Residential Care Services
Investigation Summary Report

Provider/Facility: Wenatchee Senior Living
Provider Type: Assisted Living Facility

License/Cert.#: 2415
Intake ID: 219401
Compliance Determination #: 75807
Region/Unit #: RCS Region 1 / Unit G
Investigator: Elaine Lopez
Investigation Date(s): 04/13/2026 through 05/06/2026
Complainant Contact Date(s):

Allegation(s):
The facility did not provide a detailed explanation of charges.

Investigation Methods:

Sample:
Total residents: 71
Resident sample size: 9
Closed records sample size: 0

Observations:
Identified resident
Residents
Activities
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Kitchen
Food preparation
General facility environment

Interviews:
Identified resident
Identified staff
Nursing staff
Residents
Family members
Maintenance staff
Business office manager
Kitchen staff
Administrator

Record Reviews:
Medical records (face sheets, care plans, assessments, temporary care plans, medication records, progress notes
Hospital records
Incident investigation
Facility policies
Personnel files
Staff training records
Staff patterns

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Resident characteristic roster
Resident handbook
Resident agreements
Letter sent to residents
Billing statements

Investigation Summary:

Interviews with residents and family members showed that facility staff did not explain the details of charges on their billing statements. Residents were not informed of what their care fees consisted of. Record review showed that residents did not sign negotiated service agreements to show that they had been informed of the details of their care costs. Residents did not sign acknowledgement of their residency agreements. Interviews with facility staff acknowledged that billing statements were vague and residents had not signed NSAs and residency agreements. Residents and family members were not informed of the activities, items, services and charges for such. Failed practice identified on the statement of deficiencies dated 05/06/2026, for Washington Administrative Code (WAC) 388-78a-2150(1) and WAC 388-78a-2660(4) referencing Revised Code of Washington 70.129.030(4).

Conclusion / Action:

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

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

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 and complaint investigation on 04/13/2026, 04/14/2026, 04/15/2026 and 04/16/2026 of:

Wenatchee Senior Living
1550 CHERRY STREET
WENATCHEE, WA 98801

This document references the following complaint numbers: 219401.

The following sample was selected for review during the unannounced on-site visit: 9 of 71 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Robin Barnes, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor
Elaine Lopez, Licensor
Tracy Ramirez, Assisted Living Facility Licensor

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

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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.

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) | Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility failed to complete a full assessment addressing the required elements for 6 of 7 residents (Residents 2, 4, 5, 6, 7, and 8). This failure placed the residents at risk of unmet care needs.

Findings included…

<Resident 2>

Review of Resident 2's demographic sheet, undated, showed that the resident had been admitted to the facility on [redacted]/2023. The demographic sheet showed that the resident had diagnoses of [redacted] and [redacted].

Review of Resident 2's full facility assessment, dated 02/07/2026, showed that the resident had a diagnosis of [redacted]. Resident 2's full facility assessment showed they had frequent pain/discomfort in their upper and lower back and used home health services. Resident 2's full facility assessment did not include their diagnosis of [redacted] use of a bedside device and pressure relief seat cushion, or the resident's surgical wound.

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Review of Resident 2's hospital note, dated 09/25/2025, showed, they had a diagnosis of [redacted] that was noted.

Observations on 04/15/2026 at 1:30 PM, showed that Resident 2 had a bedside device attached to the side of their bed for bed mobility and they were sitting on the pressure relief seat cushion in their recliner.

In an interview on 04/14/2026 at 12:47 PM, Staff I, Administrator Designee, acknowledged that Resident 2 was diabetic, which was not on the assessment.

In an interview on 04/15/2026 at 1:30 PM, Resident 2 stated that staff assisted them with bathing and transferring in and out of bed. Resident 2 stated that they had back surgery in December 2025 and the incision/wound later became infected. Resident 2 stated that the facility staff would change their wound dressing, and that they received home health therapy. In addition, Resident 2 stated that they used a bedside device attached to their bed for mobility and used a pressure relief cushion when sitting. Resident 2 stated that they were diabetic.

In an interview on 04/15/2026 at 3:41 PM, Staff B, Licensed Practical Nurse, stated that Resident 2's assessment was missing their use of a bedside device and pressure relief seat cushion. There was also no assessment regarding the resident's surgical wound.

<Resident 4>

Review of Resident 4's demographic sheet, undated, showed that the resident had been admitted to the facility on [redacted]/2023. The demographic sheet showed that the resident had diagnoses, which included [redacted]

Review of Resident 4's full facility assessment, dated 03/10/2026, showed that the resident was independent with medication and also that the resident needed assistance with their medication (conflicting information). The assessment was unclear and did not show that Resident 4 had been assessed to safely self-administer their medication.

In an interview on 04/14/2026 at 1:27 PM, Resident 4 stated that the facility staff helped give them eye drops, and they administered the rest of their medications with the assistance of their spouse.

As of 04/16/2026 review of Resident 4's assessments in their record showed that there was no assessment for the resident's ability to safely self-administer their medication.

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<Resident 5>

Review of Resident 5's demographic sheet, undated, showed that the resident had been admitted to the facility on [redacted]/2022. The demographic sheet showed that the resident had diagnoses of [redacted] and [redacted].

Review of Resident 5's full facility assessment, dated 02/22/2026, showed that the resident had a wound. The assessment did not identify where Resident 5's wound was located, what the extent of the wound was or who was caring for the wound.

Review of Resident 5's progress notes showed that a Medication Technician (MT) documented on 03/01/2026 that the resident had a, "hole," in their left foot.

On 03/10/2026, Staff B documented in a progress note that Resident 5 reported that they had a wound on their left foot. The progress notes did not indicate that a nurse had assessed Resident 5's wounds.

