



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

CSL Chesterley, LLC
The Chesterley
1100 N 35th Ave
Yakima, WA 98902

RE: The Chesterley License # 2741

Dear Administrator:

This letter addresses Compliance Determination(s) 68458 (Completion Date 11/10/2025) and 65700 (Completion Date 09/17/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/10/2025 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-2040-2

The Department staff who did the on-site verification:
Felicia Cantu, Community Complaint Investigator

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



**Residential Care Services
Investigation Summary Report**

Provider/Facility: The Chesterley **Provider Type:** Assisted Living Facility
License/Cert.#: 2741
Compliance Determination #: 65700 **Intake ID:** 194079
Investigator: Felicia Cantu **Region/Unit #:** RCS Region 1 / Unit G
Investigation Date(s): 09/16/2025 through 09/17/2025
Complainant Contact Date(s):

Allegation(s):
The facility failed their fire marshal re-inspection.

Investigation Methods:

Sample: Total residents: 55
 Resident sample size: 55
 Closed records sample size:

Observations: Approved desk review

Interviews: Facility staff
 Others not associated with the facility

Record Reviews: Characteristic roster
 Facility policies
 Fire Marshal records

Investigation Summary:

Interviews and record review showed that the facility failed their re-inspection from the Deputy State Fire Marshal. Failed practice identified. WAC 388-78A-2040

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 #: 2741	Compliance Determination # 65700
Plan of Correction	The Chesterley	Completion Date
Page 1 of 3	Licensee: CSL Chesterley, LLC	09/17/2025

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 an unannounced on-site complaint investigation on 09/16/2025 of:

The Chesterley
1100 N 35th Ave
Yakima, WA 98902

This document references the following complaint number(s): 194079

The following sample was selected for review during the unannounced on-site visit: 55 of 55 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Felicia Cantu, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

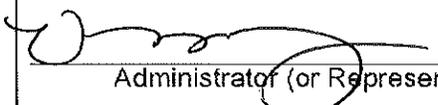
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Statement of Deficiencies	License #: 2741	Compliance Determination # 65700
Plan of Correction	The Chesterley	Completion Date
Page 2 of 3	Licensee: CSL Chesterley, LLC	09/17/2025

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

09/23/2025
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)	<u>9/29/2025</u> _____ Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

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 (DSFM) found the facility in violation of several codes on the initial inspection on 07/24/2025, and on their re-inspection on 09/08/2025. This failed practice placed all residents, staff, and visitors to the facility at risk for harm in the event of a fire.

Findings included...

Record review of the DSFM's report, dated 07/24/2025, showed that the facility failed their initial inspection on several codes.

Record review of the Deputy State Fire Marshal (DSFM) report, dated 09/08/2025, showed that the facility continued to violate the following requirements:

- The facility failed to provide documentation of the annual forward flow testing within the last twelve months.
- The facility failed to provide documentation that the annual fire alarm system inspection, testing, and maintenance was completed within the past twelve months.
- The facility failed to lock the fire alarm circuit breaker to prevent accidental disconnection.
- The facility failed to provide documentation of the monthly 30-minute full load

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Statement of Deficiencies	License #: 2741	Compliance Determination # 85700
Plan of Correction	The Chesterley	Completion Date
Page 3 of 3	Licensee: CSL Chesterley, LLC	09/17/2025

testing for both emergency generators.

In an interview on 09/16/2025 at 1:25 PM, Staff A, Administrator stated that they were aware that they failed their fire marshal re-inspection on 09/08/2025. Additionally, they explained that they were working on getting the violations corrected.

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, The Chesterley is or will be in compliance with this law and / or regulation on (Date) 10-30-2025.

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

Administrator (or Representative)



Date 9/29/2025

Complaint Number 194079

WAC 388-78A-2040 Other Requirements

This requirement was not met as evidence by:

Based on the interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deput State Fires Marshal (DSFM) found the facility in violation of several codes on the initial inspection on 7/24/2025, and on their re-inspection on 9/8/2025. This failed practice placed all residents, staff, and visitors to the facility as risk for harm in the event of a fire.

DATE COMMUNITY WILL BE IN COMPLIANCE WITH THIS LAW AND/OR REGULATION ON (Date) October 30, 2025.

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

Record review of the DSFM's report dated 9/8/2025 showed that the facility continued to violate the following requirements:	Date Corrected
The facility failed to provide documentation of the annual forward flow testing within the last twelve months.	Corrected on 8/5/2025
The facility failed to provide documentation that the annual fire alarm system inspection, testing and maintenance was completed within the past 12 months.	Inland has scheduled community for inspection on 9/30 & 10/1/2025. Compliance by 10/30/2025
The facility failed to lock the fire alarm circuit breaker to prevent accidental disconnection.	Corrected on 9/11/2025
The facility failed to provide documentation of the monthly 30-minute full load testing for both emergency generators.	Corrected on 9/12/2025