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

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

RE: Prestige Senior Living Monticello Park License # 2238

Dear Administrator:

This letter addresses Compliance Determination(s) 77071 (Completion Date 05/12/2026) and 72954 (Completion Date 03/17/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/12/2026 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-2305-1, WAC 388-78A-2610, WAC 388-78A-2610-1, WAC 388-78A-2610-2, WAC 388-78A-2610-2-a, WAC 388-78A-2610-2-b, WAC 388-78A-2610-2-c, WAC 388-78A-2610-2-d

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.

Residential Care Services
Investigation Summary Report

Provider/Facility: Prestige Senior Living Monticello Park
License/Cert.#: 2238
Compliance Determination #: 72954
Investigator: Jacob Ubl
Provider Type: Assisted Living Facility
Intake ID: 211441
Region/Unit #: RCS Region 3 / Unit E
Investigation Date(s): 02/11/2026 through 03/17/2026
Complainant Contact Date(s):

Allegation(s):

1. Infection control: Allegations that the facility was failing to properly mange an influenza outbreak.

Investigation Methods:

Sample:	Total residents: 81 Resident sample size: 4 Closed records sample size: 0
Observations:	Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions Medication administration Kitchen Food preparation
Interviews:	Identified staff staff Residents Family members
Record Reviews:	Medical records Incident investigation Facility policies

Investigation Summary:

1. Infection control: Failed practice identified. The facility failed to properly mange an influenza outbreak.

Conclusion / Action:

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

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☐ N/A

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Residential Care Services
Investigation Summary Report

Provider/Facility: Prestige Senior Living Monticello Park
License/Cert.#: 2238
Compliance Determination #: 72954
Investigator: Jacob Ubl
Investigation Date(s): 02/11/2026 through 03/17/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 211346
Region/Unit #: RCS Region 3 / Unit E

Allegation(s):

1. Infection control: Allegations that the facility was failing to properly mange an influenza outbreak.

2. Dietary Services: Allegations that the facility kitchen was not following food code recommended practices.

Investigation Methods:

Sample:	Total residents: 81 Resident sample size: 4 Closed records sample size: 0
Observations:	Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions Medication administration Kitchen Food preparation
Interviews:	Identified staff staff Residents Family members
Record Reviews:	Medical records Incident investigation Facility policies

Investigation Summary:

1. Infection control: Failed practice identified. The facility failed to properly mange an influenza outbreak.

2. Dietary Services: Failed practice identified. The facility failed to properly clean their kitchen appliances.

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Conclusion / Action:

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

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2238	Compliance Determination # 72954
Plan of Correction	Prestige Senior Living Monticello Park	Completion Date
Page 1 of 9	Licensee: CHP Longview-Monticello Park WA Tenant Corp	03/17/2026

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 02/11/2026 and 03/17/2026 of:

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

This document references the following complaint number(s): 211786, 211441, 211281, 211346

The following sample was selected for review during the unannounced on-site visit: 4 of 81 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Jacob Ubl, ALF NCI CI

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

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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.

Clinton Fridley RN
Residential Care Services

03/30/2026
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)

3/30/26
Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure their kitchen was properly cleaned for 1 of 1 kitchen reviewed. This failure placed all residents at risk for receiving food that was not prepared in sanitary conditions and at risk for exposure to food-borne illnesses.

Findings included...

WAC 246-215-04600 Objective—Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils (FDA Food Code 4-601.11).
(1) equipment, food-contact surfaces, and utensils must be clean to sight and touch.
(2) The food-contact surfaces of cooking equipment and pans must be kept free of encrusted grease deposits and other soil accumulations.
(3) Nonfood-contact surfaces of equipment must be kept free of an accumulation of dust, dirt, food residue, and other debris.

WAC 246-215-06505 "Methods—Cleaning, frequency and restrictions (FDA Food Code 6-501.12).
(1) PHYSICAL FACILITIES must be cleaned as often as necessary to keep them clean. (2) Except for cleaning that is necessary due to a spill or other accident, cleaning must be done during periods when the least amount of FOOD is exposed such as after closing."

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In an interview on 02/06/2026 at 12:18 PM, Collateral Contact 1 (CC1) stated that the facility kitchen is "gross" and "dirty" with the facility staff only wiping down the kitchen surfaces every day but were not ever clean the kitchen with any scrubbing, scraping, or degreasing. CC1 stated that there was thick grease build up on stove top burners and black soot build up in the oven and on the flat top cooker. CC1 stated that the kitchen appliances were severely overdue for cleaning with various old food spillage, debris, and substances scattered throughout.