Observation on 04/14/2026 at 1:53 PM showed that Resident 5 had a soft black medical boot on their left foot. The resident was wearing compression socks. In an interview on that same date and time, Resident 5 stated that they had a wound on one of their toes on their left foot which had healed, but that there was still a pressure wound area to the bottom of their left foot that was not healed. Resident 5 stated that they had been dealing with the wounds for about a year, and that they went out of the facility to see a doctor for treatment of the wound.

In an interview on 04/15/2026 at 3:19 PM, Staff B stated that they had looked at Resident 5's wound but did not document it and Staff B did not recall when they had looked at it.

As of 04/16/2026, there was no updated skin assessment in Resident 5's record.

<Resident 6>

Review of Resident 6's demographic sheet, undated, showed that the resident had been admitted to the facility on [redacted]/2019. The demographic sheet showed that the resident had diagnoses of [redacted] and a history of skin cancer.

Review of Resident 6's full facility assessment, dated 03/03/2026, showed that the resident required skin checks with bathing. Additionally, Resident 6's assessment did not include the resident's blood pressure, weight, and oxygen monitoring.

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Review of Resident 6's NSA, dated 03/03/2026, showed that the NSA did not include that Resident 6 had oxygen checks nightly, or that their weight was to be taken twice weekly.

Review of Resident 6's physician orders, dated 01/08/2026, showed that the resident had orders on 07/03/2025 for their blood pressure to be checked every Monday, an order on 12/19/2025 for their oxygen to be checked nightly, and an order on 01/02/2026, for their weight to be taken every Monday and Thursday.

<Resident 7>

Review of Resident 7's demographic sheet, undated, showed that the resident had been admitted to the facility on [redacted]/2019. The demographic sheet showed that the resident had a diagnoses of [redacted], and [redacted].

Review of Resident 7's full facility assessment, dated 12/15/2025, showed that the resident required staff assistance for their medications. The assessment did not include that they had been assessed to self-administer their medication.

Review of Resident 7's NSA, dated 12/15/2025, showed that they did not have vision impairment and was independent with vision, that they did not have anxiety or pain. Additionally, the NSA did not include that Resident 7 self-administered their medication.

In an interview on 04/14/2026 at 1:54 PM, when the licensor handed their business card, Resident 7 stated they were unable to see it due to macular degeneration.

Review of Resident 7's January 2026-March 2026 Medication Administration Records (MARs), showed that the resident self-administered their eye drops daily.

As of 04/16/2026 there was no updated assessment regarding Resident 7's vision impairment and anxiety or pain nor an assessment indicating that the resident self-administered medications.

In an interview on 04/15/2026 at 12:33 PM, Staff I acknowledged that Resident 7 had self-administration documented on their MAR. Additionally, Staff I stated they had not assessed Resident 7 for self-administering their medications.

In an interview on 04/15/2026 at 3:37 PM, Staff I, acknowledged that Resident 7's assessment was missing information about their vision, anxiety, and pain.

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<Resident 8>

Review of Resident 8's demographic sheet, undated, showed that the resident had been admitted to the facility on [redacted]/2019. The demographic sheet showed that the resident had diagnoses of [redacted] and [redacted].

Review of Resident 8's full facility assessment, dated 03/22/2026, showed that staff assisted the resident with their prescription medication, and that the resident managed their own OTC medication and vitamins/supplements.

In an interview on 04/14/2026 at 10:45 AM, Resident 8 stated that staff helped them with their medication. Resident 8 stated they managed their own Over the Counter (OTC), "unprescribed," medication.

As of 04/16/2026 review of Resident 8's assessments in their record showed that there was no assessment for the resident's ability to safely self-administer their medication.

In an interview on 04/14/2026 at 12:15 PM, Staff I stated that the facility had not assessed Resident 8 for self-administering their medications.

In an interview on 04/15/2026 at 3:37 PM, Staff I acknowledged that information was missing from residents' assessments.

In an interview on 04/15/2026 at 4:15 PM, Staff I confirmed that the facility did not have self-medication assessments for Resident 2, Resident 4, Resident 7, or Resident 8.

This is a recurring deficiency previously cited on the statement of deficiencies dated 05/23/2023, for Washington Administrative Code 388-78A-2100 for subsections (2)(a)(b)(c).

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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, Wenatchee Senior Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that the negotiated service agreement was agreed to and signed by the resident or their representative and a representative from the facility, for 7 of 7 residents (Residents 1, 2, 4, 5, 6 ,7, and 8). This failure contributed to the residents not knowing what care and services they were paying for, and placed residents at risk of not having the opportunity to agree with their services.

Findings included…

<Resident 1>

Review of the facility's resident characteristic roster, undated, showed that Resident 1 moved into the facility on [redacted]/2019.

Review of Resident 1's Negotiated Service Agreement (NSA), dated 03/27/2026, showed that staff assisted the resident with medication management and two-person assistance with all aspects of their care which included use of a mechanical lift machine for physically transferring the resident. Resident 1's NSA was not signed by the resident, their representative, or a representative from the facility.

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<Resident 2>

Review of the facility's resident characteristic roster, undated, showed that Resident 2 moved into the facility on [redacted]/2023.

Review of Resident 2's NSA, dated 02/08/2026, showed that staff assisted the resident with bathing, toileting and wound care. Resident 2's NSA was not signed by the resident, their representative, or a representative from the facility.

<Resident 4>

Review of the facility's resident characteristic roster, undated, showed that Resident 4 moved into the facility on [redacted]/2023.

Review of Resident 4's NSA, dated 03/10/2026, showed that the resident needed assistance with medication and was also independent with medication (conflicting information). The NSA showed that Resident 4 needed weekly housekeeping and laundry services and was independent for all other cares. Resident 4's NSA was not signed by the resident, their representative, or a representative from the facility.

