STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

07/27/2026

Greenlake Management Columbian, LLC
Royal Columbian Senior Living
5615 W Umatilla Ave
Kennewick, WA 99336

RE: Royal Columbian Senior Living # 2581

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 81132 (Completion Date 07/27/2026) and 77326 (Completion Date 06/08/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/27/2026 and found no deficiencies.

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

WAC 388-78A-2040 Other requirements.

(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.

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(i) On-duty staff persons' responsibilities;

(ii) Provisions for summoning emergency assistance;

(iii) Coordination with first responders regarding plans for evacuating residents from area or building;

(iv) Alternative resident accommodations;

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

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

(vi) Emergency communication plan.

The Department staff who did the On Site verification:
Robin Barnes, 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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

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 follow-up on 05/14/2026 of:

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

This document references the following SOD dated: 06/08/2026

The following sample was selected for review during the unannounced on-site visit: 10 of 89 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Robin Barnes, 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

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.

J Salquist for Stephanie Jenks
Residential Care Services

06/22/2026
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)

6/22/26
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 two codes on reinspection. This failure placed residents, staff, and visitors at risk for harm in the event of a fire.

Findings included...

Review of the Deputy State Fire Marshal's (DSFM) report, dated 02/04/2026, showed that the facility failed an initial inspection. Review of the reinspection on the report, dated 03/09/2026, showed that the facility failed the reinspection. Review of the report dated 04/16/2026, showed that the facility failed a second reinspection due to violations of the following requirements:

-Hold open devices shall be maintained- the kitchen door to the dining room was inhibited from closing due to the door rubbing on the floor.

-Fire door inspections- the facility was unable to find documentation of the record of each fire door and assembly that were inspected and tested.

In an interview on 05/14/2026 at 9:37 AM, Staff A, Administrator, stated that the facility was still out of compliance with the DSFM inspection because the fire door to the small

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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

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Findings included…

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-Fire door inspections- the facility was unable to find documentation of the record of each fire door and assembly that were inspected and tested.

In an interview on 05/14/2026 at 9:37 AM, Staff A, Administrator, stated that the facility was still out of compliance with the DSFM inspection because the fire door to the small

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dining room would not close properly and required replacement. Staff A stated that the facility was unable to provide the DSFM with documentation of inspections as required.

In an email interview on 06/08/2026 at 6:47 AM, Collateral Contact 2 (CC2), Chief DSFM, stated that the facility was still out of compliance with the requirements for the fire door to the dining room needing to be fixed.

This is an uncorrected deficiency previously cited on 03/26/2026 and a recurring deficiency cited on 05/01/2025 and 04/23/2024.

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, Royal Columbian Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/15/26.

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

Administrator (or Representative) 6/22/26 Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(i) On-duty staff persons' responsibilities;

(ii) Provisions for summoning emergency assistance;

(iii) Coordination with first responders regarding plans for evacuating residents from area or building;

(iv) Alternative resident accommodations;

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

(vi) Emergency communication plan.

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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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(iv) Alternative resident accommodations;

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

(vi) Emergency communication plan.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop and maintain a current, comprehensive disaster preparedness plan that included all necessary information and emergency procedures for 1 of 1 disaster plan. This failure placed residents at risk for harm in the event of an internal or external emergency.

Findings included...

Note: Washington Administrative Code 388-78a-2700 subsection (1)(g) was revised as of 02/02/2026. The regulations included in subsections (1)(g) were moved to a newly added subsection (3).

WAC 388-78A-2700
Emergency and disaster preparedness.
(3) The assisted living facility's emergency preparedness plan must include procedures for:
(a) Staff roles and responsibilities;
(b) Identifying and locating residents;
(d) Communicating emergency information to staff and residents as well as external partners, including emergency contacts for residents, state and local agencies, developmental disability ombuds, and long-term care ombuds.