In an interview on 02/06/2026 at 2:16 PM, Collateral Contact 2 (CC2) stated that the facility kitchen was "dirty" with the facility staff signing off that they are cleaning the kitchen but not actually doing it. CC2 stated that there was grease build up on stove top burners and hard black old burnt food caked on the flat top cooker. CC2 stated that the kitchen appliances were not being cleaned by the kitchen staff like they should be.

An observation on 02/11/2026 at 1:44 PM, showed that the kitchen flat top cooker, oven, and the oven burners had a hard black substance and a layer of shiny soft brown substance intermittently scattered throughout most of these kitchen appliance surfaces.

In an interview on 02/11/2026 at 1:44 PM, Staff E, Dining Services Manager, stated that not all the kitchen cleaning schedules had been completed in recent months because the kitchen had been short staffed. Staff E stated the deep cleaning of the kitchen should be completed twice a month but had failed to be done in the last few months so that's why some of the appliances appeared dirty with grease built up and hard black food particles built up. Staff E stated the kitchen oven and flat-top cooker had hard black food particles built up from food spilling over and they do not know the last time they were properly cleaned. Staff E stated the kitchen stove top had grease built up around the burners and they do not know the last time it was properly cleaned. Staff E stated that the kitchen appliances "aren't as clean as they should be" and "it needs to be better."

In an interview on 02/11/2026 at 1:52 PM, Collateral Contact 8 (CC8), stated that kitchen staff are documenting that they are cleaning the kitchen but not actually doing some of the cleaning tasks resulting in the kitchen appliances being dirty with black soot and grease layers. CC8 stated that nobody was doing the needed scraping or using degreaser on the kitchen appliances for several months.

In an interview on 02/19/2026 at 11:07 PM, Staff A, Executive Director, stated that Staff E approached them recently stating that they were embarrassed as they were interviewed in the facility kitchen by the Department regarding its lack of cleanliness. Staff A stated that Staff E told them that they had already cleaned the kitchen, so Staff A never observed the kitchen appliances to not be adequately clean. Staff A reported that the kitchen staff had been dealing with short staffing issues recently. Staff A stated that they did not know why the kitchen had failed to be adequately clean and that the only prior awareness they had of the issue was when Staff E reported that the kitchen had failed to be adequately clean on the day the Department visited on 02/11/2026.

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

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) 4/15/26 .

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

Administrator (or Representative) — Date: 3/30/26

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

(b) Restrict a staff person's contact with residents when the staff person has a known communicable disease in the infectious stage that is likely to be spread in the assisted living facility setting or by casual contact;

(c) Maintain and provide staff persons with the necessary training, supplies, equipment, and personal protective equipment for preventing and controlling the spread of infections by:

(d) Provide all resident care and services according to current acceptable standards for infection control;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to implement isolation procedures due to residents testing positive for influenza (a respiratory illness) for 1 of 3 residents and failed to restrict staff access to residents when they presented with respiratory symptoms for 9 of 9 staff. This failure resulted in staff working while symptomatic, resulted in Resident 1 (R1) not being placed on isolation precautions to prevent the spread of a respiratory illness and placed all residents and staff and visitors at risk for exposure to a contagious respiratory illness.

Findings included...

Review of undated facility policy, titled, "Guidance Referenced-Monticello Park Flu [influenza] Outbreak," showed that they were to follow Local Health Jurisdiction (LHJ) and Centers for Disease Control and Prevention guidance during a Influenza outbreak.

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Review of undated facility policy titled "Return-to-Work Criteria for staff with Influenza-Like Illness," showed that in addition to staff being fever free they also had to have improving symptoms.

Record review showed an email on 02/24/2025 at 3:35 PM from LHJ (Collateral Contact 10) to investigator stating that the facility should have been implementing droplet precautions (staff putting on Personal Protective Equipment (PPE) such as a gown, mask, eye protection, and gloves) for accessing residents at least seven days after they tested positive for influenza.

In an interview on 02/24/2026 at 8:48 PM, Collateral Contact 10 (CC10) stated that since staff were reporting that they were working with influenza-like symptoms, during the facility's influenza outbreak, that was a violation of the regulatory guidance that the facility was provided near the beginning of their influenza outbreak.

<Staffing>

Review of facility staff schedules showed that Staff F, kitchen aid, and Staff G, kitchen aid, worked shifts on 01/20/2026.

