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

Yakima Operations, LLC
Avamere at Englewood Heights
3710 Kern Way
Yakima, WA 98902

RE: Avamere at Englewood Heights License # 2460

Dear Administrator:

This letter addresses Compliance Determination(s) 69352 (Completion Date 12/01/2025) and 68879 (Completion Date 11/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/01/2025 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-2040-2

The Department staff who did the on-site verification:
Felicia Cantu, 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:** Avamere at Englewood Heights
**License/Cert.#:** 2460
**Compliance Determination #:** 68879
**Investigator:** Felicia Cantu
**Provider Type:** Assisted Living Facility
**Intake ID:** 201203
**Region/Unit #:** RCS Region 1 / Unit G
**Investigation Date(s):** 11/18/2025 through 11/18/2025
**Complainant Contact Date(s):**

**Allegation(s):**
The facility has failed their first Fire Marshal re-inspection.

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 76<br>Resident sample size: 76<br>Closed records sample size: |
| **Observations:** | approved desk review |
| **Interviews:** | Facility staff<br>Fire Marshal staff |
| **Record Reviews:** | Facility policies<br>State reporting log<br>Fire Marshal records |

**Investigation Summary:**
Interviews and record review showed that the facility failed their first Fire Marshal reinspection. Failed practice identified. 388-78A (2040)(2)

**Conclusion / Action:**

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

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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 11/18/2025 of:

Avamere at Englewood Heights
3710 Kern Way
Yakima, WA 98902

This document references the following complaint number(s): 201203

The following sample was selected for review during the unannounced on-site visit: 76 of 76 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Felicia Cantu, 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 # 2480 | Compliance Determination #68879 |
|---|---|---|
| Plan of Correction | Avamere at Englewood Heights | Completion Date |
| Page 2 of 3 | Licensee: Yakima Operations, LLC | 11/18/2025 |

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

11/21/2025
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)

11-21-2025
Date

**WAC 388-78A-2040 Other requirements.**

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal (DSFM) found the facility in violation on their initial inspection on 08/27/2025, and on their re-inspection on 10/30/2025. This failed practice placed all residents, staff, and visitors to the facility at risk for harm in the event of a fire.

Findings included...

Record review of the DSFM's communication letter sent on 11/04/2025 at 12:57 PM, showed that the facility had failed their initial inspection on 08/27/2025 with several failed codes.

Record review of the Deputy State Fire Marshal (DSFM) report, dated 10/30/2025, showed that the facility continued to violate the extinguishing system service code. The facility was unable to provide documentation showing the commercial hood system service reports were repaired and retested for compliance.

During an interview on 11/19/2025 at 9:30 AM Staff A, Administrator stated that their Maintenance Director was working with their DSFM to get the proper documentation they needed to get back in compliance with state regulations.

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

11/21/2025
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)

Date

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During an interview on 11/18/2025 at 9:30 AM Staff A, Administrator stated that their Maintenance Director was working with their DSFM to get the proper documentation they needed to get back in compliance with state regulations.

| Statement of Deficiencies | License #: 2460 | Compliance Determination #68879 |
|---|---|---|
| Plan of Correction | Avamere at Englewood Heights | Completion Date |
| Page 3 of 3 | Licensee: Yakima Operations, LLC | 11/18/2025 |

**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 Englewood Heights is or will be in compliance with this law and / or regulation on (Date) 11-21-25.

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

Administrator (or Representative) — Date: 11-21-25

**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 Englewood Heights is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date