STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

BFG Kennewick Master Tenant LLC
Ciel Senior Living of the Tri-Cities
7255 W Grandridge Blvd
Kennewick, WA 99336

RE: Ciel Senior Living of the Tri-Cities License # 2449

Dear Administrator:

This letter addresses Compliance Determination(s) 69523 (Completion Date 01/13/2026) and 65419 (Completion Date 09/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/13/2026 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-2040-1

The Department staff who did the on-site verification:
Laurel Knight, Community Complaint Investigator

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: Ciel Senior Living of the Tri-Cities
Provider Type: Assisted Living Facility
License/Cert.#: 2449
Intake ID: 192539
Compliance Determination #: 65419
Region/Unit #: RCS Region 1 / Unit G
Investigator: Laurel Knight
Investigation Date(s): 09/10/2025 through 09/10/2025
Complainant Contact Date(s):

Allegation(s):
The facility failed their fire marshal inspection

Investigation Methods:

Sample:	Total residents: 57 Resident sample size: 57 Closed records sample size: 0
Observations:	none
Interviews:	Staff
Record Reviews:	Fire marshal reports from first and second inspection

Investigation Summary:
The facility failed to provide documentation of the four year inspection of the smoke dampers on reinspection. Facility staff interview confirmed the earliest appointment for the damper inspection was now. Failed practice identified. See the Statement of Deficiency dated 09/10/2025 for Washington Administrative Code 388-78a-2040 for failing to comply with all municipal statutes, rules, codes and ordinances.

Conclusion / Action:

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

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1200 Alder Street, Union Gap, WA 98903

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 09/10/2025 of:

Ciel Senior Living of the Tri-Cities
7255 W Grandridge Blvd
Kennewick, WA 99336

This document references the following complaint number(s): 192539

The following sample was selected for review during the unannounced on-site visit: 57 of 57 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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Statement of Deficiencies	License #: 2449	Compliance Determination #65419
Plan of Correction	Ciel Senior Living of the Tri-Cities	Completion Date
Page 2 of 3	Licensee: BFG Kennewick Master Tenant LLC	09/10/2025

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.

Laura Williams-Davis
Residential Care Services

09/17/2025
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)

11/4/25
Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility in violation of 14 codes on the initial inspection on 04/21/2025 and in continued violation of 1 code on the reinspection on 08/26/2025. This failure placed residents living in the facility, staff, and visitors to the facility at risk for harm in the event of a fire.

Findings included...

Record review of the Deputy State Fire Marshal (DSFM)'s report, dated 04/21/2025, showed that facility failed their initial inspection. Further review included the follow-up inspection on 08/26/2025 showed that the facility continued to violate the following requirements:

- Facility was unable to provide documentation that the four-year fire/smoke damper inspection has been performed.

In an interview on 09/10/2025 at 12:50 PM, Staff A, Executive Director, stated that despite correcting the rest of the items, the facility was unable to schedule the new fire company any sooner. Staff A stated it was scheduled to be completed 09/10/2025.

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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.

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.

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Findings included…

Record review of the Deputy State Fire Marshal (DSFM)'s report, dated 04/21/2025, showed that facility failed their initial inspection. Further review included the follow-up inspection on 08/25/2025 showed that the facility continued to violate the following requirements:

• Facility was unable to provide documentation that the four-year fire/smoke damper inspection has been performed.

In an interview on 09/10/2025 at 12:50 PM, Staff A, Executive Director, stated that despite correcting the rest of the items, the facility was unable to schedule the new fire company any sooner. Staff A stated it was scheduled to be completed 09/10/2025.

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Statement of Deficiencies	License #: 2449	Compliance Determination #65419
Plan of Correction	Ciel Senior Living of the Tri-Cities	Completion Date
Page 3 of 3	Licensee: BFG Kennewick Master Tenant LLC	09/19/2026

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, Ciel Senior Living of the Tri-Cities is or will be in compliance with this law and / or regulation on (Date) 10/21/25 .

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

Administrator (or Representative) 11/4/25 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, Ciel Senior Living of the Tri-Cities 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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Ciel Senior Living of Tri-Cities

Plan of Correction

Date of Survey: 8/25/2025

Provider Number: 2449

WAC 388-78A-2040 Other Requirements

A. With respect to HOW the facility will CORRECT the problem identified in the deficiency list:

1. The community had the required damper inspection and service. Documentation was submitted to the department and the community is in substantial compliance with the life safety requirement.

B. With respect to what the facility will do to PREVENT the same deficiency from recurring:

1. ED or designee will ensure as part of record retention that the proof of service is uploaded to the community's shared drive and the TELS system to prevent any lapse in providing documentation upon request.

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