Review of an email sent from Collateral Contact 1 (CC1), Fire Prevention Inspector, to Staff A, Administrator, on 03/26/2026, showed that the facility's revised disaster plan did not meet the requirements outlined in the city fire codes. The email showed that that the plan was missing the following elements:

<Procedure for accounting for employees and occupants after evacuation was completed>

-Maintain a resident roster, and staff and visitor sign in/out logs.
-Identify who is responsible to maintain lists/logs.
-Current plan instructs the safety supervisors to re-enter the building for unaccounted for occupants. The plan needs to indicate that in the event of a fire, no staff or residents should re-enter unless instructed to do so by the fire department.

<The preferred and any alternative means of notifying occupants of a fire or emergency>

-The plan currently did not contain information regarding alternative means of notifying occupants when the alarm system was down.

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<Procedures for staged evacuation of care recipients through a refuge area in an adjacent smoke compartment and then to an exterior assembly point>

-The plan did not include how to evacuate through an adjacent smoke compartment (hallway areas enclosed by fire rated doors to protect residents).

<Staff need be periodically instructed and kept informed of their duties and responsibilities under the plan-identify staff roles during an emergency>

-Include which individuals fill each of these roles in the event of an emergency.

<Staff and resident drill training- need the plan to train staff and residents regarding the procedure and the frequency of training>

-Include in the plan, the procedures for ensuring that staff and residents are properly trained in these procedures.
-Outline the drill frequency, participation level, and requirements of the drill.

<Shelter in Place>

-Need the procedure for identifying when a resident would be pre-defined as a “Shelter in Place” occupant.
-Identify the process for identifying for the fire department which rooms will have occupants pre-defined as shelter-in-place.

In an interview on 05/13/2026 at 4:00 PM, CC1 stated that they sent the facility an email outlining the emergency plan revisions that were needed to be code compliant. CC1 stated that they had not heard back from the facility regarding any of the changes.

In an interview on 05/14/2026 at 9:27 AM, Staff A stated that visitors did not always sign in and out, and that there was no system for staff to sign in and out other than the use of the time clock. Staff A stated that the process for notifying residents of an emergency in the event of the fire system alarms not sounding, would be by going door to door, but acknowledged that the process was not outlined in the emergency plan. Staff A also stated that the facility had not trained staff on the revised disaster plan because it did not contain the required elements identified by CC1. Staff A stated that the corporate team was responsible for updating the disaster plan and they had yet to do so.

This is an uncorrected deficiency previously cited on 03/26/2026 for WAC 388-78a-2700 (1)(g).

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

Statement of Deficiencies	License #: 2581	Compliance Determination # 77326
Plan of Correction	Royal Columbian Senior Living	Completion Date
Page 6 of 6	Licensee: Greenlake Management Columbian, LLC	06/08/2026

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, Royal Columbian Senior Living is or will be in compliance with this law and / or regulation on (Date) 7/15/26.

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

Rachel Epp

Administrator (or Representative)

6/22/26

Date

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, Royal Columbian Senior Living 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: Royal Columbian Senior Living
License/Cert.#: 2581
Compliance Determination #: 72958
Investigator: Laurel Knight
Investigation Date(s): 02/13/2026 through 03/26/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 211028
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):

1. Fire alarm on the second floor isn't working and they are not repairing it and the workers are getting tired on fire watch.
2. The facility commercial washer is down and there is limited resident washer access until the laundry staff leave.

Investigation Methods:

Sample:	Total residents: 97 Resident sample size: 6 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms laundry Staff to resident interactions
Interviews:	Identified resident Nursing staff Residents Laundry staff
Record Reviews:	Medical records including negotiated service agreement, notes fire watch forms Repair invoices from appliance repair company

Investigation Summary:

1. Identified resident confirmed the fire alarm was still out of service and they stated that they felt the staff were exhausted from every 15 minute fire watch. Facility staff interview confirmed the fire system was still out of service and they had hired additional staff for dedicated fire watch for two out of three shifts. The fire watch personnel were observed during a fire drill not following the process. Failed practice identified. Please see the Statement of Deficiency for Washington administrative code 388-78a-2700 (1)(g)(i)(ii)(iii)(iv)(v)(vi) Emergency and disaster preparedness and 388-78a-2040 (1) other requirements.

