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) 75086 (Completion Date 03/31/2026) and 71985 (Completion Date 02/11/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/31/2026 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-2462-2-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: Parkview Estates
Provider Type: Assisted Living Facility
License/Cert.#: 2025
Compliance Determination #: 71985
Intake ID: 209004
Investigator: Jessica Clapp
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 01/27/2026 through 02/11/2026
Complainant Contact Date(s):

Allegation(s):
Allegation of staff to resident verbal abuse.

Investigation Methods:

Sample:
Total residents: 118
Resident sample size: 3
Closed records sample size: 0

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

Interviews:
Identified resident
Identified staff
Nursing staff
Residents
Business office manager
Human resources
Administrator
Health and Wellness Director

Record Reviews:
Medical records
Incident investigation
Facility policies
Personnel files
Staff training records

Investigation Summary:
Review of resident records showed that the facility responded, assisted the resident, investigated, initiated interventions, made the required notifications and ruled out abuse and neglect when an allegation of abuse was made. Observations

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showed that staff interacted appropriately and provided respectful and helpful care to residents. Additional record review of personnel files showed that the facility did not complete a Washington state name and date of birth background check within the required timeframe. Failed practice was identified. Refer to Washington State Administrative Code (WAC) 388-78A-2462(2)(a).

Conclusion / Action:

- ☐ 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 #: 2025	Compliance Determination # 71985
Plan of Correction	Parkview Estates	Completion Date
Page 1 of 3	Licensee: Pacwest Kennewick, LLC	02/11/2026

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 01/27/2026 of:

Parkview Estates
7820 W 6th Ave
Kennewick, WA 99336

This document references the following complaint number(s): 209004

The following sample was selected for review during the unannounced on-site visit: 3 of 118 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 #: 2025	Compliance Determination # 71985
Plan of Correction	Parkview Estates	Completion Date
Page 2 of 3	Licensee: Pacwest Kennewick, LLC	02/11/2026

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

02/17/2026
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.

Sonya Y. Arnold
Administrator (or Representative)

2.17.2026
Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(a) A Washington state name and date of birth background check; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a Washington state name and date of birth background check was completed for 1 of 5 staff (Staff C). This failed practice placed residents at risk of being cared for by disqualified staff.

Findings included...

Review of the personnel file for Staff C, Caregiver, showed that they started working at the facility on 04/28/2025. The file showed that a Washington state name and date of birth background check request was submitted on 04/25/2025 and that a result could not be obtained due to an error on the application. The file showed that a corrected Washington state name and date of birth background check was not submitted until 07/08/2025; 71 days after Staff C started working.

In an interview on 01/27/2026 at 2:30 PM, Staff F, Business Office Manager, stated that a result for Staff C's Washington state name and date of birth background check was not obtained due to an error on the application when it was first submitted. Staff F stated that the correction was not made until 07/08/2025.

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Residential Care Services | Date

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Statement of Deficiencies	License #: 2025	Compliance Determination # 71985
Plan of Correction	Parkview Estates	Completion Date
Page 3 of 3	Licensee: Pacwest Kennewick, LLC	02/11/2026

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, Parkview Estates is or will be in compliance with this law and / or regulation on (Date) 3.12.2026 .
6YA

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

Sonya Y. Arnold — Administrator (or Representative)

2.17.2026 — Date

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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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