



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HOME AND COMMUNITY LIVING ADMINISTRATION  
**800 NE 136th Ave Ste 200, Vancouver, WA 98684**

06/09/2026

Wellspring Centralia LLC  
Wellspring Centralia LLC  
1215 S Tower Ave  
Centralia, WA 98531

RE: Wellspring Centralia LLC # 2685

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 78335 (Completion Date 06/09/2026) and 77263 (Completion Date 05/12/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/09/2026 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.

The Department staff who did the On Site verification:

Maria Salas, ALF Complaint Investigator

If you have any questions, please contact me at (253)254-3190.

Sincerely,

*Cory Cisneros*

Cory Cisneros, Nursing Home Allied Health Field Manager  
Region 3, Unit E  
Residential Care Services

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



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
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**800 NE 136th Ave Ste 200, Vancouver, WA 98684**

|                           |                                    |                                  |
|---------------------------|------------------------------------|----------------------------------|
| Statement of Deficiencies | License #: 2685                    | Compliance Determination # 77263 |
| Plan of Correction        | Wellspring Centralia LLC           | Completion Date                  |
| Page 1 of 3               | Licensee: Wellspring Centralia LLC | 05/12/2026                       |

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 follow-up on 05/11/2026 of:

Wellspring Centralia LLC  
1215 S Tower Ave  
Centralia, WA 98531

This document references the following SOD dated: 05/12/2026

The following sample was selected for review during the unannounced on-site visit: 0 of 16 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Maria Salas, ALF Complaint Investigator

From:  
DSHS, Home and Community Living Administration  
Residential Care Services, Region 3 , Unit E  
800 NE 136th Ave Ste 200  
Vancouver, WA 98684

|                           |                                    |                                  |
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| Page 2 of 3               | Licensee: Wellspring Centralia LLC | 05/12/2026                       |

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.

*Clinton Fridley, RN*  
Residential Care Services

05/20/2026

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.

*Kari Lethbridge*

Administrator (or Representative)

5/22/26

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 stay in compliance with the local and state fire ordinances for 1 of 1 Assisted Living Facilities (ALF). This failure placed all residents, visitors, and staff at risk of injury and harm in the event of a fire.

Findings included...

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 04/28/2026, showed the facility had failed to gain and maintain compliance as required by state law; findings below:

- **4. Controlled egress doors in groups I-1 and I-2:** "Facility failed to installed locking arraignment in accordance with the international fire code. Door lock installed in resident area fails to release on fire alarm activation. Special knowledge is required for egress."

In an interview on 05/11/2026, Staff A, Director of Nursing Services (DNS), stated that there were a few doors where the magnetic locks were not releasing when the fire system was activated. Staff A stated that the door handle on the entrance door to the memory care unit had a code system on it to unlock the handle to be able to open the door. Stated that door handle was not linked to fire system so it would not automatically

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.

|                                    |               |
|------------------------------------|---------------|
| _____<br>Residential Care Services | _____<br>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.

|                                            |               |
|--------------------------------------------|---------------|
| _____<br>Administrator (or Representative) | _____<br>Date |
|--------------------------------------------|---------------|

**WAC 388-78A-2040 Other requirements.**

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- **4. Controlled egress doors in groups I-1 and I-2:** "Facility failed to installed locking arraignment in accordance with the international fire code. Door lock installed in resident area fails to release on fire alarm activation. Special knowledge is required for egress."

In an interview on 05/11/2026, Staff A, Director of Nursing Services (DNS), stated that there were a few doors where the magnetic locks were not releasing when the fire system was activated. Staff A stated that the door handle on the entrance door to the memory care unit had a code system on it to unlock the handle to be able to open the door. Stated that door handle was not linked to fire system so it would not automatically

|                           |                                    |                                  |
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| Statement of Deficiencies | License #: 2685                    | Compliance Determination # 77263 |
| Plan of Correction        | Wellspring Centralia LLC           | Completion Date                  |
| Page 3 of 3               | Licensee: Wellspring Centralia LLC | 05/12/2026                       |

unlock in the case of the fire system alarming. Staff A stated that they had the new door handle to install.

In an interview on 05/11/2026, Staff B, Executive Director, stated that they had the new door handle for the entrance door and that it had not been installed yet.

Observation on 05/11/2026 at 3:16 pm showed that the door handle on the entrance door to the memory care unit had a code box as part of the door handle. Observed DNS enter code to be able to open door to memory care unit.

This is an uncorrected deficiency previously cited on 04/13/2026.

**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, Wellspring Centralia LLC is or will be in compliance with this law and / or regulation on (Date) 5/12/26.

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

*Kari Luthers*  
Administrator (or Representative)

5/22/26  
Date

unlock in the case of the fire system alarming. Staff A stated that they had the new door handle to install.

In an interview on 05/11/2026, Staff B, Executive Director, stated that they had the new door handle for the entrance door and that it had not been installed yet.

Observation on 05/11/2026 at 3:16 pm showed that the door handle on the entrance door to the memory care unit had a code box as part of the door handle. Observed DNS enter code to be able to open door to memory care unit.