In an interview on 02/06/2026 at 12:18 PM, Collateral Contact 1 (CC1) stated Staff F and Staff G were allowed to work in the kitchen with respiratory symptoms the same day they tested positive for Influenza on 01/20/2026 and they suspected that is how the influenza outbreak began. CC1 stated they also had respiratory symptoms highly suspicious of influenza, a fever over 101 degrees Fahrenheit (F), and informed Staff B, Director of Nursing Services, of this on 01/24/2026. Staff B ignored CC1's request to go home sick and allowed CC1 to work the rest of their shift.

In an interview on 02/06/2026 at 2:16 PM, Collateral Contact 2 (CC2) stated that Staff F and Staff G were allowed to work in the kitchen the same day they tested positive for Influenza on 01/20/2026 with obvious respiratory symptoms. CC2 stated that CC1 had respiratory symptoms highly suspicious of influenza on 01/24/2026 and Staff B forced CC1 to work the rest of their shift while obviously sick and coughing.

In an interview on 02/11/2026 at 11:04 PM, Collateral Contact 3 (CC3) stated Staff F and Staff G were allowed to work in the kitchen with respiratory symptoms the same day they tested positive for Influenza on 01/20/2026. CC3 stated that they witnessed Staff F and Staff G tell Staff B that they had felt unwell while showing Staff B their positive influenza tests and Staff B told them that they could not go home sick and had to finish their shifts. CC3 stated that they witnessed Staff F and Staff G finish their shifts including delivering food to residents and did not return to work for the next few days as they continued to have worsening symptoms. CC3 stated that they approached Staff

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B on 02/03/2026 stating that they had respiratory symptoms consistent with flu symptoms and Staff B did not investigate any further telling CC3 that they just needed to finish their shift.

In an interview on 02/11/2026 at 11:31 PM, Collateral Contact 4 (CC4) stated that they approached Staff B near the end of January 2026 and had stated that they had influenza symptoms and Staff B had not ask any further questions about their illness, had not checked their temperature, and told them that they needed to continue working their shift.

In an interview on 02/11/2026 at 11:39 PM, Collateral Contact 5 (CC5) stated Staff F and Staff G were allowed to work in the kitchen with respiratory symptoms the same day they tested positive for Influenza on 01/20/2026. CC5 stated that they witnessed Staff F and Staff G tell Staff B that they were sick while showing Staff B their positive influenza tests and Staff B forced them to finish their shifts.

In an interview on 02/11/2026 at 11:52 PM, Collateral Contact 6 (CC6) stated Staff F and Staff G were allowed to work in the kitchen with respiratory symptoms the same day they tested positive for Influenza on 01/20/2026. CC6 stated that they witnessed Staff F and Staff G approach Staff B and provided their positive influenza tests stating that they had worsening influenza symptoms and Staff B told them to put on a mask and return to work.

In an interview on 02/11/2026 at 12:28 PM, Collateral Contact 7 (CC7) stated that weeks prior they had felt sick with influenza, had worsening symptoms, tested positive for influenza that same day, asked Staff B to go home sick that day and Staff B instructed CC7 to finish working their shift.

In an interview on 02/11/2026 at 1:44 PM, Staff E, Dining Services Manager, stated near the end of January 2026 Staff F and Staff G approached them stating that they were sick with respiratory symptoms and tested positive for influenza, so they took Staff F and Staff G to Staff B and explained the situation. Staff E stated that Staff B then took Staff F and Staff G temperatures showing no fevers, looked at their positive flu tests, and instructed them to return to work with a standard surgical mask on.

In an interview on 02/11/2026 at 1:52 PM, Collateral Contact 8 (CC8) stated that weeks prior they had felt sick with influenza, had worsening symptoms, tested positive for influenza that same day, asked Staff B to go home sick that day and Staff B instructed CC8 to finish working their shift.

In an interview on 02/11/2026 at 2:23 PM, Collateral Contact 9 (CC9) stated Staff F and Staff G were allowed to work in the kitchen with respiratory symptoms the same day they tested positive for Influenza on 01/20/2026. CC9 stated that they witnessed Staff F and Staff G approach Staff B and provided their positive influenza tests stating that they

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had worsening influenza symptoms and Staff B told them to put on a mask and return to work.

