STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

HOUSING AUTHORITY OF THE CITY OF BREMERTON
BAY VISTA COMMONS ASSISTED LIVING COMMUNITY
191 Russell Road
Bremerton, WA 98312

RE: BAY VISTA COMMONS ASSISTED LIVING COMMUNITY License # 1983

Dear Administrator:

This letter addresses Compliance Determination(s) 77635 (Completion Date 05/19/2026) and 74340 (Completion Date 03/23/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/19/2026 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-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2474-2-c

The Department staff who did the on-site verification:
Alena Gimlin, Assisted Living Licensor
Cory Myers, NCI ALF Licensor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
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

PO Box 99250, Lakewood, WA 98496

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 and complaint investigation on 03/16/2026 and 03/18/2026 of:
BAY VISTA COMMONS ASSISTED LIVING COMMUNITY
191 Russell Road
Bremerton, WA 98312

This document references the following complaint numbers: 213977.

The following sample was selected for review during the unannounced on-site visit: 7 of 57 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alena Gimlin, Assisted Living Licensor
Cory Myers, NCI ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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.

Laurie Anderson
Residential Care Services

03/26/2026
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.

Jamie Passeno
Administrator (or Representative)

04/01/2026
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 :

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and implement a safe medication system to ensure 8 of 9 sampled residents (Resident 1, Resident 2, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, and Resident 9) received medications as prescribed. These failures placed residents at risk for harm and a potential decline in their health.

Findings included...

RESIDENT 1
Review of facility document titled "Resident Service Plan", dated 03/09/2026, showed the facility provided delegated medication administration to Resident 1.

Review of Resident 1's February 2026 Medication Administration Records (MAR) showed Resident 1 was prescribed Clonazepam (medication used for bipolar disorder, anxiety, and agitation), Rosuvastatin Calcium (medication used to treat high cholesterol), Tamsulosin Hydrochloric Acid, (medication used to treat symptoms of Benign Prostatic Hyperplasia, noncancerous enlargement of the prostate gland), Docusate Sodium

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.

Laurie Anderson
Residential Care Services

03/26/2026
Date

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Administrator (or Representative)

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(medication used as a stool softener for treatment of hard stool), Olanzapine (medication used to treat symptoms of schizophrenia), Senna (medication used to treat constipation), Melatonin (medication used to treat insomnia), Tolterodine Tartrate ER (medication used to treat overactive bladder), and Oxycodone (medication used to treat moderate to severe pain). There was no documentation that showed Resident 1 received all their medications on 02/12/2026 at 8:00 PM. There was no documentation that showed Resident 1 received Melatonin on 02/16/2026 at 8:00 PM.

RESIDENT 2
Review of facility document titled "Resident Service Plan", dated 03/13/2026, showed delegated staff provided medication administration to Resident 2.

Review of Resident 2's December 2025 MAR showed Resident 2 was prescribed Ipratropium Bromide nasal spray (medication used for mucus secretions in the nose), Primidone (medication used to treat seizures) and Cyclobenzaprine HCL (medication used to treat muscle spasms). There was no documentation that showed Resident 2 received their nasal spray medication on 12/31/2025 at 2:00 PM. There was no documentation that showed Resident 2 received their Primidone and Cyclobenzaprine HCL on 12/31/2025at 2:00 PM.

Review of Resident 2's January 2026 MAR showed Resident 2 was prescribed Diclofenac Sodium (medication used to treat pain and inflammation) and Lidocaine 5% patch (medication used to treat localized nerve pain). There was no documentation that showed Resident 2 received their topical medication and pain patch on 01/18/2026 at 8:00 PM.

Review of Resident 2's February 2026 MAR showed Resident 2 was prescribed Diclofenac Sodium. There was no documentation that showed Resident 2 received their topical medication on 02/02/2026 and 02/16/2026 at 8:00 PM.

RESIDENT 4
Review of Resident 4's January 2026 MAR showed an order for Mounjaro (medication used to treat diabetes) injected once per week. There was no documentation that showed Resident 4 received their medication. The MAR showed documentation that facility staff were waiting for the pharmacy to deliver the medication. There was no documentation that showed the facility staff followed up with the pharmacy when the refill was not received.

