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

Pacwest Kennewick, LLC
Parkview Estates
7820 W 6th Ave
Kennewick, WA 99336

RE: Parkview Estates License # 2025

Dear Administrator:

This letter addresses Compliance Determination(s) 81539 (Completion Date 08/06/2026) and 78343 (Completion Date 06/22/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/06/2026 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-2450-2-j, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Elaine Lopez, 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

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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 the unannounced on-site full inspection on 06/08/2026, 06/09/2026, 06/10/2026 and 06/11/2026 of:
Parkview Estates
7820 W 6th Ave
Kennewick, WA 99336

The following sample was selected for review during the unannounced on-site visit: 12 of 119 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Elaine Lopez, Licensor
Robin Barnes, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor
Tracy Ramirez, Assisted Living Facility Licensor
Laurel Knight, Community Complaint Investigator

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 #: 2025	Compliance Determination # 78343
Plan of Correction	Parkview Estates	Completion Date
Page 2 of 4	Licensee: Pacwest Kennewick, LLC	06/22/2026

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.

Stephanie Jones
Residential Care Services

06/23/2026
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.

Sonya Y. Arnold
Administrator (or Representative)

6.23.2026
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(j) Ensure all caregivers have access to resident records relevant to effectively providing care and services to the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that caregivers had access to the necessary information for each resident that they provided care and services to for 2 of 12 residents (Resident 7 and 8). This failure placed residents at risk of being cared for by staff who did not have access to pertinent health information.

Findings included...

In an interview on 06/10/2026 at 4:20 PM, Staff A, Health and Wellness Director/Licensed Practical Nurse, stated that caregivers did not have access to the residents' Negotiated Service Agreements (NSAs) and could only view the Kardex (the facility's quick-reference record). Staff A acknowledged that staff did not have access to documentation of a resident's significant diagnoses, what to monitor for and report, or what type of medication assistance the residents required.

<Resident 7>

Review of Resident 7's NSA, dated 06/10/2026, showed that the resident had a diagnosis of [redacted]. The NSA showed that staff were to monitor for seizure activity to include loss of consciousness, uncontrolled

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Residential Care Services _____ Date _____

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Administrator (or Representative) _____ Date _____

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Findings included…

In an interview on 06/10/2026 at 4:20 PM, Staff A, Health and Wellness Director/Licensed Practical Nurse, stated that caregivers did not have access to the residents' Negotiated Service Agreements (NSAs) and could only view the Kardex (the facility's quick-reference record). Staff A acknowledged that staff did not have access to documentation of a resident's significant diagnoses, what to monitor for and report, or what type of medication assistance the residents required.

<Resident 7>

Review of Resident 7's NSA, dated 06/10/2026, showed that the resident had a diagnosis of [redacted]. The NSA showed that staff were to monitor for seizure activity to include loss of consciousness, uncontrolled

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Statement of Deficiencies	License #: 2025	Compliance Determination # 78343
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movements, blank stares, sensory changes, drooling, and teeth clenching.

Review of Resident 7's Kardex, dated 06/11/2026, showed no documentation of what staff were to monitor for if Resident 7 were to have a seizure.

<Resident 8>

Review of Resident 8's NSA, dated 06/11/2026, showed the resident was at risk for falls secondary to poor balance, medications, and pain. The NSA showed that Resident 8 received inhalers as ordered by their provider for Chronic Obstructive Pulmonary Disease (COPD- a disease which restricts the airways and causes shortness of breath).

Review of Resident 8's Kardex, dated 06/11/2026, showed no documentation of the resident's fall risk or interventions for their diagnosis of [redacted].

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, Parkview Estates is or will be in compliance with this law and / or regulation on (Date) 7.23.2026.

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

Sonya Y. Arnold
Administrator (or Representative)

6.23.2026
Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that staff were screened for tuberculosis within three days of hire for 2 of 4 staff (Staff B and C). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included...

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movements, blank stares, sensory changes, drooling, and teeth clenching.

Review of Resident 7's Kardex, dated 06/11/2026, showed no documentation of what staff were to monitor for if Resident 7 were to have a seizure.

<Resident 8>

Review of Resident 8's NSA, dated 06/11/2026, showed the resident was at risk for falls secondary to poor balance, medications, and pain. The NSA showed that Resident 8 received inhalers as ordered by their provider for Chronic Obstructive Pulmonary Disease (COPD- a disease which restricts the airways and causes shortness of breath).

Review of Resident 8's Kardex, dated 06/11/2026, showed no documentation of the resident's fall risk or interventions for their diagnosis of [redacted].

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_____ _____

Administrator (or Representative) Date

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Based on interview and record review, the Assisted Living Facility failed to ensure that staff were screened for tuberculosis within three days of hire for 2 of 4 staff (Staff B and C). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included…

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Statement of Deficiencies	License #: 2025	Compliance Determination # 78343
Plan of Correction	Parkview Estates	Completion Date
Page 4 of 4	Licensee: Pacwest Kennewick, LLC	06/22/2026

Review of the personnel file for Staff B, Caregiver, showed that they started working at the facility on 07/09/2025. Staff B's file showed documentation of Tuberculosis (TB) screening on 08/25/2025, 47 days after Staff B started working.

Review of the personnel file for Staff C, Caregiver, showed that they started working at the facility on 10/17/2024. Staff C's file showed documentation of TB screening on 02/11/2025, 117 days after Staff C started working.

In an interview on 06/10/2026 at 10:29 AM, Staff G, Business Office Manager, acknowledged that Staff B and Staff C's TB screenings had been completed late.

This is a recurring deficiency previously cited on 07/15/2024.

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, Parkview Estates is or will be in compliance with this law and / or regulation on (Date) 7.23.2026 .

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

Sonya Y. Arnold
Administrator (or Representative)

6.23.2026
Date

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

Review of the personnel file for Staff B, Caregiver, showed that they started working at the facility on 07/09/2025. Staff B's file showed documentation of Tuberculosis (TB) screening on 08/25/2025, 47 days after Staff B started working.

Review of the personnel file for Staff C, Caregiver, showed that they started working at the facility on 10/17/2024. Staff C's file showed documentation of TB screening on 02/11/2025, 117 days after Staff C started working.

In an interview on 06/10/2026 at 10:29 AM, Staff G, Business Office Manager, acknowledged that Staff B and Staff C's TB screenings had been completed late.

This is a recurring deficiency previously cited on 07/15/2024.

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, Parkview Estates 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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Pacwest Kennewick, LLC
Parkview Estates
7820 W 6th Ave
Kennewick, WA 99336

RE: Parkview Estates # 2025

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/22/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Stephanie Jenks, Community Field Manager
Residential Care Services
Region 1, Unit G
Preferred methods:

eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (06/22/2026), no later than 08/06/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

The Assisted Living Facility failed to complete a written family medication assistance plan with the required elements when a resident’s family provided medications. The facility completed a written family medication assistance plan before the exit

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conference.

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(5) The release of audio or video monitoring recordings by the facility is prohibited. Each person or organization with access to the electronic monitoring must be identified in the resident's negotiated service agreement.

(6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

The Assisted Living Facility failed to evaluate and document in the resident’s record, the use of electronic monitoring in a resident’s room. The facility evaluated and documentation by the final exit conference.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

• Please contact me at (509)993-7821.

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Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit G
Residential Care Services

Enclosure

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