In an interview on 04/14/2026 at 1:27 PM, Resident 4 stated that the facility staff helped give them eye drops, and the resident basically performed all other care needs themselves. Resident 4 also stated that they did not think the facility had reviewed their NSA with them.

<Resident 5>

Review of the facility's resident characteristic roster, undated, showed that Resident 5 moved into the facility on [redacted]/2022.

Review of Resident 5's NSA, dated 02/22/2026, showed that the resident required assistance for all aspects of their care and their medication. Resident 5's NSA was not signed by the resident, their representative, or a representative from the facility.

In an interview on 04/14/2026 at 2:14 PM, Resident 5 stated that the staff helped them with their medications, bathing, dressing, toileting and getting in and out of bed. Resident 5 stated that they were told that the facility nurse was supposed to go over their care needs and their NSA with them, but no one had done so.

<Resident 6>

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Review of the facility's resident characteristic roster, undated, showed that Resident 6 moved into the facility on [redacted]/2019.

Review of Resident 6's NSA, dated 03/03/2026, showed that the resident required extensive caregiver assistance for mobility, transfers, bathing, and toileting. Resident 6's NSA showed that they required staff escorts throughout the facility, assistance with their oxygen and nebulizer, and required medication management. Resident 6's NSA was not signed by the resident, their representative, or a representative from the facility.

<Resident 7>

Review of the facility's resident characteristic roster, undated, showed that Resident 7 moved into the facility on [redacted]/2019.

Review of Resident 7's NSA, dated 12/15/2025, showed that the resident required medication management, standby staff assistance for bathing, extensive assistance with dressing, and emptying and changing their urinary catheter (a tube from the bladder to drain urine into a bag outside of the body) bag. Resident 7's NSA was not signed by the resident, their representative, or a representative from the facility.

<Resident 8>

Review of the facility's resident characteristic roster, undated, showed that Resident 8 moved into the facility on [redacted]/2019.

Review of Resident 8's NSA, dated 03/23/2026, showed that staff assisted with their medication, bathing, and housekeeping. Resident 8's NSA was not signed by the resident, their representative, or a representative from the facility.

In an interview on 04/15/2026 at 12:37 PM, Staff I, Administrator Designee, stated that the facility did not have signed NSAs for Residents 1, 2, 4, 5, 6, 7 or 8.

In an interview on 04/15/2026 at 1:10 PM, Staff H, Regional Vice President of Operations, stated that reviewing and obtaining resident signatures on their NSAs was the backup proof to show what care and services a resident was being charged for.

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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, Wenatchee Senior Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement a safe medication system and ensure medications were administered as prescribed for 3 of 6 residents (Resident 5, 6, and 9). These failures placed residents at risk for health complications.

Findings included…

Review of the facility's policy titled, "Medication Services," dated 12/05/2025, showed that residents that received staff assistance with their medications would have their electronic Medication Administration Record (MAR) maintained in their record by medication staff. The policy showed that medication staff would confirm that residents had taken the dose of medication as prescribed and document in writing that the resident had taken or refused the medication. Additionally, the policy showed that all medications for residents who received assistance with their medications would have their medications stored in a central storage area.

<Resident 5>

Review of Resident 5's Negotiated Service Agreement (NSA), dated 02/22/2026, showed that the resident had a diagnosis of [redacted] and had a urinary catheter (to drain the urine from the bladder). The NSA showed that Resident 5 required staff to assist with medication administration.

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Review of a prescription for Resident 5, dated 12/12/2025, showed that the resident was to take Ciprofloxacin (an antibiotic to treat a urinary infection) twice daily for 14 days (28 doses).

Review of Resident 5's December 2025 MAR showed that the resident started the antibiotic on 12/13/2025 at 5:00 PM and should have been completed as of 12/27/2025 at 8:00 AM. The MAR showed that staff continued to document the medication as being given to Resident 5 through 12/31/2026, for a total of 33 doses. The MAR showed that at 8:00 AM and 5:00 PM on 12/30/2025 and 8:00 AM on 12/31/2025, Resident 5's antibiotic was documented as Drug Not Administered (DNA).

Review of Resident 5's January 2026 MAR showed that the antibiotic remained on the MAR through 01/14/2026 and was documented as being given 17 times. The MAR showed that Resident 5's antibiotic was documented as DNA and/or Drug Not Given (DNG) intermittently for the remaining 11 doses.
In an interview on 04/16/2026 at 10:11 AM, Staff I, Administrator Designee, stated that there was no documentation explaining why Resident 5's Ciprofloxacin remained on the MAR and was documented as being given beyond the date it should have been finished. Staff I confirmed there was only an order for the Ciprofloxacin on 12/13/2026, and a stop date should have been included on the MAR.

Review of Resident 5's current medication list, dated 04/14/2026, showed that the resident's medications included the following orders:
• Omeprazole (to reduce stomach acid) to be given once daily starting 04/20/2025;
• Timolol eye drops (to reduce eye pressure) to be given twice daily starting 10/01/2025;
• Topiramate (an anticonvulsant) to be given once daily starting 01/14/2026.

Review of Resident 5's February 2026 MAR showed that on 02/05/2026, 02/06/2026 and 02/15/2026, their Omeprazole had dashes in the boxes on the MAR and did not have documentation that the medication had been administered or not.

Review of Resident 5's March 2026 MAR showed the following dates and times when there were dashes in the boxes on the MAR or, "DNA," and did not have documentation that the medication had been administered, refused or the reason why the medication was not available:

- For the 5:00 PM doses of Timolol on 03/14/2026 and 03/15/2026. For the 8:00 AM doses on 03/12/2026, 03/20/2026, 03/26/2026 and 03/31/2026.
- For the Omeprazole on 03/06/2026, 03/08/2026, 03/12/2026, 03/20/2026, 03/26/2026 and 03/31/2026.
- For the Topiramate on 03/12/2026, 03/20/2026, 03/26/2026 and 03/31/2026. Additionally, on 03/09/2026 and 03/10/2026 the MAR showed the medication was, "DNA."

