STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

AHR Battle Ground WA ALF TRS Sub, LLC
Mallard Landing Senior Assisted Living Community
813 SE Clark Ave
Battle ground, WA 98604

RE: Mallard Landing Senior Assisted Living Community License # 2720

Dear Administrator:

This letter addresses Compliance Determination(s) 63546 (Completion Date 08/07/2025) and 61913 (Completion Date 07/03/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/07/2025 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-24701-1, WAC 388-78A-2950-6, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit I
Residential Care Services

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Statement of Deficiencies	License #: 2720	Compliance Determination # 61913
Plan of Correction	Mallard Landing Senior Assisted Living Community	Completion Date
Page 1 of 5	Licensee: AHR Battle Ground WA ALF TRS Sub, LLC	07/03/2025

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 the unannounced on-site full inspection on 07/01/2025 and 07/03/2025 of:
Mallard Landing Senior Assisted Living Community
813 SE Clark Ave
Battle ground, WA 98604

The following sample was selected for review during the unannounced on-site visit: 7 of 63 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jason Rose
Jennifer Siharath, ALF Licensor
Jason Rose

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
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
Residential Care Services

07/10/2025
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)

7/10/2025
Date

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to determine whether a prospective employee had the character, competence and suitability (CCS) to work with vulnerable adults in long-term care when 1 of 5 sampled staff (Staff F) had a background check result showing a criminal conviction or pending charge for a crime that was not a disqualifying crime. This failure placed all residents at risk for harm by receiving care and services from staff who may not be suitable to work with vulnerable adults.

Findings included...

During an unannounced licensing full inspection on 07/01/2025 at 11:00 AM, the department received the requested staff documents.

Staff F
Record review for Staff F, Caregiver, showed that Staff F was hired on 05/09/2024. Review of Staff F's background checks, dated 04/29/2024 and 05/13/2024, showed that Staff F had a past criminal conviction that required a CCS review to be completed. No CCS review was found for Staff F.

On 07/01/2025 at 11:53 AM, Staff A, Executive Director, stated, "Nope, it's definitely not in here" after looking in Staff F's personnel records for the CCS review.

On 07/03/2025 at 12:30 PM, Staff A acknowledged that a CCS review was not completed for Staff F.

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, Mallard Landing Senior Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) 7/1/2025. Complete.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement. Retrained Business Office director and audited.

Administrator (or Representative) — Date: 7/10/25

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure that the hot water temperature for the sinks used by residents were between 105 degrees Fahrenheit (F) and 120 degrees F at all times for 3 of 3 sampled sinks (Sink A, Sink B and Sink C). This failure placed all residents at risk of injury due to water temperatures being too high.

Finding included...

During an unannounced licensing full inspection on 07/03/2025, the department measured hot water temperatures in sinks used by residents.

On 07/03/2025 at 11:30 AM, the hot water in the Sink A, bathroom sink on the first-floor common bathroom in the west wing of the building, measured at 131 degrees F.

On 07/03/2025 at 11:45 AM, the hot water in the Sink C, bathroom sink on the second-floor spa room, measured at 93.8 degrees F.

On 07/03/2025 at 11:50 AM, the hot water in the Sink B, bathroom sink on the first-floor common bathroom in the east wing of the building, measured at 122.4 degrees F.

Record review of the facility's water temperature log showed no documentation of hot water temperature measurements from the common bathrooms used by residents.

On 07/03/2025 at 12:30 PM, Staff A, Executive Director, acknowledged the department's findings.

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, Mallard Landing Senior Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) 7/31/2025 .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement. Daily testing and adjustments made. Contacted Plumber 7/7/25 for possible replacement of mixed valve

Administrator (or Representative) Date

A Pineda 7/10/25

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 2 of 3 sampled staff (Staff D and E). This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing full inspection on 07/01/2025 at 11:00 AM, the department received the requested staff documents.

Staff D
Record review for Staff D, Medication Aide, showed that Staff D was hired on 09/24/2024. Review of Staff D's TB test records showed documentation of an Interferon Gamma Release Assay (TB blood test) test completed on 04/17/2024 prior to Staff A

being employed at the facility being inspected. No documentation was found to show that a TB test for Staff E was initiated within three days of employment as required per regulation.

Staff E
Record review for Staff E, Medication Aide, showed that Staff E was hired on 07/22/2024. Review of Staff E's TB test showed documentation of an Interferon Gamma Release Assay test completed on 07/30/2024. No documentation was found to show that a TB test for Staff E was initiated within three days of employment as required per regulation.

On 07/03/2025 at 12:30 PM, Staff A, Executive Director, acknowledged that the TB tests for Staff D and E were not completed per regulation.

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, Mallard Landing Senior Assisted Living Community is or will be in compliance with this law and / or regulation on (Date) 7/10/2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement. Could not verify that this staff was in onboarding training during the 7/22-30/24 window-files audited.

Administrator (or Representative) [signature] Date 7/10/25