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) 71604 (Completion Date 01/21/2026) and 69438 (Completion Date 12/02/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/21/2026 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-2040-1

The Department staff who did the off-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

Residential Care Services
Investigation Summary Report

Provider/Facility: HERITAGE HEIGHTS AT LAKE CHELAN
Provider Type: Assisted Living Facility
License/Cert.#: 1223
Intake ID: 203170
Compliance Determination #: 69438
Region/Unit #: RCS Region 1 / Unit G
Investigator: Nicole Mcgraw
Investigation Date(s): 12/02/2025 through 12/02/2025
Complainant Contact Date(s):

Allegation(s):
The facility failed the follow up inspection by the Deputy State Fire Marshal.

Investigation Methods:

Sample:	Total residents: 34 Resident sample size: 34 Closed records sample size: 0
Observations:	None
Interviews:	Facility staff
Record Reviews:	Deputy State Fire Marshal inspection report

Investigation Summary:
Interview and record review showed the facility failed their follow up visit from the Deputy State Fire Marshal. Failed Practice Identified, Washington Administrative Code (WAC) 388-78A-2040 reference Statement of Deficiencies dated

Conclusion / Action:

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

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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 12/02/2025 of:

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

This document references the following complaint number(s): 203170

The following sample was selected for review during the unannounced on-site visit: 34 of 34 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nicole Mcgraw, Community Complaint Investigator

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

Statement of Deficiencies	License # 1223	Compliance Determination # 69436
Plan of Correction	HERITAGE HEIGHTS AT LAKE CHELAN	Completion Date
Page 2 of 3	Licensee: LAKE CHELAN SENIOR HOUSING	12/02/2025

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Laura Williams-Davis — Residential Care Services

12/09/2025 — 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.

[signature] — Administrator (or Representative)

12/16/25 — Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to maintain compliance with the Washington State Deputy Fire Protection Bureau when the Deputy State Fire Marshal found the facility in violation of seven codes on 10/29/2025. This failure placed residents, staff and visitors of the facility at risk of harm in the event of a fire.

Findings included...

Record review of the Deputy State Fire Marshal (DSFM) facility inspection, dated 10/29/2025, showed that the facility had the following uncorrected violations:
1) In the facility attic, there was a significant amount of combustible storage blocking the aisle ways and access to mechanical equipment. Corrected 11/20/25
2) The facility failed to provide documentation of the annual fire-resistance-rated construction inspection, testing and maintenance completed within the past twelve months. Corrected 11/4/25
3) On the first floor in Room 102A, there was a breach in the ceiling in the bathroom. Corrected 11/21/25
4) The circuit breaker supplying power to the Fire Alarm Control Panel was not locked to prevent accidental trip or tampering. Corrected 11/17/25
5) There was emergency exit lighting installed in the long attic aisle to illuminate the means of egress. Electrical work to complete project scheduled on Jan. 5th to be completed by 1/9/26
6) There were no keypad instructions posted within 6 feet of the keypad to open the fire exit doors to the means of egress at the Memory Care gate on the exterior walkway. Corrected 11/4/25

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-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

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Findings included…

Record review of the Deputy State Fire Marshal (DSFM) facility inspection, dated 10/29/2025, showed that the facility had the following uncorrected violations:
1) In the facility attic, there was a significant amount of combustible storage blocking the aisle ways and access to mechanical equipment.
2) The facility failed to provide documentation of the annual fire-resistance-rated construction inspection, testing and maintenance completed within the past twelve months.
3) On the first floor in Room 102A, there was a breach in the ceiling in the bathroom.
4) The circuit breaker supplying power to the Fire Alarm Control Panel was not locked to prevent accidental trip or tampering.
5) There was emergency exit lighting installed in the long attic aisle to illuminate the means of egress.
6) There were no keypad instructions posted within 6 feet of the keypad to open the fire exit doors to the means of egress at the Memory Care gate on the exterior walkway.

Statement of Deficiencies	License # 1223	Compliance Determination # 693436
Plan of Correction	HERITAGE HEIGHTS AT LAKE CHELAN	Completion Date
Page 3 of 3	Licensee: LAKE CHELAN SENIOR HOUSING	12/02/2025

7) On the first floor there were two unsecured oxygen cylinders near the front door. Corrected 12/4/25

In an interview on 12/02/2025 at 1:47 PM, Staff A, Executive Director, stated that the facility had been working to fix the seven items that were out of compliance on the reinspection completed by the OSFM on 10/29/2025. In the interview, the OSFM report was reviewed and Staff A confirmed they were working on getting the uncorrected violations fixed.

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) 1/9/26

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

Administrator (or Representative) — Date: 12/16/25

7) On the first floor there were two unsecured oxygen cylinders near the front door.

In an interview on 12/02/2025 at 1:47 PM, Staff A, Executive Director, stated that the facility had been working to fix the seven items that were out of compliance on the reinspection completed by the DSFM on 10/29/2025. In the interview, the DSFM report was reviewed and Staff A confirmed they were working on getting the uncorrected violations fixed.

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