



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

02/26/2025

NorthWest HC Columbia Heights (WA) Operator NT-HCI LLC
Avamere at Wenatchee
1550 CHERRY STREET
WENATCHEE, WA 98801

RE: Avamere at Wenatchee # 2415

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 55397 (Completion Date 02/26/2025) and 50797 (Completion Date 01/17/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/26/2025 and found no deficiencies.

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

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

The Department staff who did the On Site verification:

Nicole Velazquez, Community Complaint Investigator

If you have any questions, please contact me at (509)225-2823.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services Investigation Summary Report

Provider/Facility: Avamere at Wenatchee

Provider Type: Assisted Living Facility

License/Cert. #: 2415

Intake ID: 153189

Compliance Determination #: 50797

Region/Unit #: RCS Region 1 / Unit G

Investigator: Nicole Velazquez

Investigation Date(s): 11/25/2024 through 01/17/2025

Complainant Contact Date(s):

Allegation(s):

A named resident did not receive appropriate notification that they were being moved to a new apartment

Investigation Methods:

Sample:	Total residents: 77 Resident sample size: 5 Closed records sample size: 0
Observations:	Residents, Resident apartment
Interviews:	Residents, staff and others not associated with the facility.
Record Reviews:	Characteristic roster, Resident Record, Facility policy

Investigation Summary:

Observations, interview and record review showed that the named resident did not receive appropriate 30 day notification prior to being moved to a new apartment. Failed Practice Identified, WAC 388-78A-2600 reference Statement of Deficiencies dated 01/17/2025.

Conclusion / Action:

- ☒ 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 # 2415	Compliance Determination # 50797
Plan of Correction	Avamere at Wenatchee	Completion Date
Page 1 of 3	Licensee: NorthWest HC Columbia Heights (WA) Operator NT-HCI LLC 01/17/2025	

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 11/25/2024 and 11/25/2024 of:

Avamere at Wenatchee
1550 CHERRY STREET
WENATCHEE, WA 98801

This document references the following complaint number(s): 153189

The following sample was selected for review during the unannounced on-site visit: 5 of 77 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.

Laura Williams-Davis
Residential Care Services

01/22/2025
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.



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Residential Care Services

Date

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Statement of Deficiencies	License # 2415	Compliance Determination #50797
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Page 2 of 3	Licensee: NorthWest HC Columbia Heights (WA) Operator NT-HCI LLC 01/17/2025	



Administrator (or Representative)

1-27-2025

Date

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure written notification was provided 30 days prior to a resident changing rooms. For 1 of 1 resident (Resident 1). This failure resulted in Resident 1 feeling distressed and overwhelmed related to hastened room change.

Per RCW 70.129.110 Disclosure, transfer, and discharge requirements - (3) Before a long-term care facility transfers or discharges a resident, the facility must:

(b) Notify the resident and resident representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand

(4)(a) Except when specified in this subsection, the notice of transfer or discharge required under subsection (3) of this section must be made by the facility at least thirty days before the resident is transferred or discharged.

Per RCW 70.129.105 Waiver of liability and resident rights limited - No long-term care facility or nursing facility licensed under chapter 18.51 RCW shall require or request residents to sign waivers of potential liability for losses of personal property or injury, or to sign waivers of residents' rights set forth in this chapter or in the applicable licensing or certification laws.

Review of Resident 1's Admission Agreement signed 10/06/2017, showed that a resident switching to [REDACTED] would require an immediate move into a studio apartment.

Review of Resident 1's facility record showed that there as not a written notification of the transfer to a new room within the facility related to their payor source being [REDACTED].

On 11/25/2024 at 11:18AM, Staff A, Business Office Manager, stated that Resident 1 was not given a 30-day notice of their room move on 10/24/2024. Staff A further stated that Resident 1 was given a verbal notice on Monday and moved rooms on that Thursday (4 days notice). Resident 1 converted to [REDACTED] on 08/01/2023 and as a result Resident 1's room move to a smaller apartment was related to having converted to [REDACTED].

Administrator (or Representative)

Date

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Review of Resident 1's Admission Agreement signed 10/06/2017, showed that a resident switching to [REDACTED] would require an immediate move into a studio apartment.

Review of Resident 1's facility record showed that there as not a written notification of the transfer to a new room within the facility related to their payor source being [REDACTED].

On 11/25/20254 at 11:18AM, Staff A, Business Office Manager, stated that Resident 1 was not given a 30-day notice of their room move on 10/24/2024. Staff A further stated that Resident 1 was given a verbal notice on Monday and moved rooms on that Thursday (4 days notice). Resident 1 converted to [REDACTED] on 06/01/2023 and as a result Resident 1's room move to a smaller apartment was related to having converted to [REDACTED].

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Page 3 of 3	Licensee: NorthWest HC Columbia Heights (WA) Operator NT-HCI LLC 01/17/2025	

On 1/25/2024 at 11:45 AM, Resident 1 stated that they did not receive a 30-day written notice for their room move and that they did not have any sort of notice to figure out their belongings. Resident 1 stated that they were upset with the fast move and that they could not keep their couch or rug in their new apartment because it was significantly smaller than their previous apartment.

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, Avamere at Wenatchee is or will be in compliance with this law and / or regulation on (Date) 2-18-2025

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



Administrator (or Representative)

1-27-25

Date

On 11/25/2024 at 11:45 AM, Resident 1 stated that they did not receive a 30-day written notice for their room move and that they did not have any sort of notice to figure out their belongings. Resident 1 stated that they were upset with the fast move and that they could not keep their couch or rug in their new apartment because it was significantly smaller than their previous apartment.

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

To Who it may matter:

I [REDACTED] agreed to move voluntarily into Apt [REDACTED] with the assistance of Avamere helping to move my belongings. I did not get 30 days' notice because there was no need since I wanted to move into a remodeled apartment. I do not hold Avamere responsible for causing any harm or violating any of my rights.

[REDACTED]