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Review of progress notes in Resident 5's record showed that on 03/12/2026 at 9:36 AM, the resident received all their morning medications. The progress notes showed no other documentation regarding the medications documented as DNA/DNG, or for the reason for the dashes on the MAR.

<Resident 6>

Review of Resident 6's NSA, dated 03/03/2026, showed that the resident had diagnoses of [redacted], and [redacted] Additionally, Resident 6's NSA showed that the resident required staff assistance for their medications.

Review of Resident 6's physician order, dated 01/08/2026, showed that the resident had active orders for acetaminophen (for pain), refresh eye gel, albuterol sulfate solution and budesonide for asthma, Eliquis (blood thinner taken for atrial fibrillation), and petroleum jelly (for their skin issues).

Review of Resident 6's January 2026 MAR, showed the following dates and times when there were dashes in the boxes on the MAR or, "DNA," and did not have documentation that the medication had been administered, refused or the reason why the medication was not available:
• Acetaminophen four times daily, on 01/01/2026 at 7:00 AM and 11:00 AM, 01/09/2026 at 9:00 PM, and 01/15/2026 at 9:00 PM.
• Eliquis every 12 hours, on 01/01/2026 at 8:00 AM and on 01/15/2026 at 8:00 PM.
• Petroleum jelly, applied daily, on 01/01/2026, 01/10/2026, 01/17/2026, and 01/31/2026. Additionally, on 01/16/2026, the MAR showed the medication was, "DNA."
• Refresh eye drops twice daily, staff documented, "DNA," on 01/08/2026 at 5:30 PM, 01/10/2026 at 5:30 PM, 01/12/2026 at 5:30 PM, 01/13/2026 at 8:00 AM, and 01/14/2026 at 8:00 AM.

Review of Resident 6's February 2026 MAR, showed the following dates and times when there were dashes in the boxes on the MAR or, "DNA," and did not have documentation that the medication had been administered, refused or the reason why the medication was not available:
• Budesonide twice daily, on 02/18/2026 at 8:00 PM and 02/19/2026 at 8:00 AM.
• Petroleum jelly, applied daily, from 02/01/2026 through 02/28/2026, 7 out of 28 dates on the MAR did not show documentation that the medication was administered.
• Refresh eye gel, twice daily, on 02/15/2026 at 4:00 PM, 02/17/2026 at 8:00 AM and 4:00 PM, 02/19/2026 at 8:00 AM, 02/24/2026 at 8:00 AM, 02/25/2026 at 8:00 AM and 4:00 PM, 02/27/2026 at 4:00 PM, 02/28/2026 at 8:00 AM and 4:00 PM.

Review of Resident 6's March 2026 MAR, showed the following dates and times when there were dashes in the boxes on the MAR or, "DNA," and did not have documentation that the medication had been administered, refused or the reason why the medication was not available:

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• Acetaminophen four times daily, on 03/11/2026 through 03/15/2026, for 6 out of 20 administration times.
• Albuterol sulfate twice daily at 12:00 PM, atorvastatin (to manage high cholesterol) once daily at 8:00 PM, Budesonide twice daily at 8:00 PM, Eliquis every 12 hours at 8:00 PM, petroleum jelly applied daily at 12:00 PM, tamsulosin (to improve urine flow) once daily at 8:00 PM, on 03/13/2026.
• Petroleum jelly applied daily, on 03/01/2026, 03/03/2026, 03/04/2026, 03/07-03/08/2026, 03/21/2026, and 03/25/2026.

Review of Resident 6's investigation for their eye drops, dated 04/21/2026, showed that the facility acknowledged that there were gaps in the MAR that had indicated the medication was not available. The investigation showed that the eye drops were not located in the medication cart.

Review of progress notes in Resident 6's record showed that on 03/12/2026 at 8:35 AM, staff documented that the resident received all of their scheduled medications.

Review of progress notes in Resident 6's record showed that on 03/15/2026 at 12:04 PM, staff documented that all noon medications were given.

In an interview on 04/15/2026 at 3:29 PM, Staff B, Licensed Practical Nurse, stated that the dash on the MAR were medications not given. Additionally, Staff B acknowledged that Resident 6's eye gel had been documented as DNA and intermittently given.

<Resident 9>

Record review of Resident 9's NSA, dated 01/03/2026, showed that the resident had diagnoses of [redacted] and [redacted]. The NSA also showed that Resident 9 required staff assistance for their medications.
Review of Resident 9's January 2026 MAR, showed the following dates and times when there were dashes in the boxes on the MAR or, "DNA," and did not have documentation that the medication had been administered, refused or the reason why the medication was not available:
• Diclofenac (for pain) three times a day on 01/20/2026 at 8:00 AM and 12:00 PM and on 01/21/2026 at 12:00 PM.

