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

The Hamptons Operations LLC
The Hampton Alzheimers Community
1617 SE Talton Ave
Vancouver, WA 98683

RE: The Hampton Alzheimers Community License # 1946

Dear Administrator:

This letter addresses Compliance Determination(s) 81584 (Completion Date 08/04/2026) and 78139 (Completion Date 06/10/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/04/2026 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:
Yvonne Chitekwe

If you have any questions, please contact me at (253)254-3190.

Sincerely,

Cory Cisneros

Cory Cisneros, Nursing Home Allied Health Field Manager
Region 3, Unit E
Residential Care Services

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING 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 follow-up on 05/27/2026 of:
The Hampton Alzheimers Community
1617 SE Talton Ave
Vancouver, WA 98683

This document references the following SOD dated: 06/10/2026

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

The department staff that inspected the Assisted Living Facility:

Clinton Fridley, Community Nurse Field Manager

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

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.

Laurie Anderson
Residential Care Services

06/22/2026
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.

Angie Roush
Administrator (or Representative)

6.23.26
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 had 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 of injury and harm in the event of a fire.

Findings included...

Review of the Washington State Fire Marshal's (SFM) letter of non-compliance, dated 05/05/2026, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

- **4. Duct and Air Transfer Openings – Maintaining Protection:** "Facility failed to provide fire damper testing. Fire dampers that failed testing have not been repaired."
- **5. Duct and Air Transfer Openings – Maintaining Protection:** "Fire sprinkler dry pendants failed testing and shall be replaced; Forward flow testing has been completed however testing documents shall be provided."

Review of Washington State Fire Marshal reports dated 05/05/2026, 03/24/2026 and 02/05/2026, showed the facility has failed to come back into compliance after three visits from the state fire marshal.

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Laurie Anderson
Residential Care Services

06/22/2026
Date

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Administrator (or Representative)

Date

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Review of Washington State Fire Marshal reports dated 05/05/2026, 03/24/2026 and 02/05/2026, showed the facility has failed to come back into compliance after three visits from the state fire marshal.

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On 05/27/2026 at 3:12 PM, Staff A, Executive Director, stated that they are aware that the fire marshal recited them. Staff A expressed that all the outstanding items, within their direct control, have been completed. Stated vendor issues and scheduling issues have prolonged the completion of the repairs needed related to dampers.

06/03/2026 at 2:15 PM, Collateral Contact 1, Deputy State Fire Marshal, acknowledged some of the issues were vendor related on why they are not back in compliance and advised a little more time.

06/05/2026 at 9:04 AM, Staff A emailed stating work was occurring soon.

06/10/2026 at 11:27 AM, Staff A stated that the vendor is onsite today doing some repairs, and a few dampers have been fixed, but the remaining repairs will take some time as parts are required to be ordered.

This is an uncorrected deficiency previously cited on 04/08/2026.

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, The Hampton Alzheimers Community is or will be in compliance with this law and / or regulation on (Date) 7/25/26.

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

Angie Ranch — Administrator (or Representative)

6.23.26 — Date

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

On 05/27/2026 at 3:12 PM, Staff A, Executive Director, stated that they are aware that the fire marshal recited them. Staff A expressed that all the outstanding items, within their direct control, have been completed. Stated vendor issues and scheduling issues have prolonged the completion of the repairs needed related to dampers.

06/03/2026 at 2:15 PM, Collateral Contact 1, Deputy State Fire Marshal, acknowledged some of the issues were vendor related on why they are not back in compliance and advised a little more time.

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

_____ _____

Administrator (or Representative) Date

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

Residential Care Services
Investigation Summary Report

Provider/Facility: The Hampton Alzheimers Community
License/Cert.#: 1946
Compliance Determination #: 75595
Investigator: Clinton Fridley
Provider Type: Assisted Living Facility
Intake ID: 217925
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 04/08/2026 through 04/08/2026
Complainant Contact Date(s):

Allegation(s):

1. life safety - facility failed fire marshal visit.
2. physical environment - facility failed fire marshal visit.

Investigation Methods:

Sample:	Total residents: 73 Resident sample size: 0 Closed records sample size: 0
Observations:	facility
Interviews:	executive director
Record Reviews:	fire marshal letter

Investigation Summary:

1. life safety - the fire marshal issued a letter of non compliance, failed practice identified.
2. physical environment - the fire marshal issued a letter of non compliance, failed practice identified.

Conclusion / Action:

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

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HOME AND COMMUNITY LIVING 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 04/08/2026 of:

The Hampton Alzheimers Community
1617 SE Talton Ave
Vancouver, WA 98683

This document references the following complaint number(s): 217925

The following sample was selected for review during the unannounced on-site visit: 0 of 73 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Clinton Fridley, Community Nurse Field Manager

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

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

04/17/2026
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)

4.20.2026
Date

WAC 388-78A-2040 Other requirements.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility had 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 of injury and harm in the event of a fire

Findings included...

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 03/24/2026, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

- **1. Clearance from Ignition Sources:** "Combustibles found placed against heaters in room 5, 6, 7, sprinkler rise room, east court conference room"
- **6. Owner's Responsibility:** "Hampton TV room hole found in ceiling; Hole in ceiling laundry room; Trim around fire window missing in med room"
- **7. Testing:** "Facility failed to provide annual roll down fire door test"
- **8. Duct and Air Transfer Openings – Maintaining Protection:** "Facility failed to provide fire damper testing"
- **9. Testing and Maintenance:** "Fire sprinkler outside dry pendants expired; Fire sprinkler report from 12/25 fails to have corrections completed; Room 21 sprinkler trim ring missing; Facility failed to provide annual forward flow test of sprinkler system"
- **12. Smoke Detector Sensitivity:** "Facility failed to provide sensitivity testing of fire alarm system"

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

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

04/17/2026
Date

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Administrator (or Representative)

Date

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- **12. Smoke Detector Sensitivity:** "Facility failed to provide sensitivity testing of fire alarm system"

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

On 04/09/2026 at 2:10 PM, Staff A, Executive Director, stated that they were out of compliance with the fire marshal and acknowledged receiving the letter but stated the reason was due to contractor delays and that they have all required documentation related to delays and efforts to gain compliance.

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, The Hampton Alzheimers Community is or will be in compliance with this law and / or regulation on (Date) 5.15.2026

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

Administrator (or Representative) — Date: 4.20.26

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

On 04/08/2026 at 2:10 PM, Staff A, Executive Director, stated that they were out of compliance with the fire marshal and acknowledged receiving the letter but stated the reason was due to contractor delays and that they have all required documentation related to delays and efforts to gain compliance.

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, The Hampton Alzheimers Community is or will be in compliance with this law and / or regulation on (Date)_____ .

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Administrator (or Representative) Date

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