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

06/08/2026

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) 78659 (Completion Date 06/08/2026) and 75259 (Completion Date 04/13/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/08/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

The Department staff who did the On Site verification:
Jessica Clapp, 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.

Residential Care Services
Investigation Summary Report

Provider/Facility: Royal Columbian Senior Living
Provider Type: Assisted Living Facility
License/Cert.#: 2581
Intake ID: 217559
Compliance Determination #: 75259
Region/Unit #: RCS Region 1 / Unit G
Investigator: Jessica Clapp
Investigation Date(s): 04/02/2026 through 04/13/2026
Complainant Contact Date(s):

Allegation(s):
Named resident's medication was given incorrectly and resulted hospitalization.

Investigation Methods:

Sample:	Total residents: 94 Resident sample size: 7 Closed records sample size: 0
Observations:	Identified resident Residents Activities Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions Medication administration
Interviews:	Identified resident Identified staff Nursing staff Residents Family members Housekeeping staff Human resources Administrator Health and Wellness Director Registered Nurse
Record Reviews:	Medical records (face sheet, care plan, progress notes, medication administration records) Incident investigation Personnel files Facility policies Staff training records

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Investigation Summary:

Record review showed that the named resident was transferred to the hospital when they had a change of condition and showed that the named resident did not have four of their ordered medications available for administration. Interviews and showed that the named resident did not receive multiple doses of their prescribed medications when they were not available at the facility. Failed practice was identified. Refer to Washington Administrative Code (WAC) 388-78A-2240.

Conclusion / Action:

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

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HOME AND COMMUNITY LIVING ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2581	Compliance Determination # 75259
Plan of Correction	Royal Columbian Senior Living	Completion Date
Page 1 of 4	Licensee: Greenlake Management Columbian, LLC	04/13/2026

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 04/02/2026 of:

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

This document references the following complaint number(s): 217609, 217559, 218008

The following sample was selected for review during the unannounced on-site visit: 7 of 94 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Jessica Clapp, 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

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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.

Laura Williams-Davis
Residential Care Services

04/22/26
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)

4.23.26
Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that residents' medications were obtained when staff were responsible for ordering medications for 1 of 5 residents (Resident 1). This failure placed the residents at risk for complications of their chronic health conditions.

Findings included...

Review of the facility's Medication Non-Availability policy, dated 02/15/2024, showed that the facility would ensure that medications would be available to residents as prescribed.

Review of Resident 1's facility demographic sheet, undated, showed that the resident moved into the facility on [redacted]/2025.

Review of Resident 1's Negotiated Service Agreement (NSA), dated 03/27/2025, showed that the resident had medical conditions that included an enlarged prostate, muscle spasms, low blood pressure and seizures. The NSA showed that Resident 1 required the facility to assist them with their medications. The NSA showed that the facility administered and ordered all of Resident 1's medications.

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Review of Resident 1's March 2026 Medication Administration Record (MAR), showed that the resident was prescribed Finasteride once daily (for enlarged prostate), Gabapentin three times daily (for seizures), Methocarbamol two times daily (for muscle spasms) and Midodrine three times daily (for low blood pressure).

In an interview on 04/02/2026 at 11:28 AM, Staff C, Medication Technician (MT), stated that Resident 1's Finasteride, Gabapentin, Methocarbamol and Midodrine had not been available to give for the past three weeks. Staff C stated that Resident 1's account at the pharmacy had been suspended for nonpayment and that they did not know the plan to get his prescription medications.

In an interview on 04/03/2026 at 2:02 PM, Staff D, MT, stated that Resident 1's medications were not available to give before the facility ordered a supply from the pharmacy on 04/02/2026. Staff D stated that the medications were not in the medication cart and were not in the medication room. Staff D stated they did not know how long the medications were not available.

In an interview on 04/03/2026 at 2:14 PM, Staff A, Administrator, acknowledged that Resident 1's medications were not available to give as ordered.

In an interview on 04/13/2026 at 09:22 AM, Collateral Contact 1 (CC1), Pharmacist, stated that the pharmacy filled and delivered Resident 1's medications to the facility. CC1 stated that Resident 1's Finasteride was filled on 2/09/2026 with a 30 day supply, the Gabapentin was filled on 2/11/2026 with a 30 day supply, the Methocarbamol was filled on 2/08/2026 with a 28 day supply and Midodrine was filled on 2/07/2026 with 27 day supply. CC1 stated that the facility did not call to request a refill of the medications until 04/02/2026.

This is a repeated deficiency previously cited on 01/27/2026, 10/10/2024 and 08/08/2023.

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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) 5.25.26 .

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

Robyn A Stella
Administrator (or Representative)

4.23.26
Date

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