



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 License # 2721

Dear Administrator:

This letter addresses Compliance Determination(s) 56662 (Completion Date 03/20/2025) and 50444 (Completion Date 01/23/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/20/2025 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-2160, WAC 388-78A-2100-2-b, WAC 388-78A-2100-2-b-i, WAC 388-78A-2100-2-b-ii, WAC 388-78A-2100-2-b-iii

The Department staff who did the on-site verification:
Brittney Shull, 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: Blossom Creek Senior Alzheimer Community
License/Cert.#: 2721

Compliance Determination #: 50444

Investigator: Brittney Shull

Investigation Date(s): 11/19/2024 through 01/23/2025

Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 157106

Region/Unit #: RCS Region 1 / Unit G

Allegation(s):

1. The named resident had a fall with a fractured hip and their assessment was not updated.
2. The named resident had multiple unwitnessed falls with injuries that were not reported.
3. The named resident's wheelchair was lost and the one that he is using is not his and does not fit his body

Investigation Methods:

Sample: Total residents: 41
Resident sample size: 3
Closed records sample size: 1

Observations: Residents, Staff to residents interactions, Cares and services, Environment, Staff availability.

Interviews: Residents, Staff, Collateral contacts.

Record Reviews: Characteristic Roster, Resident Record, Progress Notes, Incident Report and Investigation, Facility Policy.

Investigation Summary:

- 1) Interview and record review showed that the additional records were provided to the department that were not initially available for review. It also showed that the named resident had an updated assessment and updated focused interventions in their Negotiated Service Agreement that addressed the named resident's changed needs. Failed practice identified, reference Consultation for WAC 388-78A(2400).
- 2) Interview and record review showed that the facility investigated all of the named resident's falls with significant injuries and did not substantiate abuse. Interview and record review showed that that the facility did not conduct a focused assessment following the falls with injuries. Failed practice identified, referenced Statement of Deficiencies for WAC 388-78A(2100).
- 3) Interview and record review showed that the facility investigated the incident of the missing wheelchair and did not substantiate financial exploitation. The facility found that the resident was still using their own wheelchair. It also showed that the facility had notified the resident's primary care provider and requested a referral to

assess for a new wheelchair fitting. Interview showed that the resident was fitted with a new wheelchair. Failed practice was not identified.

Conclusion / Action:

- Failed Provider Practice Identified / Citation(s) Written
- Failed Provider Practice Not Identified / No Citation Written
- N/A



Residential Care Services Investigation Summary Report

Provider/Facility: Blossom Creek Senior
Alzheimer Community

License/Cert.#: 2721

Compliance Determination #: 50444

Investigator: Brittney Shull

Investigation Date(s): 11/19/2024 through 01/23/2025

Complainant Contact Date(s): 01/23/2025

Provider Type: Assisted Living Facility

Intake ID: 155718

Region/Unit #: RCS Region 1 / Unit G

Allegation(s):

The named resident was allegedly neglected with concerns of skin integrity, weight loss, and poor hygiene.

Investigation Methods:

Sample: Total residents: 41
Resident sample size: 3
Closed records sample size: 1

Observations: Residents, Staff to residents interactions, Cares and services, Environment, Staff availability.

Interviews: Residents, Staff, Collateral contacts.

Record Reviews: Characteristic Roster, Resident Record, Progress Notes, Incident Report and Investigation, Facility Policy, Medical Record.

Investigation Summary:

Interview and record review showed that the facility completed an investigation and did not substantiate neglect. Interview and record review showed that cares and services were not provided to residents. Interview and record review showed that the named resident had a physical change in their functioning that had been unidentified. Records requested were not initially available to the department for review. Failed practice identified, reference Statement of Deficiencies for WAC 388-78A(2160) and Consultation for WAC 388-78A(2400).

Conclusion / Action:

- 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
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2721	Compliance Determination # 50444
Plan of Correction	Blossom Creek Senior Alzheimer Community	Completion Date
Page 1 of 9	Licensee: AHR Wenatchee WA MC TRS Sub, LLC	01/23/2025

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 11/19/2024 and 12/04/2024 of:

Blossom Creek Senior Alzheimer Community
1740 Madison St
Wenatchee, WA 98801-4700

This document references the following complaint number(s): 155718, 157106

The following sample was selected for review during the unannounced on-site visit: 3 of 41 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Brittney Shull, 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

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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

02/06/2025

Residential Care Services

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.

