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

HCRC LLC
HAWTHORNE COURT
524 N ELY
KENNEWICK, WA 99336

RE: HAWTHORNE COURT License # 1268

Dear Administrator:

This letter addresses Compliance Determination(s) 84085 (Completion Date 09/21/2026) and 80935 (Completion Date 07/30/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/21/2026 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-2600-1-a, WAC 388-78A-2630-1-a

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

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

# Residential Care Services
## Investigation Summary Report

**Provider/Facility**: HAWTHORNE COURT
**Provider Type**: Assisted Living Facility
**License/Cert.#**: 1268
**Compliance Determination #**: 80935
**Intake ID**: 231681
**Investigator**: Jessica Clapp
**Region/Unit #**: RCS Region 1 / Unit G
**Investigation Date(s)**: 07/23/2026 through 07/30/2026
**Complainant Contact Date(s)**: 07/22/2026, 08/03/2026

**Allegation(s):**

1. Bugs and spiders throughout the facility.
2. Residents are not told their responsibilities for a pest outbreaks in their apartment.
3. Residents not given a choice of what pharmacy they would like to use.
4. Medications not available to resident.
5. Broken benches outside the facility.
6. Food is served cold.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 48<br>Resident sample size: 5<br>Closed records sample size: 0 |
| **Observations:** | Identified resident<br>Residents<br>Activities<br>Dining<br>Staff to resident interactions<br>Resident to resident interactions<br>Resident rooms<br>Resident care equipment |
| **Interviews**: | Identified resident<br>Identified staff<br>Nursing staff<br>Residents<br>Family members<br>Administrator<br>Health and Wellness Director |
| **Record Reviews:** | Medical records (face sheet, care plan, medication administration records, progress notes)<br>Facility policies<br>Maintenance logs<br>Pest Control Services documentation |

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**Investigation Summary:**

1. Interviews showed that the facility was routinely assessed and treated for pests regularly by pest control services. Observations showed no evidence of pests in and around the facility and showed that the pest control services had set up hidden traps to catch pests as prevention measures. No failed practice was identified.
2. Record review and interview showed the facility did not follow their policy and procedure when a written notification was not provided to a resident and/or their representative when a pest outbreak occurred in their apartment. Failed practice was identified. Refer to Washington Administrative Code (WAC) 388-78A-2600(1)(a).
3. Record review showed that the facility changed their pharmacy provider and notified the residents of their choice to use the pharmacy when the change occurred. Interviews with staff showed that facility residents had a choice to use the facility pharmacy or their preferred pharmacy for their medications. Interviews with residents and representatives showed that they had a choice of the pharmacy they preferred to use and that they did not have concerns with their pharmacy services. No failed practice was identified.
4. Record review showed that residents had their required medications and that they were given appropriately. Interviews with staff showed that the pharmacy was contacted for refills prior to a resident's medication running out and that they were able to obtain medications the same day from the pharmacy when needed. Interviews with residents and representatives showed that there were no concerns with not having their medications available to them. No failed practice was identified.
5. Interviews showed that the benches outside the facility had been repaired and the seat cushions had been replaced. Observations showed that the outside benches were clean, in good repair and that new seat cushions were in place. No failed practice was identified.
6. Interviews with staff showed that there had been no reports of meals being served cold and that they were able to reheat and/or provide a new serving if the food served had cooled. Interviews with residents showed that there were no concerns with food temperatures. Observations showed that an insulated cart was used for meal delivery to residents that chose to eat in their rooms and that the cart was secured closed between meals served to resident rooms. No failed practice was identified.

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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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# Residential Care Services
## Investigation Summary Report

**Provider/Facility**: HAWTHORNE COURT
**Provider Type**: Assisted Living Facility
**License/Cert.#**: 1268
**Compliance Determination #**: 80935
**Intake ID**: 233932
**Investigator**: Jessica Clapp
**Region/Unit #**: RCS Region 1 / Unit G
**Investigation Date(s)**: 07/23/2026 through 07/30/2026
**Complainant Contact Date(s)**:

**Allegation(s):**
Allegation of verbal abuse toward a resident.

**Investigation Methods:**

**Sample:**
Total residents: 48
Resident sample size: 5
Closed records sample size: 0

**Observations:**
Identified resident
Residents
Activities
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions
Medication administration

**Interviews**:
Identified resident
Identified staff
Nursing staff
Residents
Family members
Business office manager
Administrator
Health Wellness Director

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

**Investigation Summary:**
Record review showed that the facility investigated when the named resident made an allegation of verbal abuse and did not show that the department had been

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notified of the allegation. Interview showed that the department was not notified when the named resident made an allegation of verbal abuse. Observations showed that facility staff provided respectful care services. Failed practice was identified. Refer to Washington Administrative Code (WAC) 388-78A-2630(1)(a).

