STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

TROSPER ROAD LIMITED PARTNERSHIP
HAMPTON SPECIAL CARE - TUMWATER
1400 Trosper Rd SW
Tumwater, WA 98512

RE: HAMPTON SPECIAL CARE - TUMWATER License # 1579

Dear Administrator:

This letter addresses Compliance Determination(s) 60584 (Completion Date 06/05/2025) and 57742 (Completion Date 04/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/05/2025 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-2703

The Department staff who did the on-site verification:
Phan Pham, Nurse Surveyor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit E
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: HAMPTON SPECIAL CARE - TUMWATER **Provider Type:** Assisted Living Facility
License/Cert.#: 1579
Intake ID: 172684
Compliance Determination #: 57742
Region/Unit #: RCS Region 3 / Unit E
Investigator: Phan Pham
Investigation Date(s): 04/07/2025 through 04/10/2025
Complainant Contact Date(s): 03/27/2025, 04/02/2025, 04/10/2025

Allegation(s):
Quality of care - Named resident fell and sustained a bone fracture.

Investigation Methods:

Sample:	Total residents: 46 Resident sample size: 3 Closed records sample size: 1
Observations:	Named resident, residents, environment, staff interactions with residents, staff members providing care and services, and safety measures.
Interviews:	Residents, staff members, administrative and member not associated with the facility.
Record Reviews:	Sampled residents and incident reports.

Investigation Summary:
An on-site investigation was conducted, and the concerns related to abuse and quality of care and treatments were reviewed. The assisted living facility failed to ensure staff members took necessary safety measures to prevent avoidable injuries when assisted the resident with wheelchair mobility. Additional residents reviewed for care, services and safety had no concerns.

Conclusion / Action:

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

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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 04/07/2025, 04/02/2025 and 04/09/2025 of:

HAMPTON SPECIAL CARE - TUMWATER
1400 Trosper Rd SW
Tumwater, WA 98512

This document references the following complaint number(s): 172578, 172684, 173353

The following sample was selected for review during the unannounced on-site visit: 3 of 46 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Phan Pham, Nurse Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

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.

Administrator (or Representative) | Date

WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:

This requirement was not met as evidenced by:

Based on observation, interview and record review, the assisted living facility failed to ensure staff members took necessary safety measures to promote safety and prevent avoidable injuries when assisting a resident with wheelchair mobility for 1 of 4 sampled residents (Resident 1) reviewed. This failure resulted in Resident 1 sustaining facial injuries requiring hospitalization and placed wheelchair dependent residents at risk for harm.

Findings included…

Review of Resident 1's (R1) face sheet, dated [redacted]/2025, showed R1 admitted to the facility on [redacted]/2024 with diagnosis including [redacted].

Review of R1's negotiated service plan, dated 01/03/2025, showed R1 required staff assistance with his activities of daily living. R1 was independent with ambulation. Staff members were to monitor R1 for unsteadiness, safety, and assist R1 with the proper use of mobility assistive devices.

On [redacted]/2025 at 10:45 AM, R1 was observed in bed and covered with blankets. R1 had a skin injury on his left forehead. R1's spouse was at R1's bedside and stated R1

had passed away at 6:00 AM on [redacted]/2025.

Review of an incident investigation for R1, dated [redacted]/2025 at 10:15 PM, showed staff documented R1 was being transported to his room via a wheelchair. R1 fell forward and R1 hit his face on the floor. R1 was bleeding from his nose and mouth.

Review of R1's progress notes, dated [redacted]/2025 at 10:47 PM, showed staff documented R1 was transported to the hospital for further evaluation. On 03/24/2025 at 6:26 AM, hospital staff reported R1 sustained skin abrasion and bone fracture on his forehead and injured his front tooth. On 03/24/2025 at 3:38 PM, Staff A, Health Service Director, documented on [redacted]/2025, a staff member was transporting R1 to bed in his wheelchair when R1's feet got caught under his wheelchair and fell forward. R1 hit his face on the floor and sustained an abrasion to his forehead and nosebleed. R1 was transported to the hospital and diagnosed with a [redacted].

In an interview on [redacted]/2025 at 12:23 PM, Staff C, Caregiver, said she had been trained to check to ensure the resident was safe, feet off the floor and fitted in the wheelchair when assisting residents with wheelchair mobility. Staff C stated she had assisted R1 with wheelchair mobility and was able to transport safely.

In an interview on 04/09/2025 at 10:31 AM, Staff B, Charge Nurse, stated R1 was in his wheelchair and staff members were assisting R1 to his room. Staff B said R1's feet got caught on the carpet and R1 fell out of his wheelchair. Staff B stated staff members had been trained in resident safety and wheelchair transport. Staff B said staff members who were assisting the residents were responsible for ensuring the residents fit in their wheelchair and feet were off the floor. Staff B stated she routinely observed staff members assist residents with mobility and wheelchair transport to ensure the residents were safe.

In an interview on 04/09/2025 at 4:06 PM, Staff D, Caregiver, said on [redacted]/2025 she observed R1 was in his wheelchair in the television room and Staff E, Caregiver, was assisting R1 by pushing the wheelchair to his room. Staff D stated she witnessed the resident's feet got caught under his wheelchair and R1 fell forward. Staff D said she had been trained in how to assist transport residents in wheelchairs. Staff D stated she would make sure the resident was safe to transport and feet off the floor.

In an interview on 04/10/2025 at 12:31 PM, Staff E said on [redacted]/2025 R1 was sleeping in his wheelchair and Staff D assisted the resident to his room by pushing R1's wheelchair. Staff E stated R1's feet got caught on the carpet and the resident fell forward. Staff E said she had been trained to check and ensure the resident fit in the wheelchair, feet off the floor and walk slowly to prevent falls.

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, HAMPTON SPECIAL CARE - TUMWATER 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