STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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) 69046 (Completion Date 11/20/2025) and 66212 (Completion Date 10/02/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/20/2025 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-2371-1, WAC 388-78A-2371-2, WAC 388-78A-2630-1-a

The Department staff who did the on-site verification:
Tracy Ramirez, Assisted Living Facility Licensor

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: HERITAGE HEIGHTS AT LAKE CHELAN
License/Cert.#: 1223
Compliance Determination #: 66212
Investigator: Tracy Ramirez
Provider Type: Assisted Living Facility
Intake ID: 195824
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 09/25/2025 through 10/02/2025
Complainant Contact Date(s): 09/25/2025, 10/03/2025

Allegation(s):

1. The named resident had allegations of being inappropriately touched during cares and the facility did not investigate the incident.
2. The facility had unqualified staff passing medication.
3. The facility had a new hire attempting to get into the medication cart.
4. The facility has no coverage when the nurse is on vacation.

Investigation Methods:

Sample:	Total residents: 33 Resident sample size: 3 Closed records sample size: 0
Observations:	The facility's common areas, resident apartments, activities, resident to resident and staff to resident interactions were observed.
Interviews:	Sampled residents, facility staff and others not associated with the facility.
Record Reviews:	Resident Characteristic Roster, demographic sheets, assessments, care plans, progress notes, physician orders, credentials, Washington state background checks, National fingerprints, work references, delegation certificates, and staff roster.

Investigation Summary:

1. Interviews and record reviews showed the facility met with the named resident about the allegation and assessed them. Interviews and record reviews showed the facility had no documentation of an investigation and no reports were made to the department. Failed practice was identified. Refer to WAC 388-78A-2371 (1) (2) and WAC 388-78A-2630 (1) (a).
2. Interviews and record reviews showed that staff were qualified and had delegation certificates. No failed practice identified.
3. Observations, interviews and record reviews showed that the medication cart was parked next to the front desk area. The named staff member was needed in that location as part of their orientation process. The facility checked the medication cart

and could not find evidence that it had been tampered with. The named staff had three positive references, an active credential with no enforcement actions, a Washington state background check and a national fingerprint check both showed no records. No failed practice identified.
4. Interviews showed that the facility had an on-call nurse they use as needed. No failed practice identified.

Conclusion / Action:

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

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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 an unannounced on-site complaint investigation on 09/25/2025 of:

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

This document references the following complaint number(s): 195824, 195437

The following sample was selected for review during the unannounced on-site visit: 3 of 33 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Tracy Ramirez, Assisted Living Facility Licensor

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

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

10/10/2025
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)

10/13/25
Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation, or accident or incident jeopardizing or affecting a resident health or life;

(2) Determine the circumstances of the event;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to document their investigative findings and implement measures to prevent recurrence of alleged sexual abuse for 1 of 1 resident (Residents 1). This failure resulted in an allegation of sexual abuse not being thoroughly investigated and placed the resident at risk for harm and emotional distress.

Findings included...

Review of the facility's policy titled, "Abuse Reporting," dated 07/2018, showed that if there were allegations of abuse that the facility would investigate the circumstances.

Review of Resident 1's Negotiated Service Agreement (NSA), dated 09/25/2025, showed that the resident was alert and orientated and was not confused or disoriented. The NSA showed that Resident 1 required staff assistance with toileting, bathing, getting dressed and undressed and medications.

In an interview on 09/25/2025 at 7:45 AM, Collateral Contact 1 (CC1), stated that Resident 1 had reported to them on 08/23/2025 that a caregiver had touched them

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

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Review of the facility's policy titled, "Abuse Reporting," dated 07/2018, showed that if there were allegations of abuse that the facility would investigate the circumstances.

Review of Resident 1's Negotiated Service Agreement (NSA), dated 09/25/2025, showed that the resident was alert and orientated and was not confused or disoriented. The NSA showed that Resident 1 required staff assistance with toileting, bathing, getting dressed and undressed and medications.

In an interview on 09/25/2025 at 7:45 AM, Collateral Contact 1 (CC1), stated that Resident 1 had reported to them on 08/23/2025 that a caregiver had touched them

inappropriately in their genitalia area. CC1 stated that Resident 1 reported that the caregiver made them feel scared, uncomfortable and that the resident requested that the caregiver does not come back into their room. CC1 stated that they informed the facility administrator of Resident 1's sexual abuse allegations.

In an interview on 09/25/2025 at 9:20 AM, Staff A, Administrator, stated that Resident 1 had reported to a staff member that they had felt uncomfortable and thought that a caregiver had inappropriately touched them during cares. Staff A stated they learned of the details of the allegation and immediately met with Resident 1 and ruled out abuse.

Review of Resident 1's August 2025 progress notes, showed no documentation of reported allegations of abuse. The progress notes did not show documentation of implemented actions, circumstances of the event, findings for the allegation of abuse, and investigation.

In an interview on 09/30/2025 at 11:01 AM, Staff A, Administrator, stated there were no investigative documents to show that the circumstances of the event, the findings, or any implementations to prevent further incidents.

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) 11/6/25.

