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 # 2067

Dear Administrator:

This document references Compliance Determination 48180 (10/23/2024), which included complaint number(s) 147742, 149523, 150399.

The Department completed a complaint investigation of your Assisted Living Facility on 10/23/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Nicole Velazquez, Community Complaint Investigator

Consultation:

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(2) Any unusual incident that required implementation of the assisted living facility's disaster plan, including any evacuation of all or part of the residents to another area of the assisted living facility or to another address; and

The facility failed to notify the department when a resident was missing. The facility ensured that they would report this type of incident moving forward.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

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 Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks

Stephanie Jenks, Field Manager
Region 1, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: CHRISTOPHER HOUSE **Provider Type:** Assisted Living Facility
License/Cert.#: 2067
Compliance Determination #: 48180 **Intake ID:** 147742
Investigator: Nicole Velazquez **Region/Unit #:** RCS Region 1 / Unit C
Investigation Date(s): 10/03/2024 through 10/23/2024
Complainant Contact Date(s):

Allegation(s):
A named resident left the facility unaccompanied.

Investigation Methods:

Sample:	Total residents: 62 Resident sample size: 2 Closed records sample size: 1
Observations:	Environment, Cares, Staff availability.
Interviews:	Residents, Staff
Record Reviews:	Characteristic roster, Resident Records, Facility incident report and investigation, Facility policy.

Investigation Summary:
Observations showed that staff were observed to be available and responsive to resident's needs. Staff interview and record review showed that the facility staff responded immediately, followed their policy once unable to locate the named resident, and made all notifications. The named resident returned to the facility without injury. Failed practice identified as the incident was not reported and was referenced in a consultation for WAC 388-78A-2650.

Conclusion / Action:

- ☐ Failed Provider Practice Identified / Citation(s) Written
- ☒ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A