weeks of the first step of the TB test being completed per regulation.

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Plan/Attestation Statement

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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-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was

completed and/or documented for 7 of 7 sampled residents (Resident 1, 2, 3, 4, 5, 6, and 7). This failure placed these residents at risk of not being aware of their rights as they pertain to Medicaid.

Findings included…

Resident 1 (R1)

On 01/07/2026 at 12:10 PM, R1's records showed that they admitted to the facility on [redacted]/2025.

During initial review of R1's records, no Medicaid policy was found for R1.

On 01/09/2026 at 10:15 AM, the department received the requested signed Medicaid policy for R1. Review showed documentation of a Medicaid policy signed on 01/08/2026 for R1.

Resident 2 (R2)

On 01/09/2026 at 10:35 AM, R2's records showed that they admitted to the facility on [redacted]/2023.

Review of R2's records, showed documentation of a Medicaid policy signed on 01/07/2026 for R2.

Resident 3 (R3)

On 01/08/2026 at 11:05 AM, R3's records showed that they admitted to the facility on [redacted]/2008.

During initial review of R3's records, no Medicaid policy was found for R3.

On 01/08/2026 at 2:30 PM, the department received the requested signed Medicaid policies. Review showed documentation of a Medicaid policy signed on 01/07/2026 for R2.

Resident 4 (R4)

On 01/09/2026 at 11:20 AM, R4's records showed that they admitted to the facility on

[redacted]/2020.

Review of R4's records, showed documentation of a Medicaid policy signed on 01/07/2026 for R4.

R**esident 5 (R5)**

On 01/09/2026 at 11:00 AM, R5's records showed that they admitted to the facility on [redacted]/2022.

Review of R5's records, showed documentation of a Medicaid policy signed on 01/07/2026 for R5.

Resident 6 (R6)

On 01/08/2026 at 11:00 AM, R6's records showed that they admitted to the facility on [redacted]/2022.

During initial review of R6's records, no Medicaid policy was found for R6.

On 01/08/2026 at 2:30 PM, the department received the requested signed Medicaid policies. Review showed documentation of a Medicaid policy signed on 01/07/2026 for R6.

Resident 7 (R7)

On 01/08/2026 at 11:45 AM, R7's records showed that they admitted to the facility on [redacted]/2025.

During initial review of R7's records, no Medicaid policy was found for R7.

On 01/08/2026 at 2:30 PM, the department received the requested signed Medicaid policies. Review showed documentation of a Medicaid policy signed on 01/07/2026 for R7.

On 01/09/2026 at 12:45 PM, Staff A, Executive Director, acknowledged that the Medicaid policies for R1, 2, 3, 4, 5, 6, and 7 were signed late.

Statement of Deficiencies	License #: 2753	Compliance Determination # 71016
Plan of Correction	Arcadia at Lookout Ridge Assisted Living	Completion Date
Page 6 of 6	Licensee: Arcadia at Lookout Ridge AL Operator LLC	01/09/2026

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, Arcadia at Lookout Ridge Assisted Living is or will be in compliance with this law and / or regulation on (Date) 02/07/2026 .

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

Administrator (or Representative) [signature] Date 1/28/2026

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, Arcadia at Lookout Ridge Assisted Living 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

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

Arcadia at Lookout Ridge AL Operator LLC
Arcadia at Lookout Ridge Assisted Living
2300 W 9th St
Washougal, WA 98671

RE: Arcadia at Lookout Ridge Assisted Living # 2753

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/09/2026 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:

Clinton Fridley, Community Nurse Field Manager
Residential Care Services
Region 3, Unit E
Preferred methods:

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
800 NE 136th Ave Ste 200
Vancouver, WA 98684

• 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-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident;

(2) To allow the resident to communicate with family, medical providers, and others; and

(3) To respond appropriately in emergency situations, including, but not limited to, contacting the residents' emergency contact.

The facility failed to ensure the resident characteristics roster reflected all the residents' current services and care needs. The facility provided an updated resident characteristic roster prior to the completion of the onsite full inspection.

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 (360)450-1218.

Sincerely,

Clinton Fridley RN

Clinton Fridley, Community Nurse Field Manager
Region 3, Unit E
Residential Care Services

Enclosure