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

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

WOODLAND ASSISTED LIVING CENTER INC
WOODLAND ASSISTED LIVING
PO BOX 69
WOODLAND, WA 98674

RE: WOODLAND ASSISTED LIVING # 1028

Dear Administrator:

This document references Compliance Determination 66209 (10/17/2025), which included complaint number(s) 194424, 196840.

The Department completed a complaint investigation of your Assisted Living Facility on 10/17/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Jacob Ubl, ALF NCI CI

**Consultation:**

**RCW 70.129.110 Disclosure, transfer, and discharge requirements.**

(6) A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

The facility failed to ensure a safe and orderly
discharge as they did not provide all medications to a resident at discharge.

**You Must:**

• Begin the process of correcting the deficiency or deficiencies immediately; and

• Complete correction as soon as possible.

**You Are Not:**
• Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**
• Inspect the facility to determine if you have corrected all deficiencies.

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

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# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** WOODLAND ASSISTED LIVING
**Provider Type:** Assisted Living Facility
**License/Cert.#:** 1028
**Intake ID:** 194424
**Compliance Determination #:** 66209
**Region/Unit #:** RCS Region 3 / Unit E
**Investigator:** Jacob Ubl
**Investigation Date(s):** 09/24/2025 through 10/17/2025
**Complainant Contact Date(s):**

**Allegation(s):**

1. Admission, Transfer, and Discharge Rights: Allegation that the Facility failed to ensure a safe and orderly discharge for a Resident Alleged Victim.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 25<br>Resident sample size: 3<br>Closed records sample size: 0 |
| **Observations:** | Residents<br>Resident rooms<br>Staff to resident interactions<br>Resident to resident interactions<br>Identified resident |
| **Interviews:** | Identified resident<br>staff<br>Residents<br>Family members |
| **Record Reviews:** | Medical records<br>Incident investigation<br>Facility policies |

**Investigation Summary:**

1. Admission, Transfer, and Discharge Rights: Failed practice identified. Facility consulted on failure to ensure a safe and orderly discharge.

**Conclusion / Action:**

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

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# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** WOODLAND ASSISTED LIVING
**Provider Type:** Assisted Living Facility
**License/Cert.#:** 1028
**Intake ID:** 196840
**Compliance Determination #:** 66209
**Region/Unit #:** RCS Region 3 / Unit E
**Investigator:** Jacob Ubl
**Investigation Date(s):** 09/24/2025 through 10/17/2025
**Complainant Contact Date(s):**

**Allegation(s):**

1. Admission, Transfer, and Discharge Rights: Allegation that the Facility failed to ensure a safe and orderly discharge for a Resident Alleged Victim.

2. Quality of Care/Treatment: Allegation that the Facility failed meet the needs of a Resident Alleged Victim.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 25<br>Resident sample size: 3<br>Closed records sample size: 0 |
| **Observations:** | Residents<br>Resident care equipment<br>Resident rooms<br>Staff to resident interactions |
| **Interviews:** | Identified resident<br>Identified staff<br>staff<br>Residents<br>Family members |
| **Record Reviews:** | Medical records<br>Incident investigation<br>Facility policies |

**Investigation Summary:**

1. Admission, Transfer, and Discharge Rights: Failed practice identified. Facility consulted on failure to ensure a safe and orderly discharge.

2. Quality of Care/Treatment: The on-site investigation was conducted in relation to all allegations and incidents identified in the intake. Based on interviews, observations and records review, no failed facility practice was substantiated during the investigation. Additional residents reviewed for care, safety and services with no concerns.

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**Conclusion / Action:**

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

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