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2. Identified resident interview confirmed the residents had reduced access to the resident designated washers. Laundry staff observed returning clean laundry at the end of their shift. Facility staff interview confirmed they were working on repair of the washer and currently laundry worked during the dayshift during weekdays only. No failed practice identified.

Conclusion / Action:

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Royal Columbian Senior Living
Provider Type: Assisted Living Facility
License/Cert.#: 2581
Intake ID: 210998
Compliance Determination #: 72958
Region/Unit #: RCS Region 1 / Unit G
Investigator: Laurel Knight
Investigation Date(s): 02/13/2026 through 03/26/2026
Complainant Contact Date(s):

Allegation(s):

1. The facility maintenance issues are not being addressed timely.
2. Medications are consistently late or missed.
3. The facility ostracizes any complaints.
4. The facility is short staffed.
5. Housekeeping is not being completed consistently.

Investigation Methods:

Sample:	Total residents: 97 Resident sample size: 6 Closed records sample size: 0
Observations:	Identified residents Residents Resident rooms
Interviews:	Identified resident Nursing staff Residents Family members Maintenance staff
Record Reviews:	Medical records including negotiated service agreement, notes, medication administration records, incident report and investigations. housekeeping sheets follow up housekeeping documentation

Investigation Summary:

1. The Identified resident stated they had requested a revision of bolts that protruded from the cabinet in the resident's walkway. The bolts were observed to be protruding into the path of travel for the resident. Facility staff interview confirmed they were unaware of the safety issue and requested that maintenance work on the revisions immediately and replace the light bulbs as requested. Facility staff confirmed completion of the maintenance requests. No failed practice identified.

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2. The Identified resident confirmed they were consistently getting their medications late or incorrectly. The facility staff interview confirmed the facility was in the a plan of correction period for correcting late and missed medications. Facility records showed issues with late and missed medications due to reordering issues. Failed practice identified. The facility is currently within in their plan of correction period, no new Statement of Deficiencies are written within the POC period under Washington Administrative Code 388-78a-2210.
3. The Identified resident interview confirmed they had experienced strong reactions to reporting concerns due to them being related to corporate staff. The facility staff interview confirmed they were new to the facility and unaware of any concerns. They stated there were recent administrative changes that would fix the concerns. No failed practice identified.
4. The Identified resident interview confirmed they felt that two caregivers was inadequate due to heavy care residents in the facility. The facility staff interview confirmed their staffing was consistently based on two care staff with additional staff depending on the shift. Observation showed residents dressed and groomed to their preference. Sampled resident interviews confirmed they were getting cares and services as desired. No failed practice identified.
5. The Identified resident interview confirmed their apartment was not cleaned on a regular basis. The facility staff interview showed there were no housekeeping vacancies, and they were not aware of any concerns. Facility housekeeping records for the past two months showed inconsistent cleaning of the Identified resident's apartment. Facility staff stated they were new to the facility and would ensure that cleaning would be done consistently. The facility staff confirmed they had not found any issues during random checks. No failed practice identified.

Conclusion / Action:

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Royal Columbian Senior Living
Provider Type: Assisted Living Facility
License/Cert.#: 2581
Intake ID: 213289
Compliance Determination #: 72958
Region/Unit #: RCS Region 1 / Unit G
Investigator: Laurel Knight
Investigation Date(s): 02/13/2026 through 03/26/2026
Complainant Contact Date(s):

Allegation(s):

1. Identified resident missed meals during the elevator being out of service
2. Identified resident was not being assisted to leave the third floor for an appointment.

Investigation Methods:

Sample:	Total residents: 97 Resident sample size: 6 Closed records sample size: 0
Observations:	Identified resident Residents Activities Resident rooms Staff to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members Kitchen staff
Record Reviews:	Medical records including negotiated service agreement, notes, medication administration records, incident report and investigations.