Review of Resident 9's March 2026 MAR, showed the following dates and times when there were dashes in the boxes on the MAR or, "DNA," and did not have documentation that the medication had been administered, refused or the reason why the medication was not available:

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• Amiodarone (to regulate heartrate) once a day on 03/12/2026 and 03/13/2026.
• Cal-Gest (calcium supplement) once a day on 03/12/2026, 03/13/2026, 03/14/2026, and 03/15/2026.
• Diclofenac three times a day, from 03/01/2026 through 03/31/2026 24 of 93 doses.
• Duloxetine (for depression) once a day on 03/12/2026, 03/13/2026, 03/14/2026, 03/15/2026.
• Eliquis (blood thinner) every 12 hours on 03/12/2026 at 8:00 AM, 03/13/2026 at 8:00 AM, 03/14/2026 at 8:00 AM, and 03/15/2026 at 8:00 AM.
• Levetiracetam (for seizures) twice a day on 03/12/2026 at 8:00 AM, 03/13/2026 at 8:00 AM, 03/14/2026 at 8:00 AM, and 03/15/2026 at 8:00 AM.
• Memantine (for memory) twice a day 03/06/2026 at 8:00 AM, 03/12/2026 8:00AM, 03/13/2026 at 8:00 AM, 03/14/2026 at 8:00 AM, 03/15/2026 at 8:00 AM, 03/16/2026 at 8:00 AM, and 03/17/2026 at 8:00 AM.
• Oyster shell calcium twice a day, on 03/12/2026 at 8:00 AM, 03/13/2026 at 8:00 AM, 03/14/2026 at 8:00 AM, and 03/15/2026 at 8:00 AM.
• Polyethylene glycol (stool softener) once daily on 03/04/2026, 03/05/2026, 03/12/2026, 03/13/2026, 03/14/2026, and 03/15/2026.
• Pregabalin (for nerve pain) three times a day on 03/12/2026 at 8:00 AM, 03/13/2026 at 8:00 AM and 2:00 PM, 03/14/2026 at 8:00 AM, and 03/15/2026 at 8:00 AM.
• Risedronate sodium (for bone loss) every 30 days on 03/04/2026.
• Senna once daily on 03/12/2026, 03/13/2026, 03/14/2026, and 03/15/2026. Vitamin D3 once daily on 03/12/2026, 03/13/2026, 03/14/2026, and 03/15/2026.
• Ensure max protein twice a day before meals on 03/01/2026 at 4:00 PM, 03/02/2026 at 4:00 PM, 03/11/2026 at 7:00 AM, 03/12/2026 at 7:00 AM, 03/13/2026 at 7:00 AM, 03/14/2026 at 7:00 AM, and 03/15/2026 at 7:00 AM.
• Topiramate once a day on 03/12/2026, 03/13/2026, 03/14/2026, and 03/15/2026, 03/25/2026, and 03/27/2026.
• Vitamin B12 every other day on 03/13/2026 and 03/15/2026.

Review of progress notes in Resident 9's record showed that on 03/13/2026 at 3:39 PM, staff documented that the Pregabalin 2:00 PM dose was given.

Review of progress notes in Resident 9's record showed that on 03/14/2026 at 9:14 AM, staff documented, unable to chart late tasks, resident received all scheduled medications.

Review of progress notes in Resident 9's record showed that on 03/15/2026 at 9:19 AM, staff documented that all morning medications were given except for memantine and vitamin B12.

In an interview on 04/15/2026 at 3:00 PM, Staff B stated that, "DNG," meant drug not given.

In an interview on 04/15/2026 at 3:10 PM, Staff B stated that the dates on the MAR that were blank with a dash, staff had not documented if the medication had been administered and that they were unable to determine if the medication had been administered.

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

This is a recurring deficiency previously cited on 08/05/2025 and 01/15/2025. Washington Administrative Code 388-78A-2210 (1)(b).

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, Wenatchee Senior Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that residents' doctors were notified and or to have facility staff evaluate residents and take appropriate action, when there was a pattern of refusals of medication, for 1 of 1 resident (Resident 1). This failure placed the resident at increased risk of complications of their chronic health conditions and disallowed the resident’s doctor the ability to make changes in care if needed.

Findings included...

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

Review of the facility's policy titled, "Medication Services," dated 12/05/2025, showed that staff were to document in writing that the resident had taken or refused to take their medication.

Review of the facility's policy titled, "Medications," dated 12/05/2025, showed that staff were to notify the prescribing physician of refused medications. The policy showed that the nurse would assess the resident and contact the resident's physician and responsible party if the resident continued to refuse medications.

Review of Resident 1's, "nurse delegation instructions for nursing task," dated 01/28/2026, showed that staff were to notify the physician if the resident refused their insulin injection (synthetic insulin to help regulate the blood sugar levels).

Review of Resident 1's full facility assessment, dated 03/27/2026, showed that the resident had diagnoses that included [redacted] and [redacted]. The assessment showed that Resident 1 had a long-term use of anticoagulants (blood thinners to reduce blood clots).

Review of Resident 1's Negotiated Service Agreement (NSA), dated 03/27/2026, showed that they had diagnoses that included [redacted], and [redacted]. The NSA showed that Resident 1 had a history of a stroke that caused hemiplegia (one-sided paralysis of the body) of the right dominate side of their body and a history of transient ischemic attacks (blockage of blood flow to the brain). In addition, Resident 1's NSA showed that the facility was to manage their blood sugar checks and insulin injections. The NSA showed that the facility was responsible for Resident 1's medication management and that they had a complex medication regimen that could place the resident at risk for complications. The NSA showed that Resident 1 was on medication that may cause bleeding/bruising, and staff were to report any changes.

Review of Resident 1's 01/01/2026 through 04/13/2026, MAR exception notes showed the following times the resident refused their blood sugar checks:

- January 2026- 6 out of 31 times.
- February 2026- 15 out of 28 times.
- March 2026- 12 out of 31 times.
- April 2026- 3 out of 13 times.

Review of Resident 1's 01/01/2026 through 04/13/2026, MARs showed the following times the resident refused their medication:

- 01/01/2026- morning medications; Eliquis (blood thinner taken for atrial

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fibrillation), Baclofen (for muscle spasms), Furosemide (to decrease excess fluids caused by heart conditions), Lisinopril (for high blood pressure), Mesalamine (to manage chronic inflammatory bowel disease), Metoprolol (for high blood pressure and heart disease), Omeprazole (to reduce stomach acid), and Potassium (to help maintain a regular heartbeat).

