STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Mt Vernon Operations LLC
THE BRIDGE ASSISTED LIVING AT MOUNT VERNON
301 S Laventure Rd
Mount Vernon, WA 98274

RE: THE BRIDGE ASSISTED LIVING AT MOUNT VERNON License # 1826

Dear Administrator:

This letter addresses Compliance Determination(s) 79134 (Completion Date 06/17/2026) and 75406 (Completion Date 04/30/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/17/2026 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-2474-2-d, WAC 388-78A-2474-2-e, WAC 388-78A-2474-4, WAC 388-78A-2240, WAC 388-78A-2100-2-b-i, WAC 388-78A-2100-2-b-ii, WAC 388-78A-2100-2-b-iii, WAC 388-78A-2100-2-b, WAC 388-78A-2600-1-c, WAC 388-78A-2600-2, WAC 388-78A-2600-1, WAC 388-78A-2480-1, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-b, WAC 388-78A-2230-1-c-i, WAC 388-78A-2230-1-c-ii, WAC 388-78A-2230-1-c, WAC 388-78A-2290-4-d, WAC 388-78A-2290-4-c, WAC 388-78A-2290-4-b, WAC 388-78A-2290-4-a, WAC 388-78A-2290-4, WAC 388-78A-2290-3-e, WAC 388-78A-2290-3-d, WAC 388-78A-2290-3-c, WAC 388-78A-2290-3-b, WAC 388-78A-2290-3-a, WAC 388-78A-2290-3

The Department staff who did the on-site verification:
Karen Glover, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

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

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 the unannounced on-site full inspection on 04/06/2026 and 04/09/2026 of:

THE BRIDGE ASSISTED LIVING AT MOUNT VERNON
301 S Laventure Rd
Mount Vernon, WA 98274

The following sample was selected for review during the unannounced on-site visit: 7 of 39 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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

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.

Jamie Singer
Residential Care Services

5/7/2026
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.

Shannon Nicholson
Administrator (or Representative)

5/14/26
Date

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

(e) Continuing education.

(4) The assisted living facility must ensure all persons listed in subsection (2) of this section, obtain the home-care aide certification.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 4 of 6 staff (Staff B, C, E, and F) met the long-term care worker training requirements under Washington Administrative Code (WAC) 388-112A. These failures resulted in Staff B, C, E, and F not having the necessary training related to their job duties and expectations and placed 39 residents at risk of not receiving proper care and services from staff members.

Findings included ...

Cardiopulmonary Resuscitation (CPR) and First Aid Training

NOTE: WAC 388-112A-0720 What are the CPR and first-aid training requirements? (2) Assisted living facilities. (a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card

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or certificate within thirty days of their date of hire.

Record review showed the ALF hired Staff B (Medication Technician/Resident Care (MT/RC)) on 01/30/2026. Staff B's employee file showed no CPR and first aid card available for review.

Record review showed the ALF hired Staff F (MT/RC) on 02/12/2026. Staff F's employee file showed no CPR and first aid card available for review.

In an interview, on 04/09/2026 at 10:30 AM, Staff A (Executive Director) confirmed that Staff B and F did not have a valid CPR and first aid card.

Continuing Education (CE)

Record review of WAC 388-112A-0611(1)(a)(i)(ii)(iii) showed long-term care workers must complete 12 hours of continuing education (CE) by their birthday each year.

Record review showed the ALF hired Staff C (MT/RC) on 11/07/2023. Record review of the CE certificates showed they were obtained through, the ALF's own continuing education program.

Record review of the Department's Curriculum Tracking System database showed the program named Century Park was not approved by the Department.

There was no documentation that Staff C had completed any approved CEs in the time period between their birthday in 2024 and their birthday in 2025.

In an interview, 04/07/2026 at 3:50 PM, Staff A confirmed that their corporation used their own CE program and they are not approved by the State of Washington.

