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

11/13/2025

Colonial Vista Community Healthcare, LLC
Colonial Vista Senior Living
601 OKANOGAN AVE
WENATCHEE, WA 98801

RE: Colonial Vista Senior Living # 2712

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 68491 (Completion Date 11/13/2025) and 64250 (Completion Date 10/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/13/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2320 Intermittent nursing services systems.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

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: Colonial Vista Senior Living **Provider Type:** Assisted Living Facility

License/Cert.#: 2712
Intake ID: 190227
Compliance Determination #: 64250
Region/Unit #: RCS Region 1 / Unit G
Investigator: Nicole Mcgraw
Investigation Date(s): 08/18/2025 through 10/14/2025
Complainant Contact Date(s): 08/18/2025, 09/29/2025

Allegation(s):

1) The named resident's medications medications orders were not clear and were not being given as ordered.
2) The named resident had a medical concern that was not addressed by facility staff.

Investigation Methods:

Sample:	Total residents: 25 Resident sample size: 0 Closed records sample size: 1
Observations:	Environment, Medication administration
Interviews:	Residents, Staff and others not associated with the facility.
Record Reviews:	Characteristic roster, Resident records, Facility policies, Hospice records, Personnel records.

Investigation Summary:

1) Interview and record review showed that the named resident did not have any interruption in medications that were ordered by the physician. Staff records showed that a staff member had been administering medications without an active credential. Failed practice identified, Washington Administrative Code 388-78A-2320(3)(c), reference Statement of Deficiencies dated 10/14/2025.
2) Interview and record review showed that the named resident had difficulty defecating related to medical apparatus for medication administration. No 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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1200 Alder Street, Union Gap, WA 98903

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 08/18/2025 of:

Colonial Vista Senior Living
601 OKANOGAN AVE
WENATCHEE, WA 98801

This document references the following complaint number(s): 190227

The following sample was selected for review during the unannounced on-site visit: 0 of 25 current residents and 1 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 # 2712	Compliance Determination #64250
Plan of Correction	Colonial Vista Senior Living	Completion Date
Page 2 of 4	Licensee: Colonial Vista Community Healthcare, LLC	10/14/2025

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

10/15/2025
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.

Brooke Capps
Administrator (or Representative)

10-25-25 BC
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure that staff held a current long-term care worker credential required to be delegated as a medication technician for 1 of 7 staff (Staff G) and failed to maintain a copy of the written delegation instructions in the resident's chart for 1 of 1 resident (Resident 1). These failures resulted in residents receiving delegated care and services from uncredentialed staff who did not have access to delegation instructions in the resident's record.

Findings included...

<Delegation instructions>

Review of Washington Administrative Code (WAC) 246-840-930(12) titled, "Criteria for delegation," showed that a copy of the written delegation instructions for facility staff were to be left in the resident's record.

Review of the facility's policy titled, "Medication & Treatment – Administration & Delegation," dated 2023, showed that specific written instructions for each resident

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.

Residential Care Services | Date

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Administrator (or Representative) | Date

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(c) Chapter 246-840 WAC, Practical and registered nursing;

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility failed to ensure that staff held a current long-term care worker credential required to be delegated as a medication technician for 1 of 7 staff (Staff G) and failed to maintain a copy of the written delegation instructions in the resident's chart for 1 of 1 resident (Resident 1). These failures resulted in residents receiving delegated care and services from uncredentialed staff who did not have access to delegation instructions in the resident's record.

Findings included…

<Delegation instructions>

Review of Washington Administrative Code (WAC) 246-840-930(12) titled, "Criteria for delegation," showed that a copy of the written delegation instructions for facility staff were to be left in the resident's record.

Review of the facility's policy titled, "Medication & Treatment – Administration & Delegation," dated 2023, showed that specific written instructions for each resident

were to be documented and placed in the resident's chart.

Review of Resident 1's physician order, dated 06/27/2025, showed that Resident 1 was admitted to a hospice (end of life care) program on 06/27/2025 with diagnoses of [redacted] and [redacted].

Review of Resident 1's care plan, dated 07/03/2025, showed the resident required medication assistance.

Review of Resident 1's Physician order, dated 08/05/2025, showed and order for placement of a macy catheter (a specialty catheter used for medication administration, nurse delegated task for medication administration).

Review of Resident 1's progress note, dated 08/06/2025 11:34 AM, showed that the resident had a macy catheter placed by a hospice nurse. Further review of Resident 1's facility record showed no documentation of written nurse delegation instructions for medication administration through the macy catheter.

Review of Resident 1's August 2025 Medication Administration Record showed that Staff G, Medication Technician, administered medications to Resident 1. The record showed that Staff G administered 16 medications to the resident from 08/07/2025 through 08/09/2025, The medication that Staff G administered were,
> pain medication on 08/07/2025 at 11:00 PM and 08/08/2025 at 12:00 AM, 2:00 AM, 3:00 AM, and 11:26 PM
> anxiety medication on 08/07/2025 at 11:00 PM, 08/08/2025 at 3:00 AM, 11:00 PM, 11:19 PM and 08/09/2025 at 1:14 AM.
> medication for behaviors on 08/07/2025 at 11:00 PM, 08/08/2025 at 3:00 AM and 11:00 PM and 08/09/2025 at 1:30 AM.
> anti-nausea medication on 08/08/2025 at 12:00 AM and 08/09/2025 at 12:00 AM.

In an interview on 08/18/2025 at 11:11 AM, Staff H, Licensed Practical Nurse, stated that they did not know where the nurse delegation instructions were and that they had to call Staff I, Registered Nurse Delegator, to get the written nurse delegation instruction for Resident 1.

In an interview on 10/14/2025 at 11:44 AM, Staff H stated that Resident 1 required nurse delegation for administration of a pain medication and for medication administration through the macy catheter.

<Uncredentialed Staff>

Statement of Deficiencies	License # 2712	Compliance Determination # 64250
Plan of Correction	Colonial Vista Senior Living	Completion Date
Page 4 of 4	Licensee: Colonial Vista Community Healthcare, LLC	10/14/2025

Review of Washington Administrative Code (WAC) 246-840-930(8)(a) titled, "Criteria for Delegation," showed that the registered nurse delegator was required to verify that the nursing assistant or home care aid was credentialed

Review of the personnel file for Staff G, showed that they began working at the facility on 12/23/2024. Staff G's personnel record was absent of a "Credential and Training Verification Form."

In an interview on 08/18/2025 at 12:12 PM, Staff H acknowledged that Staff G had performed delegated tasks without an active credential.

Review of the Department of Health Provider Credential Search on 08/18/2025 showed that Staff G did not have an active nursing assistant or home care aide credential.

In an interview on 08/28/2025 at 2:46 PM, Staff I stated that they had delegated Staff G without verifying they had the appropriate active credentials.

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, Colonial Vista Senior Living is or will be in compliance with this law and / or regulation on (Date) 8-27-2025.

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

Brooke Capps
Administrator (or Representative)

10/27/25
Date

Review of Washington Administrative Code (WAC) 246-840-930(8)(a) titled, “Criteria for Delegation,” showed that the registered nurse delegator was required to verify that the nursing assistant or home care aid was credentialed

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In an interview on 08/18/2025 at 12:12 PM, Staff H acknowledged that Staff G had performed delegated tasks without an active credential.

Review of the Department of Health Provider Credential Search on 08/18/2025 showed that Staff G did not have an active nursing assistant or home care aide credential.

In an interview on 08/28/2025 at 2:45 PM, Staff I stated that they had delegated Staff G without verifying they had the appropriate active credentials.

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, Colonial Vista Senior Living 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