- 01/15/2026- bedtime medications; Atorvastatin (to manage high cholesterol), Baclofen, Eliquis, Gabapentin (to manage nerve pain), Tamsulosin (to improve urine flow), and Lantus insulin injection.
- 03/11/2026- morning medications; Eliquis, Furosemide, Gabapentin, Lisinopril, Mesalamine, Metoprolol, Omeprazole, and Potassium.
- 03/14/2026- morning medications; Eliquis, Furosemide, Gabapentin, Lisinopril, Mesalamine, Metoprolol, Omeprazole, and Potassium.
- 04/12/2026- Lantus insulin injection.

In an interview on 04/14/2026 at 10:52 AM, Resident 1 stated that staff provided all medication assistance.

As of 04/16/2026, the residents record showed no documentation that the physician had been notified of their medication refusals and no confirmation the resident was evaluated regarding the significance of the resident not getting their medications.

In an interview on 04/22/2026 at 12:03 PM, Staff K, Regional Nurse, acknowledged that Resident 1 had been refusing medication.

In an interview on 04/27/2026 at 3:58 AM, Staff K stated that staff had not notified Resident 1's physician of their refusals. Staff K stated that there was no documentation that Resident 1 had been evaluated for significance of refusing medications and no actions taken.

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, Wenatchee Senior Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of

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medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that there was a written family assistance with medication plan which included the required components and a signature by the resident or representative, when residents had family assistance for their medication for 4 of 4 residents (Resident 2, 4, 7, and 8). This failure placed residents at risk of not receiving their medication.

Findings included...

Review of the facility policy titled, “Family Member Assistance with Medications and Treatments,” dated 12/01/2023, showed that the facility would permit a family member to obtain medications or treatments for a resident. The policy showed that facility staff, the resident, and the resident’s responsible party or family member who would assist with the medications and treatments would review the regulatory requirements and develop a plan. The policy showed that the plan would be completed prior to the family or responsible party beginning to provide medication or treatment assistance. Additionally, the plan would include contact information of the responsible party assisting with medications and treatments, the description of the medication, an

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alternative plan, and emergency contact for any observable changes in the resident's overall functioning.

<Resident 2>

Review of Resident 2's full facility assessment, dated 02/07/2026, showed that the resident's family ordered and delivered their medication along with setting the medications up for the resident.

Review of Resident 2's Negotiated Service Agreement (NSA), dated 02/08/2026, showed that the resident's family ordered and delivered their medication along with setting the medications up for the resident.

In an interview on 04/15/2026 at 1:30 PM, Resident 2 stated that their family managed all their medication and would set the medications up for the resident to self-administer them.

Review of Resident 2's full medical record on 04/16/2026, showed that there was no family assistance with medication plan for the resident.

<Resident 4>

Review of Resident 4's full facility assessment, dated 03/10/2026, showed that staff managed the resident's medication, and also showed that Resident 4 was independent with medication (conflicting information).

Review of Resident 4's NSA, dated 03/10/2026, showed that staff managed the resident's medication and also that Resident 4 was independent with their medication (conflicting information).

In an interview on 04/14/2026 at 1:27 PM, Resident 4 stated that the staff only helped the resident with their eye drops. Resident 4 stated that their spouse whom they lived at the facility with managed all their other medications for them.

Review of Resident 4's full medical record on 04/16/2026, showed that there was no family assistance with medication plan for the resident.

<Resident 7>

Review of Resident 7's NSA, dated 12/15/2025, showed that the resident's family member provided their over-the-counter medications.

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In an interview on 04/14/2026 at 1:48 PM, Resident 7 stated that they had over the counter medications that their family member brought in to them.

Review of Resident 7's full medical record on 04/16/2026, showed that there was no family assistance with medication plan for the resident.

In an interview on 04/15/2026 at 12:33 PM, Staff I, Administrator Designee, stated that there was not a family assistance with medications and treatments plan for Resident 7 and that there should have been one completed. Additionally, Staff I stated that Staff B, Licensed Practical Nurse, was not aware that the plan was needed for Resident 7.

<Resident 8>

Review of Resident 8's full facility assessment, dated 3/22/2026, showed that staff assisted the resident with their prescription medication, and that the resident was able to manage their own over the counter (OTC) medications and vitamins/supplements.

Review of Resident 8's NSA, dated 03/23/2026, showed that staff performed medication management and assisted the resident with their prescription medication. The NSA also showed that the resident was able to manage their OTC medications and vitamins/supplements.

In an interview on 04/14/2026 at 10:45 AM, Resident 8 stated that staff helped them with their medication. Resident 8 stated they did their own OTC, "unprescribed," medication.

Review of Resident 8's full medical record on 04/16/2026, showed that there was no family assistance with medication plan for the resident.

In an interview on 04/16/2026 at 10:52 AM Staff J, Resident Care Coordinator, stated that they assumed Resident 8's family brought in their OTC/supplement medication.

In an interview on 04/14/2026 at 1:31 PM, Staff I stated that there was no family assistance with medication and treatment plans for Residents 2, 4, 7 and 8 and that there should have been one completed for each resident.

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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, Wenatchee Senior Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(f) Ensure at least one caregiver, who is 18 years of age or older and has current cardiopulmonary resuscitation and first-aid cards, is present and available to assist residents at all times:

(i) When one or more residents are present on the assisted living facility premises; and

(ii) During assisted living facility activities off of the assisted living facility premises.

