STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

03/12/2026

Yakima Operations, LLC
Avamere at Englewood Heights Memory Care
3706 Kern Way
Yakima, WA 98902

RE: Avamere at Englewood Heights Memory Care # 2462

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 74214 (Completion Date 03/12/2026) and 71078 (Completion Date 01/26/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/12/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

The Department staff who did the On Site verification:
Anna Cairns, ALF Long Term Care Surveyor

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 Memory Care
License/Cert.#: 2462
Compliance Determination #: 71078
Investigator: Anna Cairns
Investigation Date(s): 01/08/2026 through 01/26/2026
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 204856
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):
The named resident at the facility had tested positive for a respiratory illness. Additionally, a second named resident had shown symptoms of the same respiratory illness.

Investigation Methods:

Sample:	Total residents: 9 Resident sample size: 2 Closed records sample size: 0
Observations:	Masks and sanitizer at the entry of the building Staff to resident interactions Staff and residents (if they had symptoms of illness)
Interviews:	Memory Care Administrator Licensed Practical Nurse Administrator Resident representatives Resident Care Coordinator Caregiver Medication Technician
Record Reviews:	Characteristic roster Respiratory protection program facility policy Infection control facility policy Resident records (face sheet, care plans, progress notes, hospital discharge summary)

Investigation Summary:
Interviews and record review showed that the named resident tested positive for a respiratory illness. The second named resident had exposure to the named resident and showed the same symptoms as the named resident. Interviews with facility staff showed that signs were posted at the entry of the building and on the named resident's doors that there was an outbreak. Interviews showed that personal protective equipment was used by staff, residents were separated, additional cleaning was initiated, and appropriate notifications were made. Review of facility

policy and staff respiratory fit testing records showed that the facility policy required staff to have annual fit testing. Additionally, record review showed that staff had not had their updated annual fit testing completed when an outbreak had occurred and required the use of N95 respiratory masks, to prevent and limit the spread of infections. Failed practice identified, WAC 388-78A-2610 (1).

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
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2452	Compliance Determination # 71078
Plan of Correction	Avamere at Englewood Heights Memory Care	Completion Date
Page 1 of 3	Licensee: Yakima Operations, LLC	01/26/2026

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 01/08/2026 of:

Avamere at Englewood Heights Memory Care
3706 Kern Way
Yakima, WA 98902

This document references the following complaint number(s): 204856

The following sample was selected for review during the unannounced on-site visit: 2 of 9 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor

From:
DSHS, Home and Community Living 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

02/04/2026
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.

J Montoya
Administrator (or Representative)

2-9-26
Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to implement their respiratory protection program policy to ensure that fit testing was completed annually for 4 of 5 staff (Staff D, E, F and G). This failure placed staff and residents at risk of being exposed to and spreading respiratory infections.

Findings included...

Review of the facility policy, titled, "Respiratory Protection Program," dated 07/16/2021, showed that annual fit testing and training was required for staff that required use of N-95's (respirator mask that protects employees from airborne hazards such as respiratory infections).

In an interview on 01/08/2026 at 9:50 AM, Staff A, Memory Care Administrator, and Staff B, Licensed Practical Nurse, stated that Resident 1 had become ill with a respiratory infection on 12/05/2025. Staff A and Staff B stated that Resident 2 had been exposed to Resident 1 and became ill with the same symptoms. Additionally, Staff B stated that Staff D, Resident Care Coordinator, and Staff E, Medication Technician, had been providing care to residents during the illness outbreak.

In an interview on 01/08/2026 at 10:36 AM, Staff E, stated that Resident 1 and Resident 2 had tested positive for respiratory infections. Staff E stated that staff were using

personal protective equipment that included the use of N95 masks when staff were providing care to Resident 1 and Resident 2.

Review of Staff D's respiratory fit test record, dated 11/22/2024, showed that annual fit testing was required by 11/22/2025. Staff D's fit test record showed that they had not had their annual fit testing completed by that date.

Review of Staff E's respiratory fit test record, dated 12/16/2024, showed that annual fit testing was required by 12/16/2025. Staff E's fit test record showed that they had not had their annual fit testing completed by that date.

Review of Staff F's respiratory fit test record, dated 11/27/2024, showed that annual fit testing was required by 11/27/2025. Staff F's fit test record showed that they had not had their annual fit testing completed by that date.

Review of Staff G's respiratory fit test record, dated 11/27/2024, showed that annual fit testing was required by 11/27/2025. Staff F's fit test record showed that they had not had their annual fit testing completed by that date.

In an interview on 01/27/2026, Staff A, Executive Director, acknowledged that fit testing for staff had not been completed annually.

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 Memory Care is or will be in compliance with this law and / or regulation on (Date) 3-10-26 .

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

Administrator (or Representative) JM Montoya Date 2-9-26