STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600

September 14, 2026

ELECTRONIC-FACSIMILE

Administrator
CHEHALIS WEST RETIREMENT CENTER INC
478 NW QUINCY PLACE
CHEHALIS, WA 98532

Assisted Living Facility License # **783**
Licensee: CHEHALIS WEST RETIREMENT CENTER INC

IMPOSITION OF CIVIL FINES

Dear Administrator:

On August 31, 2026, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter constitutes formal notice of civil fines on the license for your assisted living facility, also known as **CHEHALIS WEST RETIREMENT CENTER INC,** located at **478 NW QUINCY PLACE, CHEHALIS,** by the State of Washington, Department of Social and Health Services. These actions are taken under the authority granted pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fines on the license are based on the following violation of the RCW and/or WAC as described in the attached Statement of Deficiencies (SOD) report dated August 31, 2026**.**

Civil Fines

WAC 388-78A-2320 (1)(a)(b)(c)(2)(a)(b)(c)(d)(e)(3)(c) Intermittent nursing services. **$500.00**

The licensee facility failed to have Registered Nurse (RN) Delegation services assessed, implemented, and documentation in place for two residents. This failure placed all residents receiving and needing RN delegated services at risk for receiving care and services from untrained staff.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (1)(a)(b)(2)(a)(b)(c)(d)(e)(3)(c).

WAC 388-78A-2120 (3)(a)(b)(4) Monitoring residents' well-being. $400.00

The licensee failed to evaluate residents' well-being and take appropriate actions for two residents. This failure placed all residents at risk for unmet care needs and lack of response for decline in residents' condition and decreased quality of life.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (3)(a)(b)(4).

WAC 388-78A-2100 (1)(b)(i)(ii) Ongoing assessments. $300.00

The licensee failed to ensure they completed on-going assessments when a change of condition occurred for one resident. This failure placed the resident and all other residents at risk for unidentified and unmet care needs, decline in condition, and a decreased quality of life.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (2)(b)(i)(ii).

WAC 388-78A-2474 (1)(2)(c)(d)(e)(5) Training and home care aide certification requirements. $300.00

The licensee failed to ensure one staff member completed their required continued education units (CEUs) These failures placed all residents at risk of being improperly cared for by untrained staff.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (2)(e).

WAC 388-78A-2230 (1)(c)(i)(ii)(2)(a)(b)(c) Medication refusal. $400.00

The licensee failed to notify the physician or have the Licensed Nurse (LN) evaluate the resident after they refused their medications for two residents. This failure placed the residents at risk for medical complications due to the physician or licensed nurse unable to evaluate the significance of the residents not getting their medication and provide instructions.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (1)(c)(i)(ii)(2)(a)(b)(c).

WAC 388-78A-2710 (1)(2) Disclosure of services. **$300.00**

The licensee failed to ensure they provided a completed copy of their Disclosure of Services for one resident. This failure placed all residents, resident representatives, and any visitor at the facility at risk of not having knowledge of what services the facility provided before or upon moving into the facility.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (1)(2).

WAC 388-78A-2665 (1)(2)(3)(4)(5)(6) Resident rights—Notice—Policy on accepting medicaid as a payment source. **$400.00**

The licensee failed to ensure residents were provided a Medicaid policy before they moved into the facility for two residents. This failure placed these residents and their responsible party at risk of making uninformed decisions about placement with consideration of potential changes in their financial circumstances.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (1)(2)(3)(5)(6).

WAC 388-78A-2651 (1)(2)(a)(b)(c)(3)(4)(a)(b)(5)(a)(b)(c)(d) Written residency agreement—Residents with medicaid as a payor. **$500.00**

The licensee failed to ensure they had a written residency agreement for three Medicaid residents. This failure placed all Medicaid residents and the residents' representatives at risk of not knowing their rights and the facility's responsibilities as a Medicaid resident.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (1)(2)(a)(b)(c)(3)(4)(a)(b)(5)(a)(b)(c)(d).

WAC 388-78A-2150 (1)(2) Signing negotiated service agreement. **$500.00**

The licensee failed to ensure residents, or their responsible parties signed Care Plans (facility's version of the negotiated service agreement [NSA]) for four residents. This failure placed residents and their representatives at risk of being denied the opportunity to negotiate and agree to the residents' care needs and services being provided.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (1)(2).

WAC 388-78A-2130 (1)(a)(b)(c)(2)(3)(a)(b) Service agreement planning. $300.00

The licensee failed to ensure they completed a care plan (facility's version of the Negotiated Service Agreement) within 30 days following admission to the facility for one newly admitted resident. These failures placed new residents at risk of unmet care needs and decreased quality of life.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (2).

WAC 388-78A-2290 (3)(a)(b)(c)(d)(e)(4)(a)(b)(c)(d) Family assistance with medications and treatments. $400.00

The licensee failed to ensure that had a family assistance plan for medication administration for one resident. This failure placed the resident at risk for not receiving their medications as ordered.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (3)(a)(b)(c)(d)(e)(4)(a)(b)(c)(d).

WAC 388-78A-2140 (1)(b)(d)(e)(2)(a)(b)(3)(5) Negotiated service agreement contents. $500.00

The licensee failed to ensure the Resident Care Plans (facility's version of the Negotiated Service Agreements) showed the care and services necessary to meet the resident's needs, intermittent nursing services, and appropriate behavioral interventions for four residents. This failure impacted staff's ability to provide care and placed all residents at risk for unmet care needs.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (1)(b)(d)(e)(2)(a)(b)(3)(5).

WAC 388-78A-2484 (1)(2) Tuberculosis—Two step skin testing. $400.00

The licensee failed to ensure that staff received all required Tuberculosis (infectious bacterial disease of the lungs) testing within the required time frames for two staff members. This failure resulted in the facility failing to test staff for Tuberculosis (TB) and placed all residents, staff, and visitors at risk for exposure to a communicable disease.

This is an uncorrected deficiency previously cited on July 7, 2026, under subsection (1).

NOTE: These are the violations, which resulted in the fines; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Cory Cisneros, Field Manager
Region 3, Unit E
6639 Capitol Blvd SW Point Plaza West
Tumwater, WA 98501
Phone: (253) 254-3190/ Fax: (360) 664-8451
rcsregion3email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 18.20.195]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process, you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

You can make an IDR request and find directions on the IDR web page at:
http://www.dshs.wa.gov/altsa/idr.

Formal Administrative Hearing

You may contest the civil fines by requesting a formal administrative hearing to challenge the deficiency, which resulted in the civil fines. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

Payment:

If you do not request a formal administrative hearing, the civil fines are due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this letter.

Mail a check for **$5,200.00** payable to the 'Department of Social and Health Services', **and if you have or have had a Medicaid resident(s), please include your ProviderOne ID Number # on the check,** to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, WA 98507-9501
(360) 664-5919 / FAX: (360) 664-8401
OFRMMISVendor@dshs.wa.gov

If the Office of Financial Recovery has not received your payment within twenty-eight (28) days after receipt of this letter, interest will begin to accrue immediately on the balance, at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due will be recovered.

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Cory Cisneros, Field Manager, at (253) 254-3190.

Sincerely,



Matt Hauser
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit E
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
HQ Central Files
DRW
HP