Investigation Summary:

1. Identified resident interview confirmed they had received meals after bringing it to the facility's attention. Facility staff interview confirmed they had not been aware the resident was not receiving all three meals and had fixed the issue. Facility records showed the resident was marked as breakfast only and updated to receive all meals. No failed practice identified.
2. The Identified resident stated they did not have staff assistance getting downstairs for an appointment despite asking for help. The resident's representative stated the resident had an extremely difficult time getting down three flights of stairs because the elevator was not working. Facility staff interview

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confirmed they had done verbal and written reminders for all residents on the third floor to request assistance. Failed practice identified. Please see the Statement of Deficiency dated 03/13/2026 for Washington administrative code 388-78a-2700 (1)(g)(i)(ii)(iii)(iv)(v)(vi) Emergency and disaster preparedness.

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
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 02/13/2026 and 02/20/2026 of:

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

This document references the following complaint number(s): 211028, 210998, 212192, 211780, 212470, 212589, 213289

The following sample was selected for review during the unannounced on-site visit: 6 of 97 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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

Statement of Deficiencies	License #: 2581	Compliance Determination # 72958
Plan of Correction	Royal Columbian Senior Living	Completion Date
Page 2 of 6	Licensee: Greenlake Management Columbian, LLC	03/26/2026

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

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)

3/31/26
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 2 codes on reinspection . Additionally, the facility also failed to maintain compliance with the City of Kennewick Municipal Codes constituting a public nuisance. These failures 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 02/12/2026, showed that facility failed their initial inspection 01/07/2026. Further review, included the follow-up inspection on 02/12/2026, showed that the facility continued to violate the following requirements:
> Facility failed to self-report to the Washington State Department of Social and Health Services (DSHS) and Washington State Patrol, Fire Protection Bureau through the Complaint Resolution Unit with DSHS when informed by the contractor on October 21, 2025, that the entire second floor horns failed when tested.
> The facility failed to provide documentation of fire watch.
> The facility must continue to maintain fire watch with dedicated personnel who have no other tasks. Staff must have a means of direct communication with emergency dispatch and complete a full survey of the facility at least every 15 minutes. Reports are to be submitted every Monday by 9:00 AM to the DSFM until all fire alarm system

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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

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Administrator (or Representative) | Date

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> The facility failed to provide documentation of fire watch.
> The facility must continue to maintain fire watch with dedicated personnel who have no other tasks. Staff must have a means of direct communication with emergency dispatch and complete a full survey of the facility at least every 15 minutes. Reports are to be submitted every Monday by 9:00 AM to the DSFM until all fire alarm system

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corrections have been completed and back in compliance and witnessed by the Kennewick Fire Department, Fire Prevention Division. Documentation shall be provided to the Washington State Patrol, Fire Protection Bureau. The facility shall submit fire alarm replacement design documents for review and approval by the Washington State Department of Health (DOH) Construction Review prior to the installation of the new system. At the time of reinspection, the facility has not provided documentation of approved fire alarm replacement design documents.

Record review of the Kennewick Fire Department Prevention Division Notice and Order dated 01/13/2026 showed that the facility had Compliance Warning Notices issued to the responsible party of the property at issue on 09/14/2025, 10/02/2025 and 10/12/2025. Second and third and subsequent notice and orders dated 01/19/2026, 02/06/2026 and 02/13/2026 it was determined that all or parts of the following violations still existed:
>9.48.010(1)(2)(8)
(1) Every act unlawfully done and every omission to perform a duty, which act or omission does any of the following shall constitute a public nuisance. Annoys, injures or endangers the safety, health, comfort, or repose of the citizens of the city. Or in any way renders any citizens of the City insecure in life or use of property.
(2) Maintaining a nuisance fire alarm as defined in this section as a public nuisance.
(8) Nuisance fire alarm means the activation of any fire alarm system caused by mechanical failure, malfunction, improper installation, lack of proper maintenance, misuse or any other response for which the fire department personnel are unable to determine the apparent cause of the alarm activation. (a) Nuisance fire alarm activation report means a Notice and Order issued by the City Fire Official indicating an alarm was deemed to be the result of a fire alarm activation due to a nuisance fire alarm. (b) Owner/responsible means any person who owns or is responsible for the premises in which a fire alarm system is installed.

In an interview on 02/17/2026 at 10:50 AM, Staff A, Executive Director, stated that they had obtained some bids for the fire system replacement project and were in communication with the DSFM and the Kennewick Fire Prevention Division regarding the status of the remaining items.

