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

CRH CHRISTOPHER HOUSE LLC
CHRISTOPHER HOUSE
100 S Cleveland Ave
Wenatchee, WA 98801

RE: CHRISTOPHER HOUSE License # 2067

Dear Administrator:

This letter addresses Compliance Determination(s) 61171 (Completion Date 06/18/2025) and 58390 (Completion Date 04/30/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/18/2025 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-2466-1-a, WAC 388-78A-2474-2-d, WAC 388-112A-0720-2-a, WAC 388-112A-0720-2-b, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b

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

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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 04/28/2025, 04/29/2025 and 04/30/2025 of:

CHRISTOPHER HOUSE
100 S Cleveland Ave
Wenatchee, WA 98801

This document references the following complaint numbers: 173756, 176217.

The following sample was selected for review during the unannounced on-site visit: 9 of 67 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Elizabeth Hall, AFH/ALF Licensor
Robin Barnes, Assisted Living Facility Licensor
Elaine Lopez, 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.

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-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a new Washington state name and date of birth background check form was submitted every two years for 2 of 2 staff (Staff E and F). This failure placed the residents at risk of being cared for by disqualified staff.

Findings included…

Review of the personnel file for Staff E, Activity Director, showed a hire date of 02/03/2023. Staff E's file showed that their Washington State name and date of birth (WNDOB) background check expired on 02/06/2025. Staff E's record showed that the facility did not submit a new WNDOB background check until 03/09/2025, 32 days after the previous WNDOB background check had expired.

Review of the personnel file for Staff F, Home Care Aid, showed a hire date of 06/24/2021. Staff F's file showed that their WNDOB background check expired on 06/24/2023. Staff F's record showed that the facility did not submit a new WNDOB background check until 08/17/2023, 55 days after the previous WNDOB background

check had expired.

In an interview on 04/30/2025 at 12:10 PM, Staff H, Director of Operations, stated that the 2-year WNDOB background checks were submitted to the department late because the facility did not have the correct renewal dates.

This is a recurring citation previously cited on the Statement of Deficiencies, dated 03/09/2023 for WAC 388-78A-2466 (1)(a).

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, CHRISTOPHER HOUSE 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 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

(b) Licensed nurses working in assisted living facility must have and maintain a valid CPR card or certificate within thirty days of their date of hire.

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:

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff obtained cardiopulmonary resuscitation (CPR) for 2 of 6 staff (Staff A and F) and first aid training for 1 of 6 staff (Staff F). This failure placed residents at risk of receiving care from untrained staff.

Findings included…

Review of the personnel file for Staff A, Registered Nurse/Director of Nursing, showed that they were hired on 10/29/2024. Staff A's file showed that they did not have a CPR training certificate as of 04/30/2025.

Review of the personnel file for Staff F, Home Care Aid, showed that they were hired on 09/22/2022. Staff F's file showed that their CPR and first-aid certificate had expired on 02/07/2025. Staff F's file showed that they did not renew their CPR and first-aid certificate until 04/16/2025 (69 days after the previous certificate had expired).

In an interview on 04/30/2025 at 10:53 AM, Staff H, Director of Operations, stated that they did not know if Staff A had a valid CPR certification upon hire. Staff H stated that Staff A had not attended the recent CPR class held by the facility.

In an interview on 04/30/2025 at 11:55 AM, Staff H stated that they did not know why Staff F's CPR and first-aid training were renewed late.

In an interview on 04/30/2025 at 1:05 PM, Staff A stated that they didn't think that they had a current CPR certification.

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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that pets living on the facility premises had regular examinations and immunizations for 3 of 3 pets (Pets 1, 2 and 3). This failure put residents at risk for contact with pets who may have transmissible diseases.
Findings included…

Review of a facility policy titled, “Pet Policy,” dated 02/01/2018, showed that residents who had pets were to ensure the pet had all necessary vaccinations.

Review of the veterinary record for Pet 1, (Dog), showed that their last veterinary examination was conducted on 08/23/2023. The record showed that Pet 1’s examination was due 04/04/2025. Pet 1’s next vaccination was due on 04/04/2025. The record showed that Pet 1 was not up to date on their examination and vaccination as of 04/30/2025.

Review of the veterinary record for Pet 2 (Dog), showed that their vaccination was due on 03/06/2025. The record showed that Pet 2 was not up to date on their vaccination as of 04/30/2025.

Review of the veterinary record for Pet 3 (Dog), showed that the pet had not had a veterinary examination on file as of 04/30/2025.

In an interview on 04/30/2025 at 9:34 AM, Staff G, Administrator, stated that the missing pet records were an oversight and should have been kept up to date.

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