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) 69910 (Completion Date 12/11/2025) and 67312 (Completion Date 10/30/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/11/2025 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-2371-4

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 #: 67312 **Intake ID:** 197451
Investigator: Nicole Mcgraw **Region/Unit #:** RCS Region 1 / Unit G
Investigation Date(s): 10/16/2025 through 10/30/2025
Complainant Contact Date(s):

Allegation(s):
A staff to resident allegation.

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 4 Closed records sample size: 0
Observations:	Environment, Cares, Staff to resident interactions, Staff availability and response to resident's needs.
Interviews:	Residents, Staff and others not associated with the facility.
Record Reviews:	Characteristic roster, Resident records, Facility policies, Facility incident report and investigation.

Investigation Summary:
Observations showed that staff to resident interactions were appropriate and respectful and staff were observed to be available and responsive to resident's needs. Interview and record review showed that an investigation was completed and all notifications were made. Interview and record review showed that the facility failed to protect the residents during the investigation process. Failed Practice Identified, Washington Administrative Code (WAC) 388-78A-2371(4) reference Statement of Deficiencies dated 10/30/2025.

Conclusion / Action:

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

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

Statement of Deficiencies	License #: 2067	Compliance Determination # 67312
Plan of Correction	CHRISTOPHER HOUSE	Completion Date
Page 1 of 3	Licensee: CRH CHRISTOPHER HOUSE LLC	10/30/2025

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 10/16/2025 of:

CHRISTOPHER HOUSE
100 S Cleveland Ave
Wenatchee, WA 98801

This document references the following complaint number(s): 197451, 197623

The following sample was selected for review during the unannounced on-site visit: 4 of 68 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 # 67312
Plan of Correction	CHRISTOPHER HOUSE	Completion Date
Page 2 of 3	Licensee: CRH CHRISTOPHER HOUSE LLC	10/30/2025

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

11/04/2025
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)

11/4/25
Date

WAC 388-78A-2371 Investigations. The assisted living facility must:

(4) Protect residents during the course of the investigation.

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure residents were protected during an investigative process when a resident made an allegation of abuse for 1 of 1 resident (Resident 1). This failure placed residents at risk for abuse by not protecting residents during an investigation.

Findings included...

Review of the facility policy, titled, "Abuse, Abandonment, Exploitation Reporting & Investigation," dated 02/01/2018, showed that any employee alleged to have committed abuse shall be suspended pending a complete investigation of the allegation.

Review of facility incident report, dated 10/06/2025 at 11:44 AM, showed that there was an abuse allegation made by Resident 1. The incident report further showed that Resident 1 stated they were slapped by Staff A, Lead Behavior Case Manager.

Review of Staff A's October 2025 timecard correction form, dated 10/30/2025, was updated due to Staff A neglecting to clock in on 10/06/2025. The updated timecard showed that Staff A worked on 10/06/2025 from 8:00 AM to 4:00 PM.

In an interview on 10/16/2025 at 11:52 AM, Staff B, Executive Director, stated that after

the allegation of abuse was made on 10/06/2025, Staff A was not suspended pending investigation and there were no interventions put into place to protect residents.

In an interview on 10/16/2025 at 12:12 PM, Staff A stated that after the allegation was made on 10/06/2025 at 11:44 AM, they continued to visit and interact with residents. Staff A further stated that they had not been suspended or asked to leave the facility.

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) 11/28/25 .

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

Administrator (or Representative) — Date: 11/4/25