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

Greenlake Management Prosser, LLC
Amber Hills Assisted Living
125 N Wamba Rd
Prosser, WA 99350

RE: Amber Hills Assisted Living License # 2616

Dear Administrator:

This letter addresses Compliance Determination(s) 78885 (Completion Date 06/12/2026) and 74571 (Completion Date 05/11/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/12/2026 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-2040-1

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.

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 03/19/2026 of:

Amber Hills Assisted Living
125 N Wamba Rd
Prosser, WA 99350

This document references the following SOD dated: 05/11/2026

The following sample was selected for review during the unannounced on-site visit: 0 of 40 current residents and 0 former residents.

The department staff that inspected 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

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.

Laura Williams-Davis
Residential Care Services

05/14/2026
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) Thomas McDonald Date 5-15-26

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 out of compliance on a reinspection. This failure placed residents living in the facility, staff and visitors at risk of harm in the event of a fire.

Findings included...

Record review of the Washington State Patrol Fire Protection Bureau report, dated 01/12/2026, showed that the facility failed their first reinspection. The second follow-up inspection, dated 04/23/2026, showed that the facility continued to violate the following requirements:

- Unable to provide documentation that the annual fire door inspection had been completed.
- The fire door near room 210 had been removed.
- The kitchen's roll up fire door had not been inspected and serviced in the past 12 months.

In an interview on 05/11/2026 at 8:55 AM, Staff A, Administrator, acknowledged the Fire Marshal report and stated that they were in the process of completing the required corrections.

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.

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.

(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.

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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 out of compliance on a reinspection. This failure placed residents living in the facility, staff and visitors at risk of harm in the event of a fire.

Findings included…

Record review of the Washington State Patrol Fire Protection Bureau report, dated 01/12/2026, showed that the facility failed their first reinspection. The second follow-up inspection, dated 04/23/2026, showed that the facility continued to violate the following requirements:

- Unable to provide documentation that the annual fire door inspection had been completed.
- The fire door near room 210 had been removed.
- The kitchen's roll up fire door had not been inspected and serviced in the past 12 months.

In an interview on 05/11/2026 at 8:55 AM, Staff A, Administrator, acknowledged the Fire Marshal report and stated that they were in the process of completing the required corrections.

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

This is an uncorrected deficiency previously cited on 01/28/2026 for subsection (1).

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, Amber Hills Assisted Living is or will be in compliance with this law and / or regulation on (Date) ~~6-24-26~~.

would like to change the date to 6-10-2026

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

Thomas McDaniel — Administrator (or Representative)

5-15-26 — Date

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

This is an uncorrected deficiency previously cited on 01/28/2026 for subsection (1).

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, Amber Hills Assisted 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: Amber Hills Assisted Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2616
Intake ID: 208682
Compliance Determination #: 71954
Region/Unit #: RCS Region 1 / Unit G
Investigator: Laurel Knight
Investigation Date(s): 01/27/2026 through 01/28/2026
Complainant Contact Date(s):

Allegation(s):
The facility failed their fire and life safety inspection.

Investigation Methods:

Sample:	Total residents: 37 Resident sample size: 37 Closed records sample size: 0
Observations:	Residents
Interviews:	Staff
Record Reviews:	Fire Marshal reports

Investigation Summary:
The facility staff interview confirmed the facility was working on completing the non-compliant items. The fire inspection report showed the facility had corrected of many items found during the initial inspection. Failed practice identified, please see the Statement of Deficiency dated 01/30/2026 for Washington Administrative Code 388-78A-2040.

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

Statement of Deficiencies	License #: 2616	Compliance Determination # 71954
Plan of Correction	Amber Hills Assisted Living	Completion Date
Page 1 of 3	Licensee: Greenlake Management Prosser, LLC	01/28/2026

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 01/27/2026 of:

Amber Hills Assisted Living
125 N Wamba Rd
Prosser, WA 99350

This document references the following complaint number(s): 208682

The following sample was selected for review during the unannounced on-site visit: 37 of 37 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 #: 2010	Compliance Determination # 71954
Plan of Correction	Amber Hills Assisted Living	Completion Date
Page 2 of 3	Licensee: Greentake Management Prosser, LLC	01/28/2026

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

02/02/2026
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.

Thomas McDaniel
Administrator (or Representative)

2·2·2026
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 11 codes on reinspection. 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 01/12/2026, showed that facility failed their initial inspection on 11/17/2025. Further review, included the follow-up inspection on 01/12/2026, showed that the facility continued to violate the following requirements:

> The designated smoking area that is next to combustible vegetation had multiple cigarette butts discarded on the ground.
> In the kitchen near the exit to the dining room there is a broken outlet cover.
> The main electrical panel had doors being stored up against the electrical panel.
> Room 212 had an unfused multi plug adapter in use near a Christmas tree.
> The facility was unable to provide documentation that the annual fire door inspection had been performed. The fire door near room 210 was removed. The roll up fire door in the kitchen had not been inspected/serviced in the past 12 months.
> The fire doors near room 222 would not latch from a fully opened position.

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.

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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> The designated smoking area that is next to combustible vegetation had multiple cigarette butts discarded on the ground.
> In the kitchen near the exit to the dining room there is a broken outlet cover.
> The main electrical panel had doors being stored up against the electrical panel.
> Room 212 had an unfused multi plug adapter in use near a Christmas tree.
> The facility was unable to provide documentation that the annual fire door inspection had been performed. The fire door near room 210 was removed. The roll up fire door in the kitchen had not been inspected/serviced in the past 12 months.
> The fire doors near room 222 would not latch from a fully opened position.

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

Statement of Deficiencies	License #: 2616	Compliance Determination # 71954
Plan of Correction	Amber Hills Assisted Living	Completion Date
Page 3 of 3	Licensee: Greenlake Management Prosser, LLC	01/28/2026

> Facility was unable to provide documentation that the four-year fire/smoke damper inspection had been performed to verify the system has no deficiencies or documentation that all deficiencies have been corrected.
> Facility was unable to provide documentation that the five-year Fire Department Connection (FDC) Hydro testing had no deficiencies. The report dated 11/13/2024 had deficiencies. monthly testing of single station smoke alarms for the past 12 months.
>The pull station near rear service entry of the kitchen was obstructed by boxes.
>The 90-minute annual exit and emergency lighting power test had been performed. All inspection reports did not verify that the system did not have deficiencies or document that all deficiencies had been corrected.
>The fire alarm panel breaker was not locked.

In an interview on 01/27/2026 at 10:15 AM, Staff A, Executive Director, stated that they had completed many of the items including the smoke/fire damper testing and were in communication with the DSFM regarding the status of the remaining items.

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, Amber Hills Assisted Living is or will be in compliance with this law and / or regulation on (Date) 3·14·26 .

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

Thomas McDaniel 2·2·2026

Administrator (or Representative) Date

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> Facility was unable to provide documentation that the four-year fire/smoke damper inspection had been performed to verify the system has no deficiencies or documentation that all deficiencies have been corrected.
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>The pull station near rear service entry of the kitchen was obstructed by boxes.
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>The fire alarm panel breaker was not locked.

In an interview on 01/27/2026 at 10:15 AM, Staff A, Executive Director, stated that they had completed many of the items including the smoke/fire damper testing and were in communication with the DSFM regarding the status of the remaining items.

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, Amber Hills Assisted 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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