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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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# Residential Care Services
## Investigation Summary Report

**Provider/Facility**: HAWTHORNE COURT
**Provider Type**: Assisted Living Facility
**License/Cert.#**: 1268
**Compliance Determination #**: 80935
**Intake ID**: 233506
**Investigator**: Jessica Clapp
**Region/Unit #**: RCS Region 1 / Unit G
**Investigation Date(s)**: 07/23/2026 through 07/30/2026
**Complainant Contact Date(s)**:

**Allegation(s):**
Allegation of verbal abuse toward a resident.

**Investigation Methods:**

**Sample:**
Total residents: 48
Resident sample size: 5
Closed records sample size: 0

**Observations:**
Identified resident
Residents
Activities
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions
Medication administration

**Interviews**:
Identified resident
Identified staff
Nursing staff
Residents
Family members
Administrator
Health Wellness Director
Business Office Manager

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

**Investigation Summary:**
Observations showed that staff provided respectful care services. Record review showed that the facility investigated and terminated the employment of a staff

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member when an allegation of verbal abuse was substantiated. Interviews with staff showed that the department was not notified when an allegation of abuse was made by a resident. Failed practice was identified. Refer to Washington Administrative Code (WAC) 388-78A-2630(1)(a).

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

| Statement of Deficiencies | License #: 1268 | Compliance Determination #80935 |
|---|---|---|
| Plan of Correction | HAWTHORNE COURT | Completion Date |
| Page 1 of 5 | Licensee: HCRC LLC | 07/30/2026 |

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 07/29/2026 and 07/23/2026 of:

HAWTHORNE COURT
524 N Ely St
Kennewick, WA 99336

This document references the following complaint number(s): 231681, 231754, 233506, 233932

The following sample was selected for review during the unannounced on-site visit: 5 of 48 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Jessica Clapp, Assisted Living Facility Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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| Statement of Deficiencies | License #: 1288 | Compliance Determination #809935 |
|---|---|---|
| Plan of Correction | HAWTHORNE COURT | Completion Date |
| Page 2 of 5 | Licensee: HCRC LLC | 07/30/2026 |

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.

Laura Williams-Davis
Residential Care Services

08/04/2026
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.

John Conley
Administrator (or Representative)

8.4.26
Date

**WAC 388-78A-2600 Policies and procedures.**

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(a) Maintain or enhance the quality of life for residents including resident decision-making rights;

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure their policy for responding to a pest outbreak was followed for 1 of 2 residents (Resident 1). This failure placed residents at risk of impaired quality of life.

Findings included...

Review of the facility policy titled, "Bed Bug Policy", dated 01/2024, showed that affected residents and their representatives would be notified with a written notice that showed the responsibilities of the resident and the facility for the treatment of the pests.

Review of Resident 1's facility demographic sheet, undated, showed that the resident moved into the facility on [redacted]2024.

Review of Resident 1's progress note, dated 07/24/2026, showed that staff found the resident's room to have an outbreak of pests.

In an interview on 07/27/2026 at 8:47 AM, Collateral Contact 1 (CC1), Resident

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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.

Laura Williams-Davis
Residential Care Services

08/04/2026
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)

Date

**WAC 388-78A-2600 Policies and procedures.**

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(a) Maintain or enhance the quality of life for residents including resident decision-making rights;

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure their policy for responding to a pest outbreak was followed for 1 of 2 residents (Resident 1). This failure placed residents at risk of impaired quality of life.

Findings included...

Review of the facility policy titled, "Bed Bug Policy", dated 01/2024, showed that affected residents and their representatives would be notified with a written notice that showed the responsibilities of the resident and the facility for the treatment of the pests.

Review of Resident 1's facility demographic sheet, undated, showed that the resident moved into the facility on [redacted]2024.

Review of Resident 1's progress note, dated 07/24/2026, showed that staff found the resident's room to have an outbreak of pests.

In an interview on 07/27/2026 at 9:47 AM, Collateral Contact 1 (CC1), Resident

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| Statement of Deficiencies | License #: 1258 | Compliance Determination #80935 |
|---|---|---|
| Plan of Correction | HAWTHORNE COURT | Completion Date |
| Page 3 of 6 | Licensee: HCRC LLC | 07/30/2026 |

Representative stated that they received a call from the facility stating that they needed to come to facility to get Resident 1 and was not told why. CC1 stated that they took Resident 1 to their home and spoke with the facility at later date. CC1 was told that Resident 1's room required treatment for a pest outbreak and CC1 needed to speak with pest control services about the situation. CC1 stated that they were not aware, and had not received a written notification, about the facility's pest outbreak policy.

