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

SENIOR HOME CARE SERVICES LLC
NEW WESTSIDE TERRACE (NWST)
2025 TIBBETTS DRIVE
LONGVIEW, WA 98632

RE: NEW WESTSIDE TERRACE (NWST) License # 1590

Dear Administrator:

This letter addresses Compliance Determination(s) 78756 (Completion Date 06/09/2026) and 75808 (Completion Date 04/23/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/09/2026 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-2160

The Department staff who did the on-site verification:
Richard Westom, NCI, ALF Complaint Investigator

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: NEW WESTSIDE TERRACE (NWST)
License/Cert.#: 1590
Compliance Determination #: 75808
Investigator: Richard Westom
Provider Type: Assisted Living Facility
Intake ID: 219963
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 04/14/2026 through 04/23/2026
Complainant Contact Date(s): 04/13/2026, 04/14/2026

Allegation(s):

1. Resident/Client/Patient neglect. Resident not showered for two weeks

Investigation Methods:

Sample:	Total residents: 56 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents
Record Reviews:	Medical records Hospital records

Investigation Summary:

1. Resident/Client/Patient neglect. After interviews and record review the facility failed to provide showers as outlined in the service agreement. Failed practice

Conclusion / Action:

- [x] 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 #: 1590	Compliance Determination # 75808
Plan of Correction	NEW WESTSIDE TERRACE (NWST)	Completion Date
Page 1 of 3	Licensee: SENIOR HOME CARE SERVICES LLC	04/23/2026

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 04/14/2026 of:

NEW WESTSIDE TERRACE (NWST)
1200 17TH AVENUE
LONGVIEW, WA 98632

This document references the following complaint number(s): 219963

The following sample was selected for review during the unannounced on-site visit: 3 of 56 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Richard Westom, NCI, ALF Complaint Investigator

From:
DSHS, Home and Community Living 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 #: 1590	Compliance Determination # 75808
Plan of Correction	NEW WESTSIDE TERRACE (NWST)	Completion Date
Page 2 of 3	Licensee: SENIOR HOME CARE SERVICES LLC	04/23/2026

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

04/24/2026
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.

E. Ramsey
Administrator (or Representative)

04/28/26
Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide skin checks and showers as agreed upon in the negotiated service agreement (NSA) for 1 of 3 residents (Resident 1). This failure resulted in Resident 1 (R1) not receiving showers or skin checks, as agreed upon in the NSA, and placed the resident at risk of harm and decreased quality of life.

Findings included...

Review of facility records showed that R1 admitted to the facility on [redacted]/2024 with diagnoses that included [redacted] and [redacted]

Record review of R1's NSA titled, "Negotiated Service Plan," dated 09/25/2025, showed that R1 was to get full assist with showers twice a week.

Record review of R1's document titled "Medication Administration Record (MAR)," dated 03/01/2026, showed R1 was to get full staff assistance with showers weekly on Monday's and Thursdays, and to report any skin issues to the licensed nurse (LN). Mar shows no documented showers on:

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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 _____

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

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Findings included…

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Record review of R1's MAR, for March and April of 2026, showed no documentation of showers signed off as given on the following dates: 03/02/2026, 03/05/2026, 03/09/2026, 03/12/2026, 03/19/2026, 03/23/2026, 03/24/2026, 03/30/2026, 04/02/2026, 04/06/2026 and 04/14/2026.

On 04/14/2026 at 09:35 AM, R1 stated "I'm supposed to get showers two times a week, I didn't get a shower for at least two weeks, now I have a sore on my bottom. I felt dirty and unkept, and it hurt."

On 04/14/2026 at 04:08 PM, Staff A, Administrator, stated that "all the documentation I have, documents that [R1] did not get showers for at least two weeks."

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, NEW WESTSIDE TERRACE (NWST) is or will be in compliance with this law and / or regulation on (Date) 05/27/26 .

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

E. Ramos

Administrator (or Representative)

04/28/26

Date

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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

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