(h) Provide staff orientation and appropriate training for expected duties when staff begin work in the facility, including, but not limited to:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working;

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW; and

(viii) The facility's comprehensive disaster plan and related on-duty staff procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that facility orientation was completed upon hire for 4 of 4 staff (Staff A, B, C, and D) and failed to ensure that 1 of 5 staff (Staff E) had completed their First Aid and

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Cardiopulmonary Resuscitation certification. These failures placed residents at risk of receiving care from untrained staff.

Findings included…

Review of staff personnel files occurred on 04/15/2026 at 10:00 AM with Staff G, Business Office Director.

<Facility orientation>

Review of the personnel file for Staff A, Advanced Registered Nurse Practitioner, showed that they had started working at the facility on 06/27/2025. Staff A's file showed that they did not have documentation that facility orientation was completed, 292 days after they started working.

Review of the personnel file for Staff B, Licensed Practical Nurse, showed that they had started working at the facility on 07/29/2025. Staff B's file showed that they did not have documentation that facility orientation was completed, 260 days after they started working.

Review of the personnel file for Staff C, Medication Technician (MT), showed that they had started working at the facility on 11/20/2025. Staff C's file showed that they did not have documentation that facility orientation was completed, 146 days after they started working.

Review of the personnel file for Staff D, MT, showed that they had started working at the facility on 01/30/2025. Staff D's file showed that facility orientation was completed on 02/22/2026, 388 days after they started working.

In an interview on 4/15/2026 at 11:45 AM Staff G stated that the prior management company of the facility had taken all of the staff personnel files out of the facility. Staff G stated that they had completed an audit of the personnel files and had redone the facility orientation for Staff D.

<First Aid Cardiopulmonary Resuscitation (CPR)>

Review of the personnel file for Staff E, MT, showed that they were rehired by the facility on 06/09/2025. Staff E's file showed that they did not have documentation that their First Aid and CPR had been completed, 311 days after they started working.

In an interview on 4/15/2026 at 11:55 AM, Staff G stated that they did not have a First

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Aid and CPR certificate for Staff E.

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that staff who worked as long-term care workers completed their dementia and mental health specialty training for 3 of 3 staff (Staff A, B, and C) and failed to ensure that staff had completed the required continuing education credits for 1 of 1 staff (Staff C). These failures placed residents at risk of receiving care from untrained staff.

Findings included…

Review of staff personnel files occurred on 04/15/2026 at 10:00 AM with Staff G, Business Office Director.

<Specialty Training>

Review of the personnel file for Staff A, Advanced Registered Nurse Practitioner, showed that they had started working at the facility on 06/27/2025. Staff A's file showed that they did not have documentation that specialty training for dementia and mental health

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had been completed, 292 days after they started working.

Review of the personnel file for Staff B, Licensed Practical Nurse, showed that they had started working at the facility on 07/29/2025. Staff B's file showed that they did not have documentation that specialty training for dementia and mental health had been completed, 260 days after they started working.

Review of the personnel file for Staff C, Medication Technician (MT), showed that they had started working at the facility on 11/20/2025. Staff C's file showed that they did not have documentation that specialty training for dementia and mental health had been completed, 146 days after they started working.

In an interview on 4/15/2026 at 11:20 AM Staff G stated that they did not have completed specialty training certificates for Staff A, B and C.

<Continuing Education (CE)>

Review of the personnel file for Staff C, MT, showed that they started working at the facility on 11/20/2025. Staff C's file showed that 6 CEs were completed from their 2025 birthdate to their 2026 birthdate and not 12 as required.

In an interview on 4/15/2026 at 11:20 AM, Staff G stated that they were unsure why only 6 CEs had been completed for Staff C.

This is a recurring deficiency previously cited on 05/21/2024 for Washington Administrative Code 388-78A-2474 for subsections (2)(c).

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, Wenatchee Senior Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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_____ _____
Administrator (or Representative) Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each

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staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that staff were screened for tuberculosis within three days of hire for 2 of 4 staff (Staff A and C). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included…

Review of staff personnel files occurred on 04/15/2026 at 10:00 AM with Staff G, Business Office Director (BOD).

Review of the personnel file for Staff A, Advanced Registered Nurse Practitioner, showed that they started working at the facility on 06/27/2025. Staff A's file showed that a first step Tuberculosis (TB) skin test was completed on 11/18/2025, 144 days after they started working.

In an interview on 4/15/2026 at 10:38 AM, Staff G stated that the facility had completed a personnel file audit and found that Staff A had not completed a TB test.

Review of the personnel file for Staff C, Medication Technician, showed that they started working at the facility on 11/20/2025. Staff C's file did not have documentation that the TB screening had been completed, 146 days after they started working.

In an interview on 4/15/2026 at 11:40 AM, Staff G stated that they did not know why Staff C did not complete the TB test. Staff G stated that Staff C was hired before Staff G became the facility's BOD.

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Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure that a staff member received their second Tuberculosis skin test for 1 of 4 staff (Staff A). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included…

Review of staff personnel files occurred on 04/15/2026 at 10:00 AM with Staff G, Business Office Director (BOD).

Review of the personnel file for Staff A, Advanced Registered Nurse Practitioner, showed that they started working at the facility on 06/27/2025. Staff A's file showed a first step Tuberculosis (TB) skin test was completed on 11/18/2025. The file did not show that Staff A completed a second TB skin test one to three weeks after their first test, 128 days after their second step should have been completed.

In an interview on 04/15/2026 at 10:38 AM, Staff G stated they were unsure why Staff A did not complete a second TB skin test.

In an interview on 04/15/2026 at 11:40 AM, Staff G stated that Staff C was hired before Staff G became the facility's BOD.

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

This is a recurring deficiency previously cited on 05/21/2024 for Washington Administrative Code 388-78A-2484 for subsections (1)(2).