As of 07/29/2026 no record of a signed policy or review was provided regarding pest outbreaks and the responsibilities of the resident and representative for treatment of Resident 1's apartment.

In an interview on 07/29/2026 at 11:08 AM, Staff A, Administrator, stated that a plan for pest control was developed verbally with Resident 1's representatives. Staff A stated that written notification was not provided to Resident 1's representative.

**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, HAWTHORNE COURT is or will be in compliance with this law and / or regulation on (Date) 9.12.26 .

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

Administrator (or Representative) 8.6.26 Date

**WAC 388-78A-2630 Reporting abuse and neglect.**

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

**This requirement was not met as evidenced by:**

Based on interview and record review the facility failed to make a report to the Complaint Resolution Unit when allegations of abuse were reported for 2 of 2 residents (Residents 1 and 3). This failure placed the residents at risk of abuse or neglect.

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Representative stated that they received a call from the facility stating that they needed to come to facility to get Resident 1 and was not told why. CC1 stated that they took Resident 1 to their home and spoke with the facility at later date. CC1 was told that Resident 1's room required treatment for a pest outbreak and CC1 needed to speak with pest control services about the situation. CC1 stated that they were not aware, and had not received a written notification, about the facility's pest outbreak policy.

As of 07/28/2026 no record of a signed policy or review was provided regarding pest outbreaks and the responsibilities of the resident and representative for treatment of Resident 1's apartment.

In an interview on 07/28/2026 at 11:08 AM, Staff A, Administrator, stated that a plan for pest control was developed verbally with Resident 1's representatives. Staff A stated that written notification was not provided to Resident 1's representative.

**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, HAWTHORNE COURT 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

**WAC 388-78A-2630 Reporting abuse and neglect.**

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

**This requirement was not met as evidenced by:**

Based on interview and record review the facility failed to make a report to the Complaint Resolution Unit when allegations of abuse were reported for 2 of 2 residents (Residents 1 and 3). This failure placed the residents at risk of abuse or neglect.

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Findings included...

Review of RCW 74.34.035 titled, "Reports—Mandated and permissive—Contents—Confidentiality" showed that mandated reporters would immediately report to the department when their was reasonable cause to believe that abuse of a vulnerable adult occurred.

Review of the facility's "Suspected Abuse Reporting Agency List", dated August 2025, showed that facility would contact the department for all witnessed and suspected incidents.

<Resident 1>

In an interview on 07/23/2026 at 12:38 PM, Resident 1 stated that Staff E, Medication Technician, yelled at them when pests were found in their room.

Review of Resident 1's facility demographic sheet, undated, showed that the resident moved into the facility on [redacted]/2024. The document showed that Resident 1 had medical conditions that included back pain and cerebral infarction (lack of blood and oxygen to the brain that affects physical functioning and speech).

Review of Resident 1's progress notes, dated 07/24/2026, showed that Staff B, Health and Wellness Director, met with the resident when they stated that staff had yelled at them. The note did not show that the department had been notified of the allegation of abuse.

In an interview on 07/29/2026 at 12:12 PM, Staff B stated that they had not reported Resident 1's allegation of abuse to the department.

<Resident 3>

In an interview on 07/23/2026 at 1:50 PM, Resident 3 stated that a Staff D, Maintenance, yelled at them and asked why they cared when the resident reminded them to cover a hole in the yard for safety. Resident 1 stated that they reported the incident to Staff A, Administrator.

Review of Resident 3's facility demographic sheet, undated, showed that the resident moved into the facility on [redacted]2024. The document showed that the resident had medical conditions that included diabetes (the body's inability to regulate blood sugar), anxiety and muscle weakness.

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| Statement of Deficiencies | License # 1288 | Compliance Determination #80935 |
|---|---|---|
| Plan of Correction | HAWTHORNE COURT | Completion Date |
| Page 5 of 6 | Licensee: HCRC LLC | 07/30/2026 |

In an observation on 07/23/2026 at 1:40 PM, showed that Resident 1 was seated in a wheelchair and was able to move themselves around the room independently

In an interview on 07/23/2026 at 3:10 PM, Staff A Administrator, stated that they were aware of Resident 3's allegation of abuse. Staff A stated that they did not report the allegation to the department.

**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, HAWTHORNE COURT is or will be in compliance with this law and / or regulation on (Date) 9.12.26 .

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

Administrator (or Representative) — 8.6.26 Date

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In an observation on 07/23/2026 at 1:40 PM, showed that Resident 1 was seated in a wheelchair and was able to move themselves around the room independently.

In an interview on 07/23/2026 at 3:10 PM, Staff A, Administrator, stated that they were aware of Resident 3's allegation of abuse. Staff A stated that they did not report the allegation to the department.

**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, HAWTHORNE COURT 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

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