TMcLaughlin

Administrator (or Representative)

02/06/2025

Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that cares and services were implemented according to each resident's negotiated service agreement for 3 of 4 residents (Resident 1, 2, and 4). This failure resulted in residents not receiving cares and placed them at risk for an undignified experience and potential health problems.

Findings included...

Review of the facility policy titled, "Personal Care and Dressing," dated 12/01/2023 showed that hygiene, personal care and grooming processes should be carried out as addressed by the resident's Negotiated Service Agreements.

On 11/19/2024 at 10:02 AM Staff E, Caregiver, stated that oral care was provided daily to residents, in the morning and evening. Staff E stated that showers were given weekly to residents who needed assistance and skin checks were provided at that time. Staff E stated that staff documented showers on paper in the medication room, where they also documented oral care. Staff E stated that weights were taken monthly for all residents and reported to medication aids who tracked the weights. Food intakes was monitored by telling the kitchen staff what the residents ate.

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<Resident 1>

Review of Resident 1's Assessment dated 05/08/2024, showed that Resident 1:

- Did not have skin breakdown, pressure ulcers, or wounds.
- Was incontinent of bladder and bowel and wore adult pull-up/protective underwear.
- Had their own teeth

Review of Resident 1's Negotiated Service Agreement, dated 05/08/2024, showed that Resident 1:

- Required staff to measure and document monthly weights.
- Required 2-person staff assistance, sometimes with the use of a mechanical lift, to transfer or change position 3 times a day to a chair or wheelchair.
- Required full staff assistance with bathing once a week on Mondays or Thursdays, in which their skin should be checked.
- Required staff assistance with personal hygiene 3 times a day.
- Required staff assistance with adult pull-up/protective underwear and peri-care due to incontinence, 3 times a day.
- Required staff to check every 2 hours for toileting and safety during the night.
- Required staff assistance with meal attendance for breakfast, lunch, dinner.
- Required staff assistance to be fed by mouth.
- Required staff to provide a nutritional supplement daily.

Review of Resident 1's Progress Notes showed that on 11/17/2024, Resident 1 was found at 3 am in distress and sent to the emergency room. Resident 1 returned to the facility the same day with comfort medications and a plan to initiate hospice after the weekend. On █/2024, Resident 1 passed away.

Review of Resident 1's Emergency Room Note dated 11/17/2024, showed that Resident 1 was examined at 4:00 AM and was critically ill and likely dehydrated. Resident 1 had dried food in their mouth/teeth, multiple areas of redness on their skin and hips which were consistent with pressure injuries.

Bathing:

Review of the facility Weekly Shower Schedule & Sign Off Sheet on █/2024 showed that Resident 1:

- Did not receive a shower or bed bath on 11/17/2024 through █/2024.
- Did not receive a shower or bed bath on 11/10/2024 through 11/16/2024.
- Did not receive a shower or bed bath on 11/03/2024 through 11/09/2024.
- Did not receive a shower or bed bath on 10/27/2024 through 11/02/2024.
- Last received a shower or bed bath on the week of 10/20/2024 through 10/26/2024.

On █/2024 at 10:32 AM, Staff C, Medication Technician, stated that Resident 1

required total assistance with bathing, toileting and feeding. Staff C stated that Resident 1 did not have any behaviors and did not refuse cares. Staff C stated that they were not aware of Resident 1 having any skin concerns or malnourishment. Staff C stated that they did not think that the shower documentation was correct because sometimes staff forgot to sign the Weekly Shower Schedule Sign Off Sheet. Staff C stated that staff should also document skin checks on the Skin and Bath Monitoring Forms.

Review of the Skin and Bath Monitoring Forms on [REDACTED]/2024 showed that Resident 1 last had a shower, and their skin monitored on 10/25/2024, and their skin was documented as intact.