Home Care Aide (HCA) Certification

NOTE: WAC 388-112A-0105 Who is required to obtain HCA certification and by when? (1) All long-term care workers must obtain home care aide certification as provided in chapter 246-980 WAC. (2) The following individuals must obtain home care aide certification as follows: (c) Assisted living facility administrators or their designees, within 200 calendar days of the date of hire;

NOTE: WAC 388-112A-0060 showed long-term care workers without a health care provider credential must obtain HCA or nursing assistant certification within 200 days of

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their date of hire.

Record review showed the ALF hired Staff E (MT/RC) on 10/24/2024. Staff E's employee file had no documentation that they had obtained their HCA certification, 529 days after their date of hire.

Record review of the online provider credential search showed Staff E's Department of Health's credentials were pending.

In an interview, on 04/15/2026 at 2:50 PM, Staff A confirmed that Staff E did not have an HCA credential.

This deficiency for subsections (D) and (E) was previously cited on 01/31/2025.

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, THE BRIDGE ASSISTED LIVING AT MOUNT VERNON is or will be in compliance with this law and / or regulation on (Date) 6/4/2026 .

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

Shannon Nicholson — Administrator (or Representative)

5/14/26 — Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to obtain physician prescribed medications in a timely manner for 4 of 6 residents (Resident 3, 4, 5 and 7). This failure resulted in Residents 3, 4, 5 and 7 not receiving prescribed medications and placed them at risk for medical complications.

Findings included...

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Record review of the ALF's policy titled, "Medication Assistance Record" dated 11/13/2024, under section eighteen, the policy showed the Resident Care Director, Wellness Director, or designee ensures medication availability for each shift and manages refills with the pharmacy.

Resident 3

Record review of an undated Face Sheet showed Resident 3 was admitted to the ALF on [redacted]/2022 with multiple medical diagnoses.

Record review of an Assessment, dated 01/20/2026, showed Resident 3 required assistance with their medications and that Resident 3 would receive their medications as prescribed.

Record review of an Electronic Medication Administration Record (EMAR), dated 01/03/2026 through 01/22/2026 showed Resident 3 did not receive their cholecalciferol (used to prevent vitamin D deficiency) for 16 days, Simvastatin (lowers cholesterol) for seven days, and trazodone (medication to treat depression) for seven days. The EMAR showed staff documented the cholecalciferol, Simvastatin and trazodone were not available.

In an interview, on 04/09/2026 at 11:55 AM Staff G stated that because Resident 3's medication came from an outside pharmacy there was a delay.

Resident 4

Record review of an undated Face Sheet showed Resident 4 was admitted to the ALF on [redacted]/2026 with multiple medical diagnoses including [redacted].

Record review of an Assessment, dated 01/22/2026, showed Resident 4 required assistance with their medications and that Resident 4 would receive their medications as prescribed.

Record review of an EMAR dated 01/01/2026 through 02/05/2026 showed Resident 4 did not receive their urea oral packet (helps to reduce water retention without loss of electrolytes) for five days and amlodipine (treats high blood pressure) for seven days. The EMAR showed staff documented the urea oral packet and amlodipine were not available.

There was no documentation as to why the medications were not available nor was there any documentation of the steps the ALF was taking to obtain the medication.

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In an interview, on 04/09/2026 at 11:52 AM, Staff G (Registered Nurse) stated the ALF did not contact the pharmacy to follow up regarding the cholecalciferol, Simvastatin, trazodone, urea oral packet and amlodipine.

Resident 5

Record review of an undated Face Sheet showed Resident 5 was admitted to the ALF on [redacted]/2025 with multiple diagnoses.

Record review of Resident 5's Assessment, dated 12/23/2025, showed Resident 5 required assistance with medications by a qualified staff member.

Record review of an EMAR, dated 02/01/2026 to 02/28/2026 showed that Resident 5 did not receive their lamotrigine (a medication to treat depression) for four days. The MAR showed the staff documented the lamotrigine was not available.

Resident 7

Record review of an undated Face Sheet showed Resident 7 was admitted to the ALF on [redacted]/2019 with multiple medical diagnoses.