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| Plan/Attestation Statement                                                                                                                                                                                                                                                                                                                                                     |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <p>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, Wellspring Centralia LLC is or will be in compliance with this law and / or regulation on (Date)_____.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p> |       |
| _____                                                                                                                                                                                                                                                                                                                                                                          | _____ |
| Administrator (or Representative)                                                                                                                                                                                                                                                                                                                                              | Date  |



## Residential Care Services Investigation Summary Report

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**Provider/Facility:** Wellspring Centralia LLC      **Provider Type:** Assisted Living Facility

**License/Cert. #:** 2685

**Intake ID:** 194901

**Compliance Determination #:** 66297

**Region/Unit #:** RCS Region 3 / Unit E

**Investigator:** Maria Salas

**Investigation Date(s):** 09/29/2025 through 04/13/2026

**Complainant Contact Date(s):**

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### **Allegation(s):**

Fire Marshall report of facility being out of compliance with required annual inspection and follow-ups.

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### **Investigation Methods:**

|                        |                                                                                                    |
|------------------------|----------------------------------------------------------------------------------------------------|
| <b>Sample:</b>         | Total residents: 16<br>Resident sample size: 0<br>Closed records sample size: 0                    |
| <b>Observations:</b>   | Residents<br>Resident rooms<br>Staff to resident interactions<br>Resident to resident interactions |
| <b>Interviews:</b>     | Nursing staff                                                                                      |
| <b>Record Reviews:</b> | Medical records<br>Facility policies                                                               |

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### **Investigation Summary:**

Based on record review and interview the facility failed the first annual fire marshal inspections, and the next two follow-up visits. Failed practice identified.

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### **Conclusion / Action:**

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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|---------------------------|------------------------------------|---------------------------------|
| Statement of Deficiencies | License #: 2685                    | Compliance Determination #66297 |
| Plan of Correction        | Wellspring Centralia LLC           | Completion Date                 |
| Page 1 of 4               | Licensee: Wellspring Centralia 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 09/29/2025 of:

Wellspring Centralia LLC  
1215 S Tower Ave  
Centralia, WA 98531

This document references the following complaint number(s): 194901

The following sample was selected for review during the unannounced on-site visit: 0 of 16 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Maria Salas, ALF Complaint Investigator

From:  
DSHS, Home and Community Living Administration  
Residential Care Services, Region 3, Unit E  
800 NE 136th Ave Ste 200  
Vancouver, WA 98684

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.

Clinton Fridley, RN

Residential Care Services

04/14/2026

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.

Kari Seetherud

Administrator (or Representative)

4/23/26

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 stay in compliance with the local and state fire ordinances for 1 of 1 Assisted Living Facilities (ALF). This failure placed all residents, visitors, and staff at risk of injury and harm in the event of a fire.

**Findings included...**

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 05/15/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

- 1. Working Space and Clearance: "Electrical panels block in kitchen"
- 2. Cleaning: "Facility failed to provide records of semi annual hood cleaning"
- 3. Owner's Responsibility: "Facility failed to provide records of semi annual hood cleaning"
- 4. Inspection and Maintenance: "Facility failed to provide records of annual fire door inspection"
- 5. Duct and Air Transfer Openings – Maintaining Protection: "Facility failed to provide records of 4 year fire damper inspection. If dampers were replaced or repaired documents of 1 year testing shall be provided"
- 6. Testing and Maintenance: "Facility failed to provide records of: Annual fire sprinkler inspection; 5 year internal inspection report; 5 year FDC hydrostatic inspection"

report; Quarterly fire sprinkler inspection report; unknown age of dry pendant fire sprinkler heads"

- 7. Extinguishing System Service: "Facility failed to provide records of semi annual suppression system inspection. Instructions shall be provided to new employees on hiring and to all employees annually on the use of portable fire extinguishers and the manual actuation of the fire-extinguishing system"

- 8. Portable Fire Extinguishers – General Requirements: "Facility failed to provide records of Annual fire extinguisher inspection; Monthly fire extinguisher inspection"

- 9. Inspection, Testing and Maintenance: "Facility failed to provide records of Annual fire alarm inspection, semi annual fire alarm system inspection"

Review of the Washington State Fire Marshal's letter of Non-compliance, dated 09/16/2025, showed the facility had failed to gain and maintain compliance as required by state law, findings below:

- 3. Owner's Responsibility: "Facility failed to provide records of annual inspection of fire resistance-rated construction"

- 4. Inspection and Maintenance: "Facility failed to provide records of annual fire door inspection"

- 5. Duct and Air Transfer Openings – Maintaining Protection: "Facility failed to provide records of 4 year fire damper inspection. If dampers were replaced or repaired documents of 1 year testing shall be provided"

- 6. Testing and Maintenance: "Facility failed to provide records of: Annual fire sprinkler inspection; 5 year internal inspection report; 5 year FDC hydrostatic inspection report; Quarterly fire sprinkler inspection report; unknown age of dry pendant fire sprinkler heads"

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- 8. Portable Fire Extinguishers – General Requirements: "Facility failed to provide records of Annual fire extinguisher inspection; Monthly fire extinguisher inspection"

- 9. Inspection, Testing and Maintenance: "Facility failed to provide records of Annual fire alarm inspection, semi annual fire alarm system inspection"

In an interview on 09/29/2025 Staff A, facility owner, stated that the magnetic locks needed to be put in and the generator tests reports needed to be completed.

In an interview on 09/29/2025 Staff B, Executive Director, stated that all the "physical" things still needed to be fixed such as locks.

**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, Wellspring Centralia LLC is or will be in compliance with this law and / or regulation on (Date) 4/24/26.

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

Kari Sutherland  
Administrator (or Representative)

4/23/26  
Date