On 11/21/2024 at 1:25 PM, Collateral Contact 1 (CC1), stated that on 11/17/2024, Resident 1 was non-verbal and did not appear well attended to. CC1 stated that Resident 1's body was in a fixed position curled onto their side, they had pressure injuries to their right hip and sacrum, dried green food in their mouth and teeth and dry skin on their face and body, as if they had not been cleaned properly. CC1 stated that Resident 1's incontinence brief was heavily soiled, as if they had been laying in their feces for quite a while; that the feces had started to dry. CC1 stated that the pressure sores were red and were not blanching, indicating that they were stage 1. CC1 stated that Resident 1 was a high risk for skin break down because they were, "skin and bones," (malnourished) and unable to reposition themselves due to the stiff position of their body (contracture).

Assistance with Meals:

Review of Resident 1's November 2024 Medication Administration Record showed that Resident 1 had a physician order initiated on 09/05/2024, that directed staff to feed Resident 1.

Review of Resident 1's Meal Attendance Log for November 2024 showed that Resident 1 missed:

- Dinner on 11/01/2024
- Dinner on 11/02/2024
- Breakfast on 11/03/2024
- Dinner on 11/04/2024
- Dinner on 11/05/2024
- Dinner on 11/06/2024
- Lunch on 11/07/2024
- Dinner on 11/08/2024
- Breakfast on 11/09/2024
- Dinner on 11/12/2024
- Dinner on 11/13/2024
- Lunch on 11/14/2024
- Dinner on 11/15/2024
- Dinner on 11/16/2024

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Review of Resident 1's November 2024 Progress Notes did not show any indication for missed meal attendance.

On [REDACTED]/2024 at 10:08 AM, Staff D, Kitchen Manager, stated that staff track resident attendance in the dining room at every meal. Staff D stated that Resident 1 missed about one meal per day before their decline. Staff D stated that they did not know why residents missed meals. Staff D stated that sometimes it was due to appointments or outings, but that staff would initial the form if the resident ate the meal late.

Review of Resident 1's Record on 11/20/2024, showed that they had a history of weight loss. Resident 1's October 2024 weight was 107.2lb. There was no recorded weight for November.

On 11/20/2024 at 12:29 PM, Staff A, Executive Director, stated that Resident 1 weighed 100.6lb in November 2024 (a loss of 6.16% body weight since last month). Staff A stated that they were not aware of Resident 1 missing any meals.

<Resident 2>

Review of Resident 2's Negotiated Service Agreement dated 06/27/2024 showed that Resident 2:
-Moderate staff assistance with bathing once a week on Mondays or Thursdays.
-Staff assistance with grooming and personal hygiene including reminders, prompts, cues twice a day.

Review of the Weekly Shower Schedule & Sign Off Sheet on 11/19/2024 showed that Resident 2:
-Did not receive a shower or bed bath on 11/17/2024 through 11/19/2024.
-Did not receive a shower or bed bath on 11/10/2024 through 11/16/2024.
-Did not receive a shower or bed bath on 11/03/2024 through 11/09/2024.
-Did not receive a shower or bed bath on 10/27/2024 through 11/02/2024.
-Last received a shower or bed bath on the week of 10/20/2024 through 10/26/2024, on 10/20/2024.

On 11/26/2024 at 10:51 AM, Collateral Contact 2 (CC2), stated that they wondered how often Resident 2 was receiving showers because Resident 2's hair looked greasy, and they had noticed that Resident 2's appearance had seemed more disheveled recently. CC2 stated that staff were supposed to alert them when Resident 2 was low on toiletry supplies, and they did not. CC2 lastly stated that they were concerned about understaffing and standards of care.

<Resident 4>

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Review of Resident 4's Negotiated Service Agreement, dated 10/15/2024, showed that Resident 4:
 -Required extensive hands-on assistance from staff with showering. It did not specify how often Resident 4 was to receive showers.
 -Required extensive assistance with personal hygiene with staff performing most of the grooming. It did not specify how often Resident 4 was to receive personal hygiene cares.

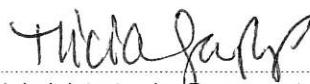
Review of the Skin and Bath Monitoring Forms on 11/19/2024 showed Resident 4's last bath/shower occurred on 10/18/2024.

