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

10/31/2025

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

RE: CHRISTOPHER HOUSE # 2067

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 68079 (Completion Date 10/31/2025) and 65476 (Completion Date 09/15/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/31/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
**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.

The Department staff who did the On 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:** CHRISTOPHER HOUSE **Provider Type:** Assisted Living Facility
**License/Cert.#:** 2067
**Compliance Determination #:** 65476 **Intake ID:** 192532
**Investigator:** Nicole Mcgraw **Region/Unit #:** RCS Region 1 / Unit G
**Investigation Date(s):** 09/11/2025 through 09/15/2025
**Complainant Contact Date(s):**

**Allegation(s):**
The facility failed the Deputy State Fire Marshall follow up visit

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 69<br>Resident sample size: 69<br>Closed records sample size: 0 |
| **Observations:** | Environment |
| **Interviews:** | Facility staff and others not associated with the faciltiy. |
| **Record Reviews:** | Characteristic roster, Deputy State Fire Marshal report |

**Investigation Summary:**
Interview and record review showed that the facility had three violations during reinspection by the Deputy State Fire Marshal. Failed practice identified, Washington Administrative Code 388-78A-2040(1), reference Statement of Deficiencies dated 09/15/2025.

**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 # 65476 |
| Plan of Correction | CHRISTOPHER HOUSE | Completion Date |
| Page 1 of 3 | Licensee: CRH CHRISTOPHER HOUSE LLC | 09/15/2025 |

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 09/11/2025 of:

CHRISTOPHER HOUSE
100 S Cleveland Ave
Wenatchee, WA 98801

This document references the following complaint number(s): 192532

The following sample was selected for review during the unannounced on-site visit: 69 of 69 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 #: 2067 | Compliance Determination # 65476 |
|---|---|---|
| Plan of Correction | CHRISTOPHER HOUSE | Completion Date |
| Page 2 of 3 | Licensee: CRH CHRISTOPHER HOUSE LLC | 09/15/2025 |

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

09/16/2025
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)

~~10/3+/2025~~ Date 9/17/25

**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 three codes on initial 07/08/2025 inspection, and on 08/19/2025 reinspection. 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 and letter, dated 08/25/2025 showed that on 08/19/2025, the facility had the following uncorrected violations: the facility failed to correct the deficiencies on the hood suppression system inspection report completed on 03/31/2025. The facility failed to provide documentation of the fire sprinkler system's annual service, documentation of the annual trip test on the dry fire sprinkler system, showing they had been completed within the past twelve months, and failed to provide documentation of the second semi-annual kitchen suppression system maintenance service within the last twelve months.

In an interview on 09/11/2025 at 11:50 AM, Staff A, Executive Director, stated that the facility had to switch companies for their fire and life safety system due to the previous company not being responsive regarding the hood suppression system inspection. The previous company failed to notify the facility that they no longer provided the sprinkler

system servicing and testing. 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, CHRISTOPHER HOUSE is or will be in compliance with this law and / or regulation on (Date) 10/31/2025 .

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

Administrator (or Representative) [signature] Date 9/17/2025