STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

LAKE CHELAN SENIOR HOUSING
HERITAGE HEIGHTS AT LAKE CHELAN
505 E HIGHLAND AVENUE
CHELAN, WA 98816

RE: HERITAGE HEIGHTS AT LAKE CHELAN License # 1223

Dear Administrator:

This letter addresses Compliance Determination(s) 78012 (Completion Date 05/28/2026) and 73738 (Completion Date 03/24/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/28/2026 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-2630-1-a

The Department staff who did the on-site verification:
Nicole Mcgraw, 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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: HERITAGE HEIGHTS AT LAKE CHELAN
Provider Type: Assisted Living Facility
License/Cert.#: 1223
Intake ID: 213723
Compliance Determination #: 73738
Region/Unit #: RCS Region 1 / Unit G
Investigator: Nicole Mcgraw
Investigation Date(s): 03/03/2026 through 03/24/2026
Complainant Contact Date(s):

Allegation(s):
A named resident was abused.

Investigation Methods:

Sample:	Total residents: Resident sample size: 3 Closed records sample size: 0
Observations:	Environment, Cares, Residents, Staff to resident interactions, Staff availability and response to resident's needs.
Interviews:	Residents, Staff and others not associated with the facility.
Record Reviews:	Characteristic Roster, Resident records, Facility policy, Facility incident report and investigation.

Investigation Summary:
Observations showed staff to resident interactions were appropriate and respectful. Staff interview and record review showed the named staff member did not report to the department when they received an allegation of abuse from the named resident. Failed Practice Identified, Washington Administrative Code (WAC) 388-78A-2630 reference Statement of Deficiencies dated 03/24/2026.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 1223	Compliance Determination # 73738
Plan of Correction	HERITAGE HEIGHTS AT LAKE CHELAN	Completion Date
Page 1 of 3	Licensee: LAKE CHELAN SENIOR HOUSING	03/24/2026

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 03/03/2026 of:

HERITAGE HEIGHTS AT LAKE CHELAN
505 E HIGHLAND AVENUE
CHELAN, WA 98816

This document references the following complaint number(s): 211227, 213723

The following sample was selected for review during the unannounced on-site visit: 3 of 0 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nicole Mcgraw, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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

Statement of Deficiencies	License #: 1223	Compliance Determination # 73738
Plan of Correction	HERITAGE HEIGHTS AT LAKE CHELAN	Completion Date
Page 2 of 3	Licensee: LAKE CHELAN SENIOR HOUSING	03/24/2026

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.

Laura Williams-Davis — 03/31/2026

Residential Care Services — 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) — 4/6/26 Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure staff made a report to the complaint resolution unit when they had reasonable cause to believe abuse had occurred for 1 of 1 resident (Resident 1). This failure placed residents at risk of potential abuse and neglect.

Findings included...

Record review of facility policy, titled, "Abuse Reporting," dated 07/2018, showed that if there were allegations of abuse, neglect or mistreatment of a resident the facility should follow the facility's reporting procedure. The facility's reporting policy showed facility staff were to notify the department's Complaint Resolution Unit (CRU) when an allegation of abuse occurred.

Record review of Resident 1's Negotiated Service Agreement (NSA), dated 11/20/2025, showed the resident was confused and disoriented at times. The resident required staff assistance with bathing, toileting, and dressing. Review of the NSA showed Resident 1 had diagnoses of [redacted] and [redacted]

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

Statement of Deficiencies	License #: 1223	Compliance Determination # 73738
Plan of Correction	HERITAGE HEIGHTS AT LAKE CHELAN	Completion Date
Page 3 of 3	Licensee: LAKE CHELAN SENIOR HOUSING	03/24/2026

[redacted]

Review of facility incident investigation, dated 02/23/2026, showed that on 02/13/2026, Resident 1 told Staff B, Medication Technician (MT), that Staff C, MT, had hit them.

In an interview on 03/03/2026 at 12:04 PM, Staff A, Executive Director, stated Staff B, caregiver, informed them on 02/23/2026 that on 02/13/2026, Resident 1 told Staff B that Staff C had hit them, so they hit Staff C back. Staff A further stated that they received information from Staff B, that Resident 1 had red scratches on their side the same night the resident made the allegation about Staff C.

In an interview on 03/03/2026 at 2:25 PM, Staff A stated that Staff B had acknowledged they had not reported the allegation to the department.

Review of the department's reporting system on 03/24/2026, showed no reports from Staff B when they received the allegation from Resident 1 on 02/13/2026 that they had been hit by Staff C.

This is a recurring deficiency previously cited on 10/02/2025.

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, HERITAGE HEIGHTS AT LAKE CHELAN is or will be in compliance with this law and / or regulation on (Date) 5/1/26 .

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

Mara Jay
Administrator (or Representative)

4/6/26
Date

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