Review of the Weekly Shower Schedule & Sign Off Sheet on 11/19/2024 showed that Resident 4:
 -Did not receive a shower or bed bath on 11/17/2024 through 11/19/2024.
 -Did not receive a shower or bed bath on 11/10/2024 through 11/16/2024.
 -Did not receive a shower or bed bath on 11/03/2024 through 11/09/2024.
 -Last received a shower or bed bath on the week of 10/27/2024 through 11/02/2024, on 11/01/2024.

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, Blossom Creek Senior Alzheimer Community is or will be in compliance with this law and / or regulation on (Date) 03/09/2025.

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


Administrator (or Representative)

02/06/2025
Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

(iii) When the resident has an injury requiring the intervention of a practitioner.

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Review of Resident 4's Negotiated Service Agreement, dated 10/15/2024, showed that Resident 4:
 -Required extensive hands-on assistance from staff with showering. It did not specify how often Resident 4 was to receive showers.

-Required extensive assistance with personal hygiene with staff performing most of the grooming. It did not specify how often Resident 4 was to receive personal hygiene cares.

Review of the Skin and Bath Monitoring Forms on 11/19/2024 showed Resident 4's last bath/shower occurred on 10/18/2024.

Review of the Weekly Shower Schedule & Sign Off Sheet on 11/19/2024 showed that Resident 4:

-Did not receive a shower or bed bath on 11/17/2024 through 11/19/2024.
 -Did not receive a shower or bed bath on 11/10/2024 through 11/16/2024.
 -Did not receive a shower or bed bath on 11/03/2024 through 11/09/2024.
 -Last received a shower or bed bath on the week of 10/27/2024 through 11/02/2024, on 11/01/2024.

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete an ongoing focused assessment when the negotiated service agreement no longer addressed the need of a resident after the resident had multiple falls with injury requiring medical treatment, for 1 of 1 resident (Resident 3). This failure placed Resident 3 at risk for further falls and injury.

Findings included...

Review of the facility policy titled, "Falls," dated 06/01/2024 showed that every resident would be assessed for fall risk by conducting the Morse Fall Scale (a specific assessment used to identify individuals at risk for falling in the future) upon admission and annually. Each's resident's Negotiated Service Agreement (NSA) would be developed and updated with interventions according to their assessment. The policy showed that the NSA and fall risk evaluation would be reviewed and updated whenever a resident had two or more falls in 30 days, a fall with injury requiring medical intervention/treatment, or a change in condition. It lastly showed that if a resident was falling frequently, the Health and Wellness Director might have needed to request one-on-one care if the resident was not responding to interventions.

<Resident 3>

Review or Resident 3's Assessment dated 08/08/2024 showed that Resident 3 had a cognitive disorder that affected their memory. The assessment showed that Resident 3 walked frequently, at least twice a day with a walker, and wandered within the facility. It showed that Resident 3 forgot to use their walker or would get up from their wheelchair without staff assistance. It showed that Resident 3 had a history of falls and had a potential for falls.

- The assessment did not show any fall risk assessment updates after multiple falls in September 2024.
- The assessment did not show any fall risk assessment updates after multiple falls in November 2024, one of which required medical treatment.
- The assessment did not show any fall risk assessment updates after the NSA fall interventions did not prevent falls for Resident 3.

Review of Resident 3's NSA dated 08/08/2024 showed:

- No new updates to the NSA for falls since 3 falls in September, 1 fall in October, and 5 falls in November 2024.
- No new updates to the NSA for falls with significant injuries on 09/16/2024, and 11/21/2024 requiring medical evaluation and treatment.

On 12/04/2024 at 10:36 AM Resident 3 was observed sitting in their wheelchair in the dining room with poor core stability and their wheelchair had no foot petals. Resident 3 was leaning to their right side with their right arm dangling over the right arm rest.

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Their hips were positioned at the edge of the seat as if they had slid down, their upper back was rounded over and touched the back of the chair.

On 12/04/2024 at 11:11 AM, Staff C, Med Tech, stated that Resident 3 did not have foot petals on their wheelchair because they preferred to scoot around in their wheelchair, propelling themselves with their feet.