Record review of Resident 7's Assessment, dated 11/20/2025, showed Resident 7 required assistance with medications by a qualified staff member.

Record review of the EMAR, dated 03/01/2026 through 03/31/2026, showed that Resident 7 did not receive Calmoseptine ointment (ointment used to prevent skin breakdown) for three days.

In an interview, on 04/09/2026 at 11:50 AM, Staff G confirmed that Resident 3, 4, 5 and 7's medications were not available and that the ALF needed to work on this process so they can get medications on time.

This deficiency was previously cited on 01/31/2025.

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Shannon Nicholson
Administrator (or Representative)

5/14/26
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.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure they conducted on-going assessments with changes of condition for 5 of 7 residents (Resident 1, 2, 3, 5 and 7). This failure placed Residents 1, 2, 3, 5, and 7 at risk of not receiving necessary care and services.

Findings included...

Resident 1

Record review of a Face Sheet, dated 09/16/2025, showed Resident 1 admitted to the ALF on [redacted]/2024 with multiple medical diagnoses.

Record review of Progress Notes (PN), dated 01/05/2026 through 04/06/2026, showed Resident 1 was on alert charting for being on hospice.

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Record review of an Assessment, dated 10/23/2025, showed the ALF had not updated the Assessment to include that Resident 1 was receiving hospice services or the name and contact information for the hospice agency that was providing care to Resident 1.

Resident 2

Record review of a Face Sheet, dated 09/16/2025, showed Resident 2 admitted to the ALF on [redacted]2025 with multiple medical diagnoses.

Record review of PN's, dated 01/05/2026 through 04/06/2026, showed Resident 2 was on alert charting for being on hospice.

Record review of an Assessment, dated 09/10/2025, showed the ALF had not updated the Assessment to include that Resident 2 was receiving hospice services or the name and contact information for the hospice agency that was providing care to Resident 2.

Resident 3

Record review of a Face Sheet, dated 09/16/2025, showed Resident 3 admitted to the ALF on [redacted]/2022 with multiple medical diagnoses.

Record review of an Assessment, dated 01/20/2026, showed Resident 3 was independent with continence management and that Resident 3 did not have a catheter.

Observation and interview, on 04/08/2026 at 1:15 PM, showed Resident 3 had a urinary catheter (a flexible tube inserted into the bladder to drain urine) bag hanging from their wheelchair. Resident 3 stated they would make their own appointments to visit the urology clinic to have their catheter changed.

In an interview on 04/09/2026 at 1:45 PM Staff H (Wellness Director) stated that Resident 3 had their catheter for a month.

Record review showed the Assessment was not updated to include that Resident 1 had a catheter and how it was managed.

Resident 5

Record review of an undated Face Sheet showed Resident 5 was admitted to the ALF on [redacted]/2025 with multiple medical diagnoses.

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Record review of Assessment, dated 12/23/2025, showed Resident 5 was independent with mobility and transfers.

Record review of PN's, dated 02/05/2026, showed that Resident 5 returned to the ALF on [redacted]/2026 after hospitalization and rehabilitation. PN's dated 02/07/2026 and 03/11/2026 showed that Resident 5 had two falls after they had returned to the ALF.

In an interview, on 04/08/2026 at 11:20 AM, Staff A (Executive Director) confirmed that Resident 5 was independent with their walker before the hospital stay and now required full assistance in a wheelchair and stand-by assistance with transfers.

Record review of an NSA, dated 12/23/2025, showed Resident 5 was independent with their mobility and transfers and did not address the resident's current mobility status.

There was no Assessment completed that addressed Resident 5's current mobility status when they returned to the ALF.

Resident 7

Record review of an undated Face Sheet showed Resident 7 was admitted to the ALF on [redacted]/2019 with multiple medical diagnoses.

Record review of a PN dated 02/24/2026 showed Resident 7 had a femur fracture and had returned from the emergency room with a knee immobilizer and was placed on a non-weight bearing status.

