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

Ellensburg AL, LLC
Avista Senior Living Ellensburg
1008 East Mountain View Ave
Ellensburg, WA 98926

RE: Avista Senior Living Ellensburg License # 2683

Dear Administrator:

This letter addresses Compliance Determination(s) 58399 (Completion Date 04/23/2025) and 55680 (Completion Date 03/13/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/23/2025 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-3152-7

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: Avista Senior Living Ellensburg
License/Cert.#: 2683
Compliance Determination #: 55680
Investigator: Felicia Cantu
Investigation Date(s): 03/03/2025 through 03/13/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 167802
Region/Unit #: RCS Region 1 / Unit G

Allegation(s):
The facility has not sent their plan of corrections (POC) back to the Department within the time frame required.

Investigation Methods:

Sample:	Total residents: 27 Resident sample size: 27 Closed records sample size:
Observations:	Residents Facility staff Others not associated with the facility
Interviews:	Residents Facility staff Others not associated with the facility
Record Reviews:	Characteristic roster Statement of deficiencies Facility policies

Investigation Summary:
Observations showed that staff to resident interactions appeared safe, respectful, and helpful. Interviews and record review showed that the facility failed to return their plan of corrections back to the department within the required timeframe when written citation were given to them. Failed practice identified.

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 #: 2683	Compliance Determination #55680
Plan of Correction	Avista Senior Living Ellensburg	Completion Date
Page 1 of 4	Licensee: Ellensburg AL, LLC	03/13/2025

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 03/03/2025 of:

Avista Senior Living Ellensburg
1008 East Mountain View Ave
Ellensburg, WA 98926

This document references the following complaint number(s): 167802

The following sample was selected for review during the unannounced on-site visit: 27 of 27 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

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

03/14/2025
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)

3/30/25
Date

WAC 388-78A-3102 Plan of correction Required.

(7) The home must return the inspection report, with completed attestation of correction statements, to the department within ten calendar days of receiving the report.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to return multiple Plan of Corrections (POC) within ten calendar day of the facility receiving the statement of deficiency for 4 of 4 citations (Citation 1, 2, 3 and 4). This failure placed residents at risk for harm from continued failed practice.

Findings included...

Citation 1- Full assessment topics, 388-78A-2090

Review of the Statement of Deficiency letter completed on 11/20/2024 showed that it was sent to the ALF on 11/26/2024. The letter explained that the POC must be returned to the Department within ten calendar days after receiving the letter.

Review of the Department's correspondence tracking log showed that the ALF received the statement of deficiency letter via fax on 11/26/2024. The Department received the POC from the ALF on 12/18/2024.

Citation 2- Investigations, WAC 388-78A-2371

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

03/14/2025
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

WAC 388-78A-3152 Plan of correction Required.

(7) The home must return the inspection report, with completed attestation of correction statements, to the department within ten calendar days of receiving the report.

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to return multiple Plan of Corrections (POC) within ten calendar day of the facility receiving the statement of deficiency for 4 of 4 citations (Citation 1, 2, 3 and 4). This failure placed residents at risk for harm from continued failed practice.

Findings included...

Citation 1- Full assessment topics, 388-78A-2090

Review of the Statement of Deficiency letter completed on 11/20/2024 showed that it was sent to the ALF on 11/25/2024. The letter explained that the POC must be returned to the Department within ten calendar days after receiving the letter.

Review of the Department's correspondence tracking log showed that the ALF received the statement of deficiency letter via fax on 11/25/2024. The Department received the POC from the ALF on 12/16/2024.

Citation 2- Investigations, WAC 388-78A-2371

Review of the Statement of Deficiency letter completed on 11/01/2024 showed that it was sent to the ALF on 11/05/2024. The letter explained that the POC must be returned to the Department within ten calendar days after receiving the letter.

Review of the Department's correspondence tracking log showed that the ALF received the statement of deficiency letter via fax on 11/05/2025. The Department received the POC from the ALF on 12/02/2024.

Citation 3- Nonavailability of Medications, WAC 388-78A-2240 and Citation 4- Policy and Procedures, WAC 388-78A-2600(1b)

Review of the Statement of Deficiency letter completed on 10/31/2024 showed that it was sent to the ALF on 11/13/2024. The letter explained that the POC's must be returned to the Department within ten calendar days after receiving the letter.

Review of the Department's correspondence tracking log showed that the ALF received the statement of deficiency letter via fax on 11/13/2024. The correspondence tracking log also showed that the Department had still not received the POC's from the ALF as of 03/13/2025.

On 03/05/2025 at 4:05 PM Collateral Contact 2 (CC2) verified that they spoke to Staff A, Administrator via phone call on 11/22/2024 regarding the needed POC's for the written citations 1,2,3, and 4. CC2 expressed that they left the Department's contact information with Staff A in case they had any further questions.

On 03/03/2025 at 3:35 PM Collateral Contact 1(CC1) verified that they spoke to Staff A regarding the POC's 3 and 4 had still not been received by the Department. Additionally, CC1 confirmed that they left a voicemail on 01/30/2025 at 12:42 PM that the Department needed the POC's by 2/03/2025 and had still not heard back from Staff A.

On 03/03/2025 at 11:22 AM, Staff A acknowledged that citations 1 and 2 were returned to the Department late and did not recall receiving messages regarding citations 3 and 4.

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, Avista Senior Living Ellensburg is or will be in compliance with this law and / or regulation on (Date) 4-11-25.

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

Mary Lupton — 3/27/25

Administrator (or Representative) — Date

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, Avista Senior Living Ellensburg 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