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

Administrator (or Representative) — Date: 10/13/25

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

inappropriately in their genitalia area. CC1 stated that Resident 1 reported that the caregiver made them feel scared, uncomfortable and that the resident requested that the caregiver does not come back into their room. CC1 stated that they informed the facility administrator of Resident 1's sexual abuse allegations.

In an interview on 09/25/2025 at 9:20 AM, Staff A, Administrator, stated that Resident 1 had reported to a staff member that they had felt uncomfortable and thought that a caregiver had inappropriately touched them during cares. Staff A stated they learned of the details of the allegation and immediately met with Resident 1 and ruled out abuse.

Review of Resident 1's August 2025 progress notes, showed no documentation of reported allegations of abuse. The progress notes did not show documentation of implemented actions, circumstances of the event, findings for the allegation of abuse, and investigation.

In an interview on 09/30/2025 at 11:01 AM, Staff A, Administrator, stated there were no investigative documents to show that the circumstances of the event, the findings, or any implementations to prevent further incidents.

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

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(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 assisted living facility failed to make a report to the Complaint Resolution Unit when allegations of abuse were made for 1 of 1 resident (Resident 1). This failure precluded the department from initiating an investigation of the allegation and placed the resident at risk for harm.

Findings included...

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

Review of Resident 1's Negotiated Service Agreement (NSA), dated 09/25/2025, showed that the resident was alert and orientated and did not get confused or disoriented. The NSA showed that Resident 1 required staff assistance with toileting, bathing, getting dressed and undressed. Review of Resident 1's NSA showed the resident was diagnosed with [redacted] and [redacted]

Review of Resident 1's August 2025 progress notes, showed no documentation of a report to CRU.

In an interview on 09/25/2025 at 7:45 AM, Collateral Contact (CC1), stated that Resident 1 had reported to them on 08/23/2025 that a caregiver had touched them inappropriately in their genitalia area. CC1 stated that Resident 1 reported that this caregiver made them feel scared and uncomfortable and that they requested that the caregiver not come back into their room. CC1 stated that they had informed the facility administrator about Resident 1's allegation of sexual abuse.

In an interview on 09/25/2025 at 10:59 AM, Resident 1stated that they had reported inappropriate touching by a caregiver.

In an interview on 09/25/2025 at 9:20 AM, Staff A, Administrator, stated that once they learned of the allegation, they immediately met with Resident 1. Staff A stated that Resident 1 had confirmed they had reported to a facility staff member that they had felt uncomfortable and thought that the caregiver had inappropriately touched them during cares.* Staff A stated that they thought they did not need to report the allegation to the department's reporting system.

* But Resident 1 then recanted that, and realized the caregiver was just applying her cream as requested by Resident 1 and denied any abuse or feelings of violation.

This requirement was not met as evidenced by:

Based on interview and record review the assisted living facility failed to make a report to the Complaint Resolution Unit when allegations of abuse were made for 1 of 1 resident (Resident 1). This failure precluded the department from initiating an investigation of the allegation and placed the resident at risk for harm.

Findings included...

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

Review of Resident 1's Negotiated Service Agreement (NSA), dated 09/25/2025, showed that the resident was alert and orientated and did not get confused or disoriented. The NSA showed that Resident 1 required staff assistance with toileting, bathing, getting dressed and undressed Review of Resident 1's NSA showed the resident was diagnosed with [redacted], and [redacted].

Review of Resident 1's August 2025 progress notes, showed no documentation of a report to CRU.

In an interview on 09/25/2025 at 7:45 AM, Collateral Contact (CC1), stated that Resident 1 had reported to them on 08/23/2025 that a caregiver had touched them inappropriately in their genitalia area. CC1 stated that Resident 1 reported that this caregiver made them feel scared and uncomfortable and that they requested that the caregiver not come back into their room. CC1 stated that they had informed the facility administrator about Resident 1's allegation of sexual abuse.

In an interview on 09/25/2025 at 10:59 AM, Resident 1stated that they had reported inappropriate touching by a caregiver.

In an interview on 09/25/2025 at 9:20 AM, Staff A, Administrator, stated that once they learned of the allegation, they immediately met with Resident 1. Staff A stated that Resident 1 had confirmed they had reported to a facility staff member that they had felt uncomfortable and thought that the caregiver had inappropriately touched them during cares. Staff A stated that they thought they did not need to report the allegation to the department's reporting system.

Review of the department's reporting system showed no facility report made for Resident 1's sexual abuse allegations.

In an interview on 09/30/2025 at 11:01 AM, Staff A acknowledged that no reports had been made related to the allegations from Resident 1.

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) 11/6/25.

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

Administrator (or Representative) — Date: 10/13/25

Please Note correction on Page 4/5 in the last paragraph. The report failed to note Resident 1 retracted her allegation and denied any inappropriate touching, any feelings of violation and any wrong-doing by the caregiver to Staff A as reported on 9/25/25 interview with Staff A.

Review of the department's reporting system showed no facility report made for Resident 1's sexual abuse allegations.

In an interview on 09/30/2025 at 11:01 AM, Staff A acknowledged that no reports had been made related to the allegations from Resident 1.

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)_____ .

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

_____ _____

Administrator (or Representative) Date