



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 LAF TRS SUB, LLC
Blossom Valley Senior Assisted Living Community
1701 Orchard Ave
Wenatchee, WA 98801

RE: Blossom Valley Senior Assisted Living Community # 2722

Dear Administrator:

This document references the following complaint numbers 165817.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 02/10/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;

null

Laura Williams-Davis, ALF Field Manager
Residential Care Services

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

Region 1, Unit G

Preferred methods:

eFax: (509) 454-4160

Email: rcsregion1email@dshs.wa.gov

Optional method:

1200 Alder Street

Union Gap, WA 98903

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

The Assisted Living Facility failed to ensure a residents insulin was given as prescribed. The facility implemented a system for their electronic record to have the insulin dose auto populate when the blood sugar is taken. The facility also provided 1:1 medication technician retraining and scheduled an all staff in-service for next week.

You Are Not:

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

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 Send your request to:

Blossom Valley Senior Assisted Living Community # 2722

02/10/2025

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Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (509)225-2823.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager

Region 1, Unit G

Residential Care Services

Enclosure

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