



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Home and Community Living Administration
Residential Care Services • RCSIDR@dshs.wa.gov

December 11, 2025
(email)

Licensee: CVC RETIREMENT LLC
CHATEAU AT VALLEY CENTER RETIREMENT COMMUNITY
4450 Davis Ave S
Renton, WA 98055

IDR RESULTS

ALF #2230

Dear Provider:

Thank you for participating in the Informal Dispute Resolution (IDR) process. During the IDR we addressed your dispute identified in your IDR Request in response to the Statement of Deficiencies (SOD) report dated 10/28/2025. As discussed during the IDR, the following information was considered:

- All materials presented by the Assisted Living Facility ;
- All oral statements and explanations offered by the Assisted Living Facility;
- Records gathered by the Residential Care Services (RCS) regional staff.

After careful review and consideration, I have decided not to make any changes to SOD report dated 10/28/2025.

Next Steps:

- If you have not done so already, begin the process of correcting the disputed deficiency or deficiencies immediately.
- Contact the local field manager if you need clarification related to the SOD report.
- Within 10 calendar days after you receive this letter, complete, and return the "Plan/Attestation Statement" for all disputed deficiencies.
 - For each disputed deficiency, indicate the date you have or will have corrected each one.

- Next to each disputed deficiency, sign and date certifying that you have or will correct each disputed deficiency.
- Mail the "Plan/Attestation Statement" with original signatures to:

James Sherman, Field Manager
Residential Care Services
Region 2, Unit D
Preferred methods:
eFax: (253) 395-5071
Email: rcsregion2email@dshs.wa.gov
Optional method:
20425 72nd Avenue S, Suite 400
Kent, WA 98032

- You must complete corrections within 45 days or less if directed by the department after review of your proposed correction dates.

If you have any questions, please contact me at Scotti.Bower1@dshs.wa.gov.

Sincerely,

A handwritten signature in black ink that reads "Scotti Bower". The signature is written in a cursive style with a large, stylized "S" and "B".

Scotti Bower
IDR Program Manager
Residential Care Services

cc: Regional Administrator, Region 2
Field Service Administrator, Region 2
Field Manager, Region 2 Unit D
Statewide Long Term Care Ombudsman
Regional Long Term Care Ombudsman
Central File
IDR File