Record review of Resident 7's latest Assessment dated 11/20/2025 showed they required assistance of two staff members for mobility, transfers and positioning. There was no change of condition assessment available for review that identified Resident 7's return from the ER with a change in their weight bearing status due to a femur fracture that required them to wear a knee immobilizer.

Record review of the NSA dated 11/20/2025 showed the NSA did not address the resident's current mobility status and the knee immobilizer.

In an interview, on 04/09/2026 at 11:25 AM, Staff G (Registered Nurse) stated that the ALF did not update and conduct on-going assessments and stated that they were doing assessments only every 6 months.

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Plan/Attestation Statement

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

Shannon Nicholson — Administrator (or Representative)

5/14/26 — Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(c) Safely operate the assisted living facility; and

(2) The assisted living facility must develop, implement, and train staff persons on policies and procedures to address what staff persons must do:

This requirement was not met as evidenced by:

Based on observation, record review and interviews, the Assisted Living Facility (ALF) failed to follow their policy that addressed shift change narcotic counts for 2 of 2 narcotic binders (1st floor binder and 2nd floor binder). This failure placed all residents who received narcotic medications at risk for possible medication errors.

Findings included...

Record review of the ALF's policy titled, "Narcotic Count and Documentation" dated 08/22/2022, showed narcotic counts were done at every shift change. If the count was correct, both Medication Technicians would sign the Narcotic Shift Count Sheet.

On 04/08/2026 at 2:20 PM, shift change narcotic count was observed with Staff D and E, and at the end of the count, only the on-coming staff, (Staff D) initialed the narcotic binder indicating the count was correct, Staff E did not.

In an interview, on 04/08/2026 at 2:40 PM, Staff E (Medication Technician/Resident Care) (MT/RC) stated that only the on-coming MT/RC initialed the narcotic binder. Staff E

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was not aware of the facilities policy to have both medication technicians sign to confirm narcotic counts in the binder.

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, THE BRIDGE ASSISTED LIVING AT MOUNT VERNON is or will be in compliance with this law and / or regulation on (Date) 6/4/2026 .

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

Shannon Nicholson — Administrator (or Representative)

5/14/26 — Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 6 staff (Staff B, C, and F) were screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of employment. This failure resulted in Staff B, C, and F not having been cleared of infection and placed 39 residents at risk of possible exposure to a communicable disease.

Findings included...

NOTE: Washington Administrative Code (WAC) 388-78A-2485 - Tuberculosis—Positive Test Result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must: (1) Ensure that the staff person has a chest X-ray within seven days; (2) Ensure each resident or staff person with a positive test result is evaluated for signs and symptoms of tuberculosis; and (3) Follow the recommendation of the resident or staff person's health care provider.

Record review showed the ALF hired Staff B, (Medication Technician/Resident Care (MT/RC)), on 01/30/2026. Staff B's employee file showed no record of TB screening, 66

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days after their date of hire. Records showed Staff B had a chest x-ray, dated 10/27/2023, that showed no active TB, but there were no records of a positive TB test that would require a chest x-ray and negate the requirement of TB screening.

Record review showed the ALF hired Staff C, MT/RC on 11/07/2023. Staff C's employee file showed they received one TB test on 11/22/2023, 15 days from their date of hire.

Record review showed the ALF hired Staff F, MT/RC on 02/12/2026. Staff F's employee file showed they completed one TB test on 03/20/2026, 46 days from their date of hire.

In an interview, on 04/06/2026 at 4:19 PM, Staff A (Executive Director) confirmed that Staff B, C, and F should have had their TB test done within three days of hire.

Plan/Attestation Statement

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Shannon Nicholson — Administrator (or Representative)

5/14/26 — Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(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 :

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

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This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 6 residents (Resident 1 and 3) received their medications as prescribed. This failure resulted in Resident 1 and 3 not receiving physician ordered medications and placed them at risk of health complications.

Findings included...

Resident 1

Record review of a Face Sheet, dated 09/16/2025, showed Resident 1 admitted to the ALF on [redacted]/2024 with multiple medical diagnoses including [redacted].