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, Wenatchee Senior Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

RCW 70.129.030 Notice of rights and services -- Admission of individuals.

(4) The facility must inform each resident in writing in a language the resident or his or her representative understands before admission, and at least once every twenty-four months thereafter of: (a) Services, items, and activities customarily available in the facility or arranged for by the facility as permitted by the facility's license; (b) charges for those services, items, and activities including charges for services, items, and activities not covered by the facility's per diem rate or applicable public benefit programs; and (c) the rules of facility operations required under RCW 70.129.140 (2). Each resident and his or her 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. However, for facilities licensed for six or fewer residents, if there has been a substantial and continuing change in the resident's condition necessitating substantially greater or lesser services, items, or activities, then the charges for those services, items, or activities may be changed upon fourteen days' advance written notice.

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 Assisted Living Facility failed to inform each resident in writing at least every twenty-four months of the service items, charges, activities available in the facility, and the rules of the facility’s operation for 2 of 7 residents (Residents 4 and 5), who lived in the facility for more than 24 months. This failure prevented the residents from knowing what the charges of services were and what services were available to them.

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

Findings included…

Review of the facility's new management company's residency agreement, undated, showed that the residents had the right to be informed of what services, items and activities were available. The agreement showed that residents had the right to be informed of what the costs were for the items and services provided by the facility. Finally, the agreement showed that it would be reviewed with every resident at least every 24 months.

Review of a facility letter sent to all residents, dated 10/27/2025, showed that the facility updated and increased the cost of rent, monthly care fees, and other ancillary services. The letter did not include the charges for services, items, activities, or changes that had been made with the increase in costs.

<Resident 4>

Review of the facility's resident characteristic roster, undated, showed that Resident 4 was admitted to the facility on [redacted]/2023. The roster showed that Resident 4 had lived in the facility for more than 24 months, as of [redacted]/2026.

Review of Resident 4's NSA, dated 03/10/2026, showed that the resident needed assistance with medication and was also independent with medication (conflicting information). The NSA showed that Resident 4 needed weekly housekeeping and laundry services and was independent for all other cares. Resident 4's NSA was not signed by the resident, their representative, or a representative from the facility.

In an interview on 04/14/2026 at 1:27 PM, Resident 4 stated that the facility staff helped give them eye drops, and the resident basically performed all other care needs themselves. Resident 4 also stated that they did not think the facility had reviewed their NSA with them.

Review of Resident 4's most recent residency agreement showed that it was signed on 11/27/2023.

In an interview on 04/14/2026 at 1:35 PM, Collateral Contact 1 (CC1), Resident 4's representative, stated that the facility gave them a new residency agreement from the new management company, but the agreement had incorrect information in it so they refused to sign the agreement. CC1 stated that they did not know if they could get an itemized bill to show exactly what they were being charged for. CC1 also stated that other residents reported not knowing what they were being billed for.

<Resident 5>

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

Review of the facility's resident characteristic roster, undated, showed that Resident 5 was admitted to the facility [redacted]/2022. The roster showed that Resident 5 had lived in the facility for more than 24 months, as of [redacted]/2026.

Review of Resident 5's NSA, dated 02/22/2026, showed that the resident required assistance for all aspects of their care and their medication. Resident 5's NSA was not signed by the resident, their representative, or a representative from the facility.

In an interview on 04/14/2026 at 2:14 PM, Resident 5 stated that the staff helped them with their medications, bathing, dressing, toileting and getting in and out of bed. Resident 5 stated that they were told that the facility nurse was supposed to go over their care needs and their NSA with them, but no one had done so.

Review of Resident 5's most recent residency agreement showed that it was signed on 06/20/2022.

In an interview on 04/14/2026 at 2:06 PM, Resident 5 stated that the facility marketer gave them a new residency agreement from the new management company, but no one had gone through it with the resident. Resident 5 stated that the facility marketer was unable to explain the cost of the care the resident received. Resident 5 also stated that in January 2026, the new management company raised the cost of their rent by seven percent.

In an interview on 04/14/2026 at 1:13 PM, Staff I, Administrator Designee, stated that the facility did not review new residency agreements when the new management company took over. Staff I stated that residency agreements would be updated and reviewed with the residents when they became due, every 24 months.

In an interview on 04/14/2026 at 2:05 PM, Staff H, Regional Vice President of Operations, stated that the facility's monthly statements were vague and did not clearly indicate what the resident was being charged for.

In an interview on 04/14/2026 at 2:58 PM, Staff H stated that the new management company took over operations at the facility as of 06/09/2025.

In an interview on 04/15/2026 at 1:10 PM, Staff H stated that review of and obtaining signatures for a resident's negotiated service agreement was the backup proof to show what care a resident was being charged for.

In an interview on 04/15/2026 at 1:12 PM, Staff G, Business Office Director, stated that Resident 4 and Resident 5 did not have current signed residency agreements.

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

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, Wenatchee Senior Living is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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

NorthWest HC Columbia Heights (WA) Operator NT-HCI LLC
Wenatchee Senior Living
1550 CHERRY STREET
WENATCHEE, WA 98801

RE: Wenatchee Senior Living # 2415

Dear Administrator:

This document references the following complaint numbers 219401.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 05/06/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laura Williams-Davis, ALF Field Manager
Residential Care Services

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

Region 1, Unit G
Preferred methods:
eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (05/06/2026), no later than 06/20/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(d) Individual's ability to leave the assisted living facility unsupervised; and

The Assisted Living Facility failed to ensure that residents' assessments contained the necessary information for each resident. This deficiency was corrected by the exit conference.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

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

The Assisted Living Facility failed to ensure that all residents were provided and signed the facility's policy on accepting Medicaid as payment. This deficiency was corrected by the exit conference.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

• Please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Enclosure

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