



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

Creekside Place Opco, LLC
Creekside Place
208 SW 20th Ave
Battle Ground, WA 98604

RE: Creekside Place License # 2765

Dear Administrator:

This letter addresses Compliance Determination(s) 73885 (Completion Date 03/05/2026) and 72023 (Completion Date 01/27/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/05/2026 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, WAC 388-78A-2040-1, WAC 388-78A-2040-2

The Department staff who did the on-site verification:
Clinton Fridley, Community Nurse Field Manager

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

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services Investigation Summary Report

Provider/Facility: Creekside Place

Provider Type: Assisted Living Facility

License/Cert.#: 2765

Compliance Determination #: 72023

Intake ID: 209071

Investigator: Clinton Fridley

Region/Unit #: RCS Region 3 / Unit E

Investigation Date(s): 01/27/2026 through 01/27/2026

Complainant Contact Date(s):

Allegation(s):

Life Safety Code: Facility failed Fire Marshall reinspection.

Investigation Methods:

Sample: Total residents: 37
Resident sample size: 0
Closed records sample size: 0

Observations: facility

Interviews: Staff
maintenance director

Record Reviews: fire marshall report

Investigation Summary:

Life Safety Code: facility failed Fire Marshall reinspection - failed practice identified.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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Statement of Deficiencies	License #: 2765	Compliance Determination # 72023
Plan of Correction	Creekside Place	Completion Date
Page 1 of 4	Licensee: Creekside Place Opco, LLC	01/27/2026

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 complaint investigation on 01/27/2026 of:

Creekside Place
208 SW 20th Ave
Battle Ground, WA 98604

This document references the following complaint number(s): 209071

The following sample was selected for review during the unannounced on-site visit: 0 of 37 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Clinton Fridley, Community Nurse Field Manager

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

This document was prepared by Residential Care Services for the Locator website.

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

01/28/2026

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)

1/28/2026
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

(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 stay in compliance with the local and state fire ordinances for 1 of 1 Assisted Living Facilities (ALF). This failure placed all residents, visitors, and staff at risk of injury and harm in the event of a fire.

Findings included...

Review of the Washington State Fire Marshal's initial letter of Non-compliance, dated 10/31/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

1. Extension Cords: "Extension cord found in sprinkler riser room used as permanent wiring."
2. Owner's Responsibility: "Facility failed to provide the following reports: Annual inspection of fire resistance rated construction with inventory."
3. Inspection and Maintenance: "Fire doors found throughout with items attached such as paper and decorations Example room 14, 114, 115, 117. Storage room across from room 101 found have excessive gap."
4. Duct and Air Transfer Openings – Maintaining Protection: "Facility failed to provide the following reports: 4 year fire damper inspection report."
5. Testing and Maintenance: "Facility failed to provide the following reports: Quarterly fire sprinkler reports. Annual forward flow inspection report."

6. Extinguishing System Service: "Instructions shall be provided to new employees on hiring and to all employees annually on the use of portable fire extinguishers and the manual actuation of the fire-extinguishing system. Combustible found on the top hood system."
7. Inspection, Testing and Maintenance: "Facility failed to provide the following reports: Semi annual fire alarm inspection report."
8. Smoke Detector Sensitivity: "Smoke detectors shall be replaced/repared that failed sensitivity testing."
9. Maintenance: "Facility failed to provide the following reports: Monthly carbon monoxide detector inspections."
10. Activation Test: "Facility failed to provide the following reports: Monthly emergency light inspection."
11. Power Test: "Facility failed to provide the following reports: Annual emergency light inspection."

Review of the Washington State Fire Marshal's reinspection letter of Non-compliance, dated 01/15/2026, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

2. Owner's Responsibility: "Fire rated construction inspection completed on 11/13/2025 fails to have all items corrected."
4. Duct and Air Transfer Openings – Maintaining Protection: "Facility failed to provide repairs on fire dampers."

On 01/27/2026 at 2:20 PM, Staff A, Executive Director, stated they were aware of the outstanding Fire Marshall items.

On 01/27/2026 at 2:22 PM, Staff B, Maintenance Director, stated that at the time of the Fire Marshall re-inspection, the facility had failed to fix all the necessary items from the letter of non-compliance. Staff B stated the only outstanding item needing fixed was the fire dampers and that the necessary actions are progress, only waiting on the vendor to receive the parts.

Statement of Deficiencies

License #: 2765

Compliance Determination # 72023

Plan of Correction

Creekside Place

Completion Date

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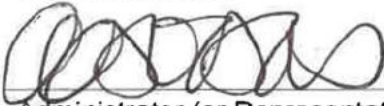
Licensee: Creekside Place Opco, LLC

01/27/2026

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, Creekside Place is or will be in compliance with this law and / or regulation on (Date) 3/1/2024.

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



Administrator (or Representative)

1/20/2024

Date

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