Record review of an Assessment, dated 10/23/2025, showed Resident 1 required assistance from qualified staff to administer medications per physician orders.

Record review of an Electronic Medication Assistance Record (EMAR), dated 02/01/2026 through 03/31/2026, showed Resident 1 had physician's orders for ipratropium-albuterol inhalation solution (a medication used to treat airway obstruction when a person had wheezing and breathing difficulties) once per day.

Record review of an EMAR, dated 02/01/2026 through 03/01/2026, showed no documentation the albuterol inhalation solution was given on 02/08/2026, 02/14/2026, 02/16/2026, 02/23/2026, 02/26/2026, 03/08/2026 and 03/14/2026.

Record review of an EMAR, dated 03/01/2026 through 03/31/2026, showed Resident 1 had physician's orders for bio-freeze cool gel (a medication applied to the skin to deliver a cooling sensation that would help block pain signals before they reach the brain).

Record review of an EMAR, dated 03/01/2026 through 03/31/2026, showed no documentation if the bio-freeze gel was given on 03/08/2026 and 03/14/2028.

Resident 3

Record review of a Face Sheet, dated 09/16/2025, showed Resident 3 admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted].

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Record review of an Assessment dated, 01/20/2026, showed Resident 3 required assistance from qualified staff to administer medications per physician orders.

Record review of an EMAR dated, 01/01/2026 through 03/31/2026, showed Resident 3 had a physician's order for carbidopa-levodopa (a medication used to treat Parkinson's disease, a progressive disorder that affects movement) five times per day. Entacapone (a medication used to treat symptoms of Parkinson's disease such as stiffness, tremors, muscle spasms and poor muscle control) five times per day and sulfamethoxazole-trimethoprim (an antibiotic used to treat urinary tract infections) twice per day for seven days from 03/03/2026 through 03/09/2026.

Record review of an EMAR, dated 01/01/2026 through 03/31/2026, showed no documentation if the 6:00 AM carbidopa-levodopa was given on 01/02/2026 or the 5:00 AM dose on 02/08/2026. There was no documentation if the 5:00 AM entacapone was given on 01/02/2026 or 02/08/2026. There was no documentation if the sulfamethoxazole-trimethoprim was given on 03/03/2026 PM dose, 03/04/2026 AM and PM dose, 03/05/2026 AM and PM dose, 03/06/2026 AM and PM dose, 03/07/2026 AM and PM dose, 03/08/2026 AM and PM dose and 03/09/2026 AM dose. EMAR showed the sulfamethoxazole-trimethoprim was only given twice in the seven-day course.

In an interview, on 04/09/2026 at 11:52 AM, Staff G (Registered Nurse) confirmed that the EMAR would have documentation to show when medications were given.

In an interview, on 04/09/2026 at 1:02 PM, Staff H (Wellness Director) stated that a blank spot on the EMAR showed a medication may not have been given. Staff H could not confirm if Resident 1 and 3 received their medications as ordered.

Plan/Attestation Statement

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Shannon Nicholson — Administrator (or Representative)

5/14/26 — Date

WAC 388-78A-2230 Medication refusal.

(1) When a resident who is receiving medication assistance or medication

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administration services from the assisted living facility chooses to not take his or her medications, the assisted living facility must:

(c) Notify the physician of the refusal and follow any instructions provided, unless there is a staff person available who, acting within his or her scope of practice, is able to evaluate the significance of the resident not getting his or her medication, and such staff person;

(i) Conducts an evaluation; and

(ii) Takes the appropriate action, including notifying the prescriber or primary care practitioner when there is a consistent pattern of the resident choosing to not take his or her medications.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to evaluate any outcome or notify the resident's physician for 2 of 7 residents (Residents 1 and 3) when they refused their medication. This failure placed Resident 1 and 3 at risk of complications related to not receiving physician's ordered medications.

Findings included...

