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) 40024 (Completion Date 04/19/2024) and 34988 (Completion Date 02/22/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/19/2024 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-2130-3-b

The Department staff who did the on-site verification:
Nicole Velazquez, Community Complaint Investigator

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: CHRISTOPHER HOUSE **Provider Type:** Assisted Living Facility
License/Cert.#: 2067
Compliance Determination #: 34988 **Intake ID:** 112385
Investigator: Nicole Velazquez **Region/Unit #:** RCS Region 1 / Unit G
Investigation Date(s): 01/10/2024 through 02/22/2024
Complainant Contact Date(s):

Allegation(s):
The named resident was neglecting self.

Investigation Methods:

Sample:	Total residents: 56 Resident sample size: 9 Closed records sample size: 0
Observations:	Environment, Cares, Named Resident, Staff availability and response to resident's needs.
Interviews:	Residents and staff
Record Reviews:	Resident record, Facility policy

Investigation Summary:
Observation, interview and record review showed that the named resident's care plan did not reflect their care and service needs. Failed practice identified. Reference Statement of Deficiencies, WAC 388-78A-21360(3)(b) dated 02/232/2024.

Conclusion / Action:

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

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Statement of Deficiencies	License #. 2067	Compliance Determination # 34988
Plan of Correction	CHRISTOPHER HOUSE	Completion Date
Page 1 of 4	Licensee: CRH CHRISTOPHER HOUSE LLC	02/22/2024

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 01/10/2024 and 01/10/2024 of:

CHRISTOPHER HOUSE
100 S Cleveland Ave
Wenatchee, WA 98801

This document references the following complaint number(s): 110076. 112385, 113153, 113366

The following sample was selected for review during the unannounced on-site visit: 9 of 56 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nicole Velazquez, 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

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.

Gwin Kaercher
Residential Care Services

02/23/2024
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.

Statement of Deficiencies	License #: 2067	Compliance Determination # 34988
Plan of Correction	CHRISTOPHER HOUSE	Completion Date
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Administrator (or Representative) Kirk Date 3/4/2024

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to review and update a Negotiated Service Agreement for 1 of 5 sampled residents (Resident 1) to reflect current care and service needs. This failure contributed to the resident sustaining a skin injury and put them at risk of a skin infection.

Findings included...

Resident 1

Resident 1's "Temporary Assessment & Care Plan (TSP)" dated 08/03/2023 showed that the ALF readmitted Resident 1 on [redacted]/2023 with diagnoses including [redacted] and [redacted]. The record did not show Resident 1 having had been admitted to a rehabilitation facility for broken arm and leg or changes to the resident's ambulation status. The TSP did not reflect the resident's current fall risk and medical equipment being used by Resident 1.

Review of Resident 1's Mental Health Assessment dated 08/03/2023 showed Resident 1 with "current broken leg & wrist from a fall in May. Currently in a cast on the foot and a brace on (their) wrist." It further stated that Resident 1 required extra staff assistance for showering due to the medical devices that they were using.

Review of a Provider note dated 08/22/2023, showed Resident 1 had a visit for evaluation by orthopedics. Resident 1 was to wear the left wrist brace when on uneven ground or icy conditions and the left ankle brace to be worn when ambulating until January 2024.

Provider note dated 11/14/2023, showed that Resident 1 had a visit for follow-up with orthopedics. Resident 1's left wrist brace was removed. Resident 1 would not remove the

left ankle brace and the note showed the "odorous" and there was a concern for "possible fungus."

Review of progress notes, written by Staff B, Office Manager showed:

- 08/22/2023 that Resident 1 had an orthopedic evaluation and got a new brace, and the walking boot was removed.
- 08/30/2023 showed that Resident 1 had received a new knee brace for knee pain.
- 11/14/2023 stated that Resident 1 had left brace removed and concerns that res would not remove their ankle brace and it was odorous.
- 11/15/2023 stated that Resident 1 returned from an appointment and that resident had refused to remove their ankle, knee and wrist braces

Progress notes for 12/21/2023 and 12/22/2023, written by Staff C, Director of Nursing, showed that they approached Resident 1 about the braces that had been discontinued two months prior as the resident had a limp that was noticed and attempting to evaluate Resident 1's gait/foot/leg and resident refused.

Progress note dated 12/29/2023, written by Staff D, Licensed Practical Nurse, showed that Resident 1 had not removed the multiple braces that they were wearing for two months or more and they were concerned about possible wounds or infections of the skin under the braces.

Interview with Staff A, Executive Director on 01/10/2024 at 11:05 AM, showed that the care plan did not reflect Resident 1's history of fall with a fracture, and the multiple braces that the resident was using.

During an interview on 01/10/2024 at 2:00 PM, Resident 1 was observed wearing a soft ankle brace on the left ankle and a soft wrist brace on left hand. Resident 1 stated that they also had a knee brace on their left knee. They stated that they wear the three braces all the time and they even shower with them on.

On 01/11/2024 at 11:00 AM, Staff E, Medication Technician, stated that Resident 1 had removed their wrist and foot brace that morning and had an abrasion under each of the braces.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2067	Compliance Determination # 34988
Plan of Correction	CHRISTOPHER HOUSE	Completion Date
Page 4 of 4	Licensee: CRH CHRISTOPHER HOUSE LLC	02/22/2024

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) 03/27/2024

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

Administrator (or Representative) — Date: 02/27/2024