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Statement of Deficiencies	License #: 2581	Compliance Determination # 72958
Plan of Correction	Royal Columbian Senior Living	Completion Date
Page 4 of 6	Licensee: Greenlake Management Columbian, LLC	03/26/2026

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, Royal Columbian Senior Living is or will be in compliance with this law and / or regulation on (Date) 5.08.2026 .

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

Administrator (or Representative) 3/31/26 Date

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(i) On-duty staff persons' responsibilities;

(ii) Provisions for summoning emergency assistance;

(iii) Coordination with first responders regarding plans for evacuating residents from area or building;

(iv) Alternative resident accommodations;

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

(vi) Emergency communication plan.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop and maintain a current disaster plan with necessary information and procedures to follow in the event of an emergency for 1 of 1 disaster plan. This failure to provide a sufficient and current disaster plan placed all the residents in the home at risk for harm in the event of an internal or external emergency.

Findings included...

Record review of Assisted Living Facility's (ALF) disaster plan showed a signature page dated 10/07/2022. The onsite facility disaster manual did not include an emergency communication plan or a plan addressing staff persons' responsibilities during an emergency. There were no current provisions for summoning emergency assistance or

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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

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(1) The assisted living facility must:

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(iii) Coordination with first responders regarding plans for evacuating residents from area or building;

(iv) Alternative resident accommodations;

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

(vi) Emergency communication plan.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop and maintain a current disaster plan with necessary information and procedures to follow in the event of an emergency for 1 of 1 disaster plan. This failure to provide a sufficient and current disaster plan placed all the residents in the home at risk for harm in the event of an internal or external emergency.

Findings included...

Record review of Assisted Living Facility’s (ALF) disaster plan showed a signature page dated 10/07/2022. The onsite facility disaster manual did not include an emergency communication plan or a plan addressing staff persons’ responsibilities during an emergency. There were no current provisions for summoning emergency assistance or

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plans for evacuation of residents with first responders. There was no current written agreement for alternative resident accommodations in the event evacuation was necessary, and no provisions for essential resident needs such as supplies, medications, food and water.

During an interview on 01/18/2026 at 4:05 PM Staff A, Executive Director (ED), provided the facility's disaster manual for review. Staff A stated that the book labeled with the previous owner's corporation name was the only disaster plan manual they could find onsite and the company specific book was unable to be located. Staff A stated that they were new to the facility and had recently created an emergency plan on 02/13/2026 when it was requested for review.

Record review of the undated plan titled "Fire Evacuation Safety Plan Non-Ambulatory Residents third floor" submitted to the department for review on 02/13/2026 showed the facility staff would move non ambulatory residents to two smoke compartments (hallway areas enclosed by fire rated doors to protect residents.) Further review showed that if the fire department ordered evacuations, they would use evacuation sleds and wheelchairs from the third floor to assist residents down the stairs.

During an interview on 02/19/2026 at 4:40 PM, with Collateral Contact 1 (CC1), Fire Prevention Inspector, stated that the facility did not have the required equipment such as evacuation sleds and extra wheelchairs staged in the hallway on the third floor to carry out the emergency action plan created 02/13/2026 submitted to them for review. CC1 stated that the facility administrator did not have the familiarity with the facility to know what areas they would refuge in and residents were not familiar with what to do when the fire alarms were set off.

During an interview on 02/20/2026 at 11:20 AM with Staff B, Maintenance Director, stated they were unsure how to implement the emergency plan in the event of a fire identified by an individual assigned to fire watch. Staff indicated that emergency response procedures are typically discussed amongst staff rather than practiced with residents during emergency drills.

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Statement of Deficiencies	License #: 2581	Compliance Determination # 72958
Plan of Correction	Royal Columbian Senior Living	Completion Date
Page 6 of 6	Licensee: Greenlake Management Columbian, LLC	03/26/2026

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, Royal Columbian Senior Living is or will be in compliance with this law and / or regulation on (Date) 5.08.2026.

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

Administrator (or Representative)

3.31.26
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, Royal Columbian Senior Living 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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