Resident 1

Record review of a Face Sheet, dated 09/16/2025, showed Resident 1 admitted to the ALF on [redacted]/2024 with multiple medical diagnoses including [redacted].

Record review of an Assessment, dated 10/23/2025, showed Resident 1 required assistance from qualified staff to administer medications per physician orders.

Record review of the Electronic Medication Administration Record (EMAR), dated 01/01/2026 through 02/28/2026, showed Resident 1 had physician's orders for ipratropium-albuterol inhalation solution (a medication used to treat airway obstruction when a person had wheezing and breathing difficulties) once per day; and ipratropium bromide nasal solution (used to treat chronic pulmonary disease or runny nose) twice per day.

Record review of the EMAR, dated 01/01/2026 through 02/28/2026, showed the albuterol inhalation was not given for 10 doses and the nasal solution was not given for seventy-three doses because the resident declined the medication.

Record review of Resident 1's Progress Notes, dated 01/05/2026 through 02/28/2026,

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did not have any documentation regarding Resident 1 refusing their medications.

There was no documentation that the ALF's nurse evaluated for any outcome associated with Resident 1 refusing their inhaler or nasal spray, nor was there documentation that the physician was notified of the medication refusals.

Resident 3

Record review of a Face Sheet dated 09/16/2025, showed Resident 3 admitted to the ALF on [redacted]/2022 with multiple medical diagnoses including [redacted].

Record review of an Assessment, dated 01/20/2026, showed Resident 3 required assistance from qualified staff to administer medications per physician orders.

Record review of the EMAR, dated 01/05/2026 through 01/31/2026, showed Resident 3 had physician orders for carbidopa-levodopa (a medication used to treat Parkinson's disease, a progressive neurodegenerative disorder that affects movement) five times per day.

Record review of the EMAR, dated 01/05/2026 through 01/18/2026, showed resident 3 refused their 6:00 AM dose fourteen times.

There was no documentation that the ALF's nurse evaluated for any outcome associated with Resident 3 refusing their carbidopa-levodopa, nor was there documentation that the physician was notified of the medication refusals.

In an interview, on 04/09/2026 at 11:50 AM, Staff G (Registered Nurse) stated that they had nothing to do with resident medications.

In an interview, on 04/09/2026 at 12:55 PM, Staff H (Wellness Director) stated that they had recently started tracking medication refusals and confirmed that there was no evaluations done by ALF nursing staff or physician notification of Resident 1 and 3's refusals of medications.

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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, THE BRIDGE ASSISTED LIVING AT MOUNT VERNON is or will be in compliance with this law and / or regulation on (Date) 6/4/2026 .

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

Shannon Nicholson 5/14/26

Administrator (or Representative) Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

This requirement was not met as evidenced by:

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

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that an alternate plan that included the name and contact information of the family member who was providing the assistance was written and signed when 1 of 1 resident (Resident 2) received family assistance with medications. This failure placed Resident 2 at risk for compromised health conditions if their family member was unavailable to assist.

Findings included...

Record review of a Face Sheet, dated 09/16/2025, showed Resident 2 admitted to the ALF on [redacted]/2025 with multiple medical diagnoses.

Record review of an Assessment, dated 09/10/2025, showed Resident 2 self-administered their medications and no assistance was required. The Assessment did not indicate if family was assisting with medications.

Record review of a Service Plan Report (equivalent to a Negotiated Service Agreement) dated 09/11/2025, showed Resident 2's son would manage their medications.

Record review showed there was no written plan that detailed which of Resident 2's family members by name were responsible for obtaining the medications, which medications would be provided by the family member, an alternate plan if the family member was unable to fulfill their duties, and an emergency contact person with a telephone number if the ALF observed any changes in the resident that may relate to the medication plan, and no signed documents that indicated the family or the ALF was in agreement with this plan.

In an interview, on 04/09/2026 at 12:25 PM, Staff G (Registered Nurse) stated that Resident 2 did not have a family medication assistance plan in place.

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Shannon Nicholson 5/14/26

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