STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

01/21/2026

CHP Longview-Monticello Park WA Tenant Corp
Prestige Senior Living Monticello Park
605 Broadway St
Longview, WA 98632

RE: Prestige Senior Living Monticello Park # 2238

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70300 (Completion Date 01/21/2026) and 67318 (Completion Date 10/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/21/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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.

The Department staff who did the On Site verification:
Jacob Ubl, ALF NCI CI

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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT 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 10/15/2025 and 10/29/2025 of:

Prestige Senior Living Monticello Park
605 Broadway St
Longview, WA 98632

This document references the following SOD dated: 10/29/2025

The following sample was selected for review during the unannounced on-site visit: 88 of 88 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jacob Ubl, ALF NCI CI

From:
DSHS, Aging and Long-Term Support 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.

Statement of Deficiencies	License #: 2238	Compliance Determination # 67318
Plan of Correction	Prestige Senior Living Monticello Park	Completion Date
Page 2 of 3	Licensee: CHP Longview-Monticello Park WA Tenant Corp	10/29/2025

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

11/07/2025 — 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)

11/7/25 — 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 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 for injury and harm in the event of a fire.

Findings included...

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 08/28/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

1. **Inspection and Maintenance:** "Facility failed to maintain fire doors as required; Fire doors throughout found with combustible items attached and with gaps greater than allowed; Fire door inspection shall be completed. Fire door shall be in compliance with NFPA 80"

In an interview on 10/29/2025 at 12:01 PM, Staff B, maintenance supervisor, stated that the facility was out of compliance with fire code as the facility failed an inspection by the Fire Marshal on 08/28/2025. Staff B stated that the facility was still not back in compliance with fire code as of 10/29/2025.

In an interview on 10/29/2025 at 2:06PM, Collateral Contact 1, State Fire Marshal, stated the facility had been out of compliance with fire code, regarding their door gaps.

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.

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-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 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 for injury and harm in the event of a fire.

Findings included...

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 08/28/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

1. **Inspection and Maintenance:** "Facility failed to maintain fire doors as required; Fire doors throughout found with combustible items attached and with gaps greater than allowed; Fire door inspection shall be completed. Fire door shall be in compliance with NFPA 80"

In an interview on 10/29/2025 at 12:01 PM, Staff B, maintenance supervisor, stated that the facility was out of compliance with fire code as the facility failed an inspection by the Fire Marshal on 08/28/2025. Staff B stated that the facility was still not back in compliance with fire code as of 10/29/2025.

In an interview on 10/29/2025 at 2:06PM, Collateral Contact 1, State Fire Marshal, stated the facility had been out of compliance with fire code, regarding their door gaps,

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for about 11 months.

In an interview on 10/29/2025 at 2:23 PM, Staff A, executive director, stated that the facility was out of compliance with fire code as the facility failed an inspection by the Fire Marshal on 08/28/2025. Staff A stated that the facility was still not back in compliance with fire code as of 10/29/2025.

This is an uncorrected deficiency previously cited on 08/29/2025.

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, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date) 11/7/25 .

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

Administrator (or Representative) — Date: 11/7/25

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for about 11 months.

In an interview on 10/29/2025 at 2:23 PM, Staff A, executive director, stated that the facility was out of compliance with fire code as the facility failed an inspection by the Fire Marshal on 08/28/2025. Staff A stated that the facility was still not back in compliance with fire code as of 10/29/2025.

This is an uncorrected deficiency previously cited on 08/29/2025.

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, Prestige Senior Living Monticello Park 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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Prestige Senior Living Monticello Park
License/Cert.#: 2238
Compliance Determination #: 62460
Investigator: Jacob Ubl
Investigation Date(s): 07/10/2025 through 08/29/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 185925
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):
1. Life Safety Code: Allegation that the Facility failed their Fire Marshal inspection.

Investigation Methods:

Sample:	Total residents: 77 Resident sample size: 77 Closed records sample size: 0
Observations:	Residents Resident rooms
Interviews:	staff Residents Maintenance staff
Record Reviews:	State reporting log Incident investigation Facility policies Staff patterns Maintenance logs

Investigation Summary:
1. Life Safety Code: Failed practice identified. The Facility failed their Fire Marshal inspection.

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 #: 2238	Compliance Determination # 62460
Plan of Correction	Prestige Senior Living Monticello Park	Completion Date
Page 1 of 3	Licensee: CHP Longview-Monticello Park WA Tenant Corp	08/29/2025

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 07/10/2025 and 08/29/2025 of:

Prestige Senior Living Monticello Park
605 Broadway St
Longview, WA 98632

This document references the following complaint number(s): 186316, 185925, 184567, 184064, 183291, 190537

The following sample was selected for review during the unannounced on-site visit: 77 of 77 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Jacob Ubl, ALF NCI CI

From:
DSHS, Aging and Long-Term Support 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 # 2238	Compliance Determination #62450
Plan of Correction	Prestige Senior Living Monticello Park	Completion Date
Page 2 of 3	Licensee: CHP Longview-Monticello Park WA Tenant Corp	08/29/2025

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
Residential Care Services

09/04/2025
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)

10/10/25
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 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 for injury and harm in the event of a fire.

Findings included...

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 08/29/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below.

1. Admin - (ITM) Inspection, Testing, & Maintenance
Statement of violation: Blank
2. Inspection and Maintenance
Statement of violation: Facility failed to maintain fire doors as required; Fire doors throughout found with combustible items attached and with gaps greater than allowed; Fire door inspection shall be completed. Fire door shall be in compliance with NFPA 80

In an interview on 08/28/2025 at 3:23 PM, Collateral Contact 1, State Fire Marshal, stated the facility has been out of compliance with fire code, regarding their door gaps.

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.

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-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

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

Findings included...

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 08/28/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

1. Admin - (ITM) Inspection, Testing, & Maintenance

Statement of violation: Blank

2. Inspection and Maintenance

Statement of violation: Facility failed to maintain fire doors as required; Fire doors throughout found with combustible items attached and with gaps greater than allowed; Fire door inspection shall be completed. Fire door shall be in compliance with NFPA 80

In an interview on 08/28/2025 at 3:23 PM, Collateral Contact 1, State Fire Marshal, stated the facility has been out of compliance with fire code, regarding their door gaps,

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Statement of Deficiencies	License # 2238	Compliance Determination # 82450
Plan of Correction	Prestige Senior Living Monticello Park	Completion Date
Page 3 of 3	Licensee: CHP Longview-Monticello Park WA Tenant Corp	08/29/2025

for about nine months.

In an interview on 08/29/2025 at 1:06 PM, Staff A, administrator, stated that the facility is out of compliance with fire code as the facility failed an inspection by the Fire Marshal yesterday, 08/28/2025.

In an interview on 08/29/2025 at 1:36 PM, Staff B, maintenance supervisor, stated that the facility is out of compliance with fire code as the facility failed an inspection by the Fire Marshal yesterday, 08/28/2025.

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, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date) 10/13/25.

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

Administrator (or Representative) — Date: 10/10/25

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for about nine months.

In an interview on 08/29/2025 at 1:06 PM, Staff A, administrator, stated that the facility is out of compliance with fire code as the facility failed an inspection by the Fire Marshal yesterday, 08/28/2025.

In an interview on 08/29/2025 at 1:35 PM, Staff B, maintenance supervisor, stated that the facility is out of compliance with fire code as the facility failed an inspection by the Fire Marshal yesterday, 08/28/2025.

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, Prestige Senior Living Monticello Park 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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