



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

AHR Wenatchee WA MC TRS Sub, LLC
Blossom Creek Senior Alzheimer Community
1740 Madison St
Wenatchee, WA 98801-4700

RE: Blossom Creek Senior Alzheimer Community # 2721

Dear Administrator:

This document references Compliance Determination 67950 (Completion Date 10/30/2025).

The Department completed a full inspection of your Assisted Living Facility on 10/30/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Tracy Ramirez, Assisted Living Facility Licensors
Elaine Lopez, Licensors

Consultation:

WAC 388-78A-2380 Freedom of movement. An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits that may restrict a resident's egress:

(3) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they may exit without sounding the alarm.

The Assisted Living Facility failed to ensure that there was a system in place to inform visitors and outside agencies on how to exit without sounding the alarm. The facility posted a sign that showed visitors and outside agencies how to exit without sounding the alarm to allow freedom of movement.

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

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the facility to determine if you have corrected all deficiencies.

You May:

- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
 - o You can make an IDR request and find directions on the IDR web page at:
<https://www.dshs.wa.gov/altsa/idr>

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