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

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

RE: WOODLAND ASSISTED LIVING License # 1028

Dear Administrator:

This letter addresses Compliance Determination(s) 69645 (Completion Date 02/03/2026) and 65176 (Completion Date 10/17/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/03/2026 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:
Jacob Ubl, ALF NCI CI

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: WOODLAND ASSISTED LIVING
License/Cert.#: 1028
Compliance Determination #: 65176
Investigator: Jacob Ubl
Provider Type: Assisted Living Facility
Intake ID: 192913
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 09/03/2025 through 10/17/2025
Complainant Contact Date(s):

Allegation(s):

1. Life Safety Code: Allegation that the Facility failed their State Fire Marshal inspection.

Investigation Methods:

Sample:	Total residents: 26 Resident sample size: 26 Closed records sample size: 0
Observations:	Residents Resident rooms Staff to resident interactions
Interviews:	Residents staff Maintenance staff
Record Reviews:	Incident investigation Facility policies Maintenance logs

Investigation Summary:

1. Life Safety Code: Failed Practice Identified. The Facility failed their State Fire Marshal inspection.

Conclusion / Action:

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

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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 an unannounced on-site complaint investigation on 09/03/2025 and 10/17/2025 of:

WOODLAND ASSISTED LIVING
310 4th St
Woodland, WA 98674

This document references the following complaint number(s): 192913

The following sample was selected for review during the unannounced on-site visit: 26 of 26 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Jacob Ubl, ALF NCI CI

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

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Statement of Deficiencies	License #: 1028	Compliance Determination # 65176
Plan of Correction	WOODLAND ASSISTED LIVING	Completion Date
Page 2 of 3	Licensee: WOODLAND ASSISTED LIVING CENTER INC	10/17/2025

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

10/22/2025
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)

10/22/25
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 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 for injury and harm in the event of a fire.

Findings included...

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 06/17/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

1. Admin - (ITM) Inspection, Testing, & Maintenance Statement of violation: Blank
2. Inspection and Maintenance: Fire door inspection found to be out of compliance with NFPA 80. Fire doors throughout the building found to be out of compliance. Fire doors found to have approved materials applied to doors throughout. Fire door inspection shall be completed and all repairs shall be made in accordance with NFPA 80.
3. Inspection, Testing. and Maintenance: Facility replaced fire alarm system panel and was unable to provide and acceptance testing. Facility states they are replacing all fire alarm devices. No CRS project found open at this time.

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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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In an interview on 09/03/2025 at 2:26 PM, Staff A, administrator, stated that the facility is out of compliance with fire code as the facility failed an inspection by the Fire Marshal, 06/17/2025, and they are still out of compliance.

In an interview on 09/11/2025 at 12:35 PM, Collateral Contact 1, State Fire Marshal, stated the facility has been out of compliance with fire code, regarding their door gaps, for about six months.

In an interview on 10/16/2025 at 3:55 PM, Staff B, maintenance supervisor, stated that the facility is out of compliance with fire code as the facility failed an inspection by the Fire Marshal, 06/17/2025, and they are still out of compliance.

In an interview on 10/17/2025 at 11:53 AM, Staff C, director of nursing, stated that the facility is still out of compliance with fire code.

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, WOODLAND ASSISTED LIVING is or will be in compliance with this law and / or regulation on (Date) November 11th.

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

Administrator (or Representative) [signature] Date 10/22/25

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In an interview on 09/03/2025 at 2:26 PM, Staff A, administrator, stated that the facility is out of compliance with fire code as the facility failed an inspection by the Fire Marshal, 06/17/2025, and they are still out of compliance.

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

_____ _____

Administrator (or Representative) Date

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