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

Arcadia at Lookout Ridge AL Operator LLC
Arcadia at Lookout Ridge Assisted Living
2300 W 9th St
Washougal, WA 98671

RE: Arcadia at Lookout Ridge Assisted Living License # 2753

Dear Administrator:

This letter addresses Compliance Determination(s) 80046 (Completion Date 07/07/2026) and 74135 (Completion Date 05/28/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/07/2026 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-2660-1

The Department staff who did the on-site verification:
Jason Rose

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.

Residential Care Services
Investigation Summary Report

Provider/Facility: Arcadia at Lookout Ridge Assisted Living
Provider Type: Assisted Living Facility
License/Cert.#: 2753
Intake ID: 212368
Compliance Determination #: 74135
Region/Unit #: RCS Region 3 / Unit E
Investigator: Jason Rose
Investigation Date(s): 03/11/2026 through 05/28/2026
Complainant Contact Date(s):

Allegation(s):

1. Financial exploitation. Facility failed to properly notify a resident's representative about a rate increase.

Investigation Methods:

Sample:	Total residents: 36 Resident sample size: 3 Closed records sample size: 1
Observations:	Residents Activities Staff to resident interactions Resident to resident interactions
Interviews:	Resident representatives. Executive director.
Record Reviews:	Individual Service Plans. Rental Agreements. Financial Responsibility forms

Investigation Summary:

1. Financial exploitation. Facility failed to properly notify a resident's representative about a rate increase. Failed practice identified. Facility did failed to notify a resident's financially responsible party of a rate increase.

Conclusion / Action:

- [x] 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 #: 2753	Compliance Determination # 74135
Plan of Correction	Arcadia at Lookout Ridge Assisted Living	Completion Date
Page 1 of 3	Licensee: Arcadia at Lookout Ridge AL Operator LLC	05/28/2026

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 03/11/2026 and 05/28/2026 of:

Arcadia at Lookout Ridge Assisted Living
2300 W 9th St
Washougal, WA 98671

This document references the following complaint number(s): 212368

The following sample was selected for review during the unannounced on-site visit: 3 of 36 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Jason Rose

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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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

05/29/2026
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)

4/8/2026
Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify a resident's representative of a price increase for rent and care services for 1 of 3 sampled residents. This failure placed the resident at risk of being unprepared and unable to agree to changing financial commitments.

Findings included...

RCW 70.129.139 (4)(2) Each resident and resident representative must be informed in writing in advance of changes in the availability or the charges for services, items, or activities, or of changes in the facility's rules. Except in emergencies, thirty days' advance notice must be given prior to the change.

Record review of facility records for R1 showed an assessment, signed 07/31/2025, showed that R1 required family assistance with personal financial needs. Records also show a residency agreement, signed 07/252023, identified CC2 as the responsible party/power of attorney.

Record review of family provided copy of facility document titled "Financial Responsibility," signed and dated 08/03/2025, provided to the Department on 3/10/2026 at 3:50 PM via email, showed that CC1 and CC2 are identified as the responsible party for R1 and makes the monthly payments. The document also shows that R1 is not to receive invoices.

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Record review of facility letter, dated 12/01/2025, showed that it was addressed to the R1, who was noted as the resident/responsible party, and showed that it was a 30-day notification that on January 1, 2026, R1's rent would increase.

On 03/10/2026 at 1:22 PM, Collateral Contact 1 (CC1) stated that them and Collateral Contact 2 (CC2) were R1's Power of Attorney (POA). CC1 stated that they managed R1's finances and weren't notified of the January 2026 rent increase until they noticed it on the invoice sent to them for February 2026.

On 03/11/2026 at 2:52 PM, Staff A, Executive Director, stated that on 12/01/2026 they sent a notice to R1, who was identified via a computer program the facility uses as the bank account owner with CC1. Staff A confirmed that only R1 was notified of the rent increase and acknowledged that ideally both R1 and CC1 be notified, but that only R1 was required to be notified.

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, Arcadia at Lookout Ridge Assisted Living is or will be in compliance with this law and / or regulation on (Date) 06/8/2026 .

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

Administrator (or Representative) — Date: 06/08/2026

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