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

WWGHR LLC
WHEATLAND VILLAGE
1500 CATHERINE STREET
WALLA WALLA, WA 99362

RE: WHEATLAND VILLAGE License # 1640

Dear Administrator:

This letter addresses Compliance Determination(s) 81381 (Completion Date 07/30/2026) and 80484 (Completion Date 07/16/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/30/2026 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, WAC 388-78A-2040-1, WAC 388-78A-2040

The Department staff who did the off-site verification:
Krista Connelly, Community Nurse Consultant

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: WHEATLAND VILLAGE
Provider Type: Assisted Living Facility
License/Cert.#: 1640
Compliance Determination #: 80484
Intake ID: 230566
Investigator: Krista Connelly
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 07/16/2026 through 07/16/2026
Complainant Contact Date(s):

Allegation(s):
The facility failed their first fire re-inspection.

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 68 Closed records sample size: 0
Observations:	Resident rooms Kitchen Health Services office Elevator room
Interviews:	Executive Director Maintenance Director
Record Reviews:	Department of State Fire Marshal's Office (DSFMO) re-inspection.

Investigation Summary:
Review of State Fire Marshal report showed showed the facility continued with uncorrected deficiencies identified on the re-inspection after the failed initial inspection. The Executive Director stated they continued to work on the corrections with the facility Maintenance Director and the State Fire Marshal.
Failed practice identified. WAC 388-78A-2040.

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 #: 1640	Compliance Determination # 80484
Plan of Correction	WHEATLAND VILLAGE	Completion Date
Page 1 of 3	Licensee: WWGHR LLC	07/16/2026

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 07/16/2026 of:

WHEATLAND VILLAGE
1500 CATHERINE STREET
WALLA WALLA, WA 99362

This document references the following complaint number(s): 230566

The following sample was selected for review during the unannounced on-site visit: 68 of 68 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Krista Connelly, Community Nurse Consultant

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 #: 1640	Compliance Determination # 80484
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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

07/28/2026
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.

Ann Adman
Administrator (or Representative)

7/28/2026
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 maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility in continued violation of fire codes on reinspection. This failure placed residents living in the facility, staff, and visitors to the facility at risk for harm in the event of a fire.
Findings included...
Record review of the Deputy State Fire Marshal (DSFM)'s report showed the facility failed their initial inspection on 05/05/2026. Further review included the follow-up inspection on 07/01/2026, that showed the facility continued to violate the following requirements:

- Resident room 318 had a non-fused power strip in place.
- The second-floor health services office had an extension cord used as permanent wiring.
- The kitchen prep area had penetrations in the fire resistance-rated construction and construction installed to resist the passage of smoke.
- Resident rooms 117, 317 and 318 had their doors propped open with a door stop.
- The facility was unable to provide documentation that the four-year fire/smoke damper had been performed and was free of deficiencies.
- The fire extinguisher in the elevator room missed a monthly inspection.

In an interview on 07/15/2026 at 2:30 PM, Staff A, Executive Director, stated the facility had made all the corrections and they were in communication with the DSFM regarding

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the corrections of the remaining deficiencies.

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, WHEATLAND VILLAGE is or will be in compliance with this law and / or regulation on (Date) 7/28/2026

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

Ann Adman — Administrator (or Representative)

7/28/2026 — Date

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