Review of Resident 3's Progress Notes and Physician Notifications showed that Resident 3: On 09/09/2024, was found sitting on their bottom in front of a wheelchair, with their back against the footrest, resulting in an abrasion to their back.

On 09/16/2024, was found lying on their right side on the dining room floor and was last seen 30 minutes prior in their wheelchair. Resident 3 complained of pain to both hips and was taken to the Emergency Room for evaluation.

On 09/22/2024, was found on the floor in the hallway, as if they had slid out of their wheelchair and had an abrasion to their right shoulder.

On 10/20/2024, slid out of their wheelchair and had a small skin tear. The note did not indicate if this incident was witnessed or not.

On 11/08/2024, slid out of their wheelchair twice and off the side of their bed once, landing on their buttocks. The progress note did not indicate if this event was witnessed or not.

On 11/09/2024, was found on their floor of their room and complained of tailbone pain.

On 11/21/2024, was found lying on their side on the dining room floor with their forehead bleeding and taken to the Emergency Room for evaluation which included medical imaging of the head.

On 11/22/2024, was found to have slid out of their bed onto the floor.

On 11/29/2024, had a fall resulting in a large bump to the head and pain to their right arm, shoulder, and hand.

-No new fall risk focused assessment notes.

Review of Resident 3's Medical Records dated 09/16/2024 showed that Resident 3 was evaluated at the Emergency Department for a fall, requiring medical imaging of the brain/head and pelvis, and monitoring of blood volume and other lab tests.

Review of Resident 3's Incident Reports for falls dated 11/09/2024, 11/21/2024, and 11/29/2024 did not show any focused fall risk assessments (Morse Fall Scale).

On 12/04/2024 at 11:24 AM, Staff A, Executive Director, stated that focused fall assessments would be documented in the progress notes. When asked to review incident reports for all of Resident 3's falls from 10/20/2024 through 11/29/2024, Staff A stated that they did not have incident reports for dates 10/20/2024 and 11/08/2024 because a named staff member had not been following procedure and there were no incident reports that corresponded with those incidents in the progress notes. Staff A was only produced incident reports dated 11/09/2024, 11/21/2024, and 11/29/2024.

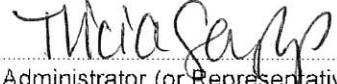
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On 11/26/2024 at 12:55 AM Collateral Contact 3 (CC3), stated that Resident 3 had had a lot of falls and staff had found Resident 3 on the floor on multiple occasions. CC3 stated that when they visit, they had to track Resident 3 down and did not always see staff regularly. CC3 stated that they expected more staff to provide sufficient supervision and monitoring of Resident 3 getting out of their chair. CC3 stated that earlier that week, Resident 3 fell and "smashed their head." CC3 stated that Resident 3's head was bleeding, and the injury was severe enough to require a visit to the Emergency Room.

Plan/Attestation Statement

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


Administrator (or Representative)

02/06/2025

Date

Statement of Deficiencies

License #: 2721

Compliance Determination # 50444

Plan of Correction

Blossom Creek Senior Alzheimer Community

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Licensee: AHR Wenatchee WA MC TRS Sub, LLC

01/23/2025

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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:

The Department completed a complaint investigation of your Assisted Living Facility on 01/23/2025 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 any deficiency listed on the enclosed report; and
- May inspect the facility 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';
 - Sign and date the enclosed report;
 - For each deficiency, indicate the date you have or will correct each deficiency;
 - Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - Return the Plan/Attestation Statement and report with signatures to:

Laura Williams-Davis, ALF Field Manager
Residential Care Services

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-2400 Protection of resident records. The assisted living facility must:

- (1) Maintain a systematic and secure method of identifying and filing resident records for easy access;
- (3) Allow authorized representatives of the department and other authorized regulatory agencies access to resident records;

The Assisted Living Facility (ALF) failed to ensure that resident records were maintained in a manner that allowed representatives of the department to access residents record while conducting on-site investigations. The facility corrected the failure during the course of the investigation.

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:

Email: RCSIDR@dshs.wa.gov; or

Fax: (360) 725-3225

Blossom Creek Senior Alzheimer Community # 2721

01/23/2025

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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