STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600

June 22, 2026

ELECTRONIC-FACSIMILE

Administrator
Royal Columbian Senior Living
5615 W Umatilla Ave
Kennewick, WA 99336

Assisted Living Facility License # **2581**
Licensee: Greenlake Management Columbian, LLC

IMPOSITION OF CIVIL FINES, AND
CONTINUED STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Administrator:

On June 8, 2026, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter constitutes formal notice of civil fines and continued stop placement order prohibiting admissions for your assisted living facility, also known as **Royal Columbian Senior Living,** located at **5615 W Umatilla Ave, Kennewick,** by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190 and 18.20.520.

The civil fines and continued stop placement order prohibiting admissions are based on the following violations of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated **June 8, 2026.**

Civil Fines

WAC 388-78A-2040 (1) Other requirements. **$1,500.00**

The licensee failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility in violation of two codes on reinspection. This failure placed residents, staff, and visitors at risk for harm in the event of a fire.

This is an uncorrected deficiency previously cited on March 26, 2026, and a recurring deficiency cited on May 1, 2025, and April 23, 2024.

WAC 388-78A-2700 (1)(g)(i)(ii)(iii)(iv)(v)(vi) Emergency and disaster preparedness. **$1,000.00**

The licensee failed to develop and maintain a current, comprehensive disaster preparedness plan that included all necessary information and emergency procedures for one disaster plan. This failure placed residents at risk for harm in the event of an internal or external emergency.

This is an uncorrected deficiency previously cited on March 26, 2026, for WAC 388-78a-2700 (1)(g).

Continued Stop Placement Order Prohibiting Admissions

WAC 388-78A-2040 (1) Other requirements.

The licensee failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility in violation of two codes on reinspection. This failure placed residents, staff, and visitors at risk for harm in the event of a fire.

This is an uncorrected deficiency previously cited on March 26, 2026, and a recurring deficiency cited on May 1, 2025, and April 23, 2024.

WAC 388-78A-2700 (1)(g)(i)(ii)(iii)(iv)(v)(vi) Emergency and disaster preparedness.

The licensee failed to develop and maintain a current, comprehensive disaster preparedness plan that included all necessary information and emergency procedures for one disaster plan. This failure placed residents at risk for harm in the event of an internal or external emergency.

This is an uncorrected deficiency previously cited on March 26, 2026, for WAC 388-78a-2700 (1)(g).

This Stop Placement was imposed by **verbal** notice to you on **February 19, 2026,** in a notice dated February 20, 2026. The Stop Placement was continued by **verbal** notice to you on **March 29, 2026**, in a notice dated June 4, 2026. The Stop Placement is continued again on **June 22, 2026,** and electronic facsimile receipt of this letter and the attached Statement of Deficiencies report. The continued stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 18.20.190(4). The continued stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the continued stop placement, you may not admit any new resident to your assisted living facility. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the continued stop placement unless you obtain advance approval from the department. You may request such approval by contacting Laura Williams-Davis, Field Manager, at 509-208-5231.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the continued stop placement of admissions.

The department will terminate the continued stop placement order prohibiting admissions when the violations necessitating the continued stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

NOTE: These are the violations, which resulted in the fines, and continued stop placement order prohibiting admissions; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Laura Williams-Davis, Field Manager
Region 1, Unit C
1200 Alder St
Union Gap, WA 98903
Phone: 509-208-5231 / Fax: (509) 454-4160
rcsregion1email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

You can make an IDR request and find directions on the IDR web page at: http://www.dshs.wa.gov/altsa/idr.

Formal Administrative Hearing

You may contest the civil fines and continued stop placement order prohibiting admissions by requesting a formal administrative hearing to challenge the deficiency(ies), which resulted in the civil fines and continued stop placement order prohibiting admissions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$2,500.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Laura Williams-Davis, Field Manager, at 509-208-5231.

Sincerely,

Alfredo Brown

Alfredo Brown
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 1, Unit G
RCS Regional Administrator, Region 1
HCS Regional Administrator, Region 1
DDA Regional Administrator, Region 1
WA LTC Ombuds
WA Cares
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

_____

DATE REQUEST FAXED: _____ **DATE MAILED:** _____

TO: _____**, Field Manager, Region ___ Unit ___**

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

1.

2.

3.

4.

5.

6.

7.

_____ _____

Licensee or Designee Signature **Date**