In an interview on 02/19/2026 at 11:07 PM, Staff A, Executive Director, stated that on 01/20/2026 Staff F and Staff G approached Staff B and stated that they had just taken a flu test that was positive, they wanted to go home early, they didn't feel sick or have any symptoms and they did not have a temperature so Staff B instructed them to put a mask on and return to work to finish their shifts. Staff A stated that Staff F and Staff G had called out sick the next few days after so in hindsight they had worsening symptoms although they did not report symptoms or feeling unwell on 01/20/2026. Staff A stated that when staff in general report feeling sick it is standard practice for the facility to recommend that they wear a mask. Staff A stated that Staff B didn't tell Staff F and Staff G to put on a mask because they were sick instead just out of habit. Staff A stated that when they had asked Staff F and Staff G to show them their positive flu tests they both stated that they had already thrown the flu test away, so management decided to call their bluff as it was felt that they were faking it to try and get out of work early.

In an interview on 03/03/2026 at 2:52 PM, Staff B stated that on 01/20/2026 Staff F and Staff G approached them stating that they felt unwell, they wanted to go home early, they did not have a temperature and there was no mention of an influenza test. Staff B stated that they did not instruct them to put a mask on and return to work to finish their shifts as they had not worked for their department and they did not have the authority to decide if kitchen staff are to be sent home when sick. Staff B stated that Staff E had the authority to decide if kitchen staff were to be sent home when sick so the decision to send kitchen Staff F and Staff G home sick was Staff E's decision to make.

<Droplet Precautions>

Record review showed that Resident 1 (R1) had tested positive for Influenza on 02/08/2026.

An observation on 02/11/2026 at 10:47 AM showed Staff C, caregiver, entered R1's apartment without putting on any PPE.

In an interview on 02/11/2026 at 10:50 PM, Staff C stated that they didn't know if R1 was on any transmission-based precautions such as droplet precautions. Staff C stated that no signage was posted on R1's door and no PPE was next to their door so they assumed R1 was not on any transmission-based precautions and didn't wear PPE to provide care.

In an interview on 02/11/2026 at 10:52 PM, Staff D, Assistant Health Services Director, stated that R1 should have been on transmission-based precautions for influenza at the facility that day, 02/11/2026, as R1 had tested positive for influenza with respiratory

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symptoms in the hospital on 02/08/2026. Staff D stated that the facility processes to track influenza failed to identify R1 as needing transmission-based precautions for influenza and that they would fix it immediately.

In an interview on 02/11/2026 at 11:52 PM, Collateral Contact 6 (CC6) stated that R1 returned from the hospital on [redacted]/2026 and the facility failed to identify R1 as needing droplet precautions. CC6 stated that facility staff had been entering and exiting R1's room all day without any PPE.

In an interview on 02/19/2026 at 11:07 PM, Staff A stated that R1 was not on their list as a resident being tracked with influenza, so they had to investigate why R1 was not on transmission-based precautions when the department visited the facility on 02/11/2026.

In an interview on 02/24/2026 at 8:48 PM CC10 stated that R1 should have been on transmission-based precautions for influenza on 02/11/2026 and if R1 wasn't then that was a facility failure to abide by recommended infection prevention guidance that was provided to them near the beginning of their influenza outbreak.

In an interview on 03/03/2026 at 2:52 PM, Staff B stated that R1 returned from the hospital on [redacted]/2026 and the facility failed to identify R1 as needing transmission-based precautions for influenza and had not made PPE available outside R1's apartment entrance door or posting any signage to warn visitors. Staff B stated that the facility staff were going through an especially busy time around 02/11/2026 an failed to put R1 on recommended precautions for influenza when R1 returned to the facility from the hospital because "it just fell through the cracks." Staff B stated that R1 was put on isolation precautions in their facility apartment on 02/11/2026 after the department notified Staff D that R1 was not on isolation precautions.

In an interview on 03/17/2026 at 2:54 PM, Staff A stated that R1 returned from the hospital on [redacted]/2026 and the facility failed to identify R1 as needing droplet precautions for influenza. Staff A stated that the facility staff were going through an especially busy time around 02/11/2026 and failed to put R1 on recommended precautions for influenza when they returned to the facility from the hospital because they just missed it. Staff A stated that R1 was put on droplet precautions in their facility apartment on 02/11/2026 after the department notified Staff D that R1 was not on droplet precautions.

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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, Prestige Senior Living Monticello Park is or will be in compliance with this law and / or regulation on (Date) 4/15/26 .

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

Administrator (or Representative) — Date: 3/30/26

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