RESIDENT 5
Review of Resident 5's January 2026 and February 2026 MARs showed an order for Hydralazine (medication used to treat hypertension) given every eight hours. There was no documentation that showed Resident 5 received the medication on 01/04/2026 at 2:00 PM. There was no documentation that showed Resident 5 received the medication on 02/13/2026 at 2:00 PM.

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Review Resident 5's March 2026 MAR showed an order for Amlodipine Besylate (medication used to treat hypertension), Aspirin (medication used for cardiac health), Atorvastatin Calcium (medication used to treat Hyperlipidemia), Potassium Chloride (medication used to treat hypokalemia), Furosemide (medication used to treat kidney disease), Duloxetine (medication used to treat depression), Loratadine (medication used to treat allergies), Dapagliflozin (medication used to treat chronic kidney disease), and Losartan Potassium (medication used to treat hypertension). There was no documentation that showed Resident 5 received these medications on 03/14/2026 at 8:00 AM.

RESIDENT 6
Review of Resident 6's January 2026 MAR showed an order for Elmiron (medication used to treat bladder pain) given three times a day and Oxycodone (medication used to treat pain) given three times a day. There was no documentation that showed Resident 6 received the Elmiron medication on 01/04/2026 at 2:00 PM, 01/13/2026 at 2:00 PM, and 01/27/2026 at 2:00 PM. There was documentation on 01/12/2026 that showed the medication was unavailable and Resident 6 did not receive it. There was no documentation that showed Resident 6 received the Oxycodone medication on 01/04/2026 at 2:00 PM.

Review of Resident 6's February 2026 MAR showed an order for Elmiron given three times a day. Staff documented that the medication was unavailable 25 times and Resident 6 did not receive it.
- The MAR showed the medication was not given for the 8:00 AM dose on 02/18/2026, 02/19/2026, 02/20/2026, 02/22/2026, 02/25/2026, 02/26/2026, and 02/27/2026.
- The MAR showed the medication was not given for the 2:00 PM dose on 02/16/2026, 02/17/2026, 02/19/2026, 02/20/2026, 02/22/2026, 02/23/2026, 02/24/2026, 02/25/2026, 02/26/2026, 02/27/2026 and 02/28/2026.
- The MAR showed the medication was not given for the 8:00 PM dose on 02/16/2026, 02/17/2026, 02/18/2026, 02/22/2026, 02/23/2026, 02/26/2026, and 02/27/2026.

There was no documentation that showed why the medication was not given.

RESDIENT 7
Review of Resident 7's February 2026 MAR showed an order for Donepezil (medication used to treat memory loss) given daily. There was no documentation that showed Resident 7 received the medication on 02/15/2026 and 02/21/2026 at 7:45 AM.

RESIDENT 8
Review of Resident 8's February 2026 MAR showed an order for Famotidine (medication used to treat heart burn) given twice daily. There was documentation that showed on 02/06/2026 at 8:00 PM, 02/07/2026 at 8:00 PM, 02/08/2026 at 9:00 AM and 02/08/2026 at 8:00 PM, the medication was unavailable and Resident 7 did not receive the medication.

During an interview on 03/18/2026 at 10:15 AM, Resident 8 reported that the facility

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runs out of their medications on the weekends. Resident 8 stated that they must wait until the following Monday to get their medication.

RESIDENT 9
Review of Resident 9's March 2026 MAR showed an order for Furosemide (medication used to treat edema and blood pressure) given every morning. There was no documentation that showed Resident 9 received the medication on 03/04/2026.

During an interview on 03/18/2026 at 10:20 AM, Resident 9 reported that there were times they missed their medications.

During an interview on 03/18/2026 at 11:15 PM, Staff B, Nursing Services Director, acknowledged that there were holes in the residents' MAR's where staff failed to document that medications were given. Staff B acknowledged that there were times that residents' medications were unavailable when the medications were not delivered by the pharmacy.

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, BAY VISTA COMMONS ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 05/06/2026.

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

Jamie Payseno
Administrator (or Representative)

04/01/2026
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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 8 sampled staff (Staff D) met all the training requirements for long-term care workers. This failure placed all residents at risk of harm and receiving care from untrained staff

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runs out of their medications on the weekends. Resident 8 stated that they must wait until the following Monday to get their medication.

RESIDENT 9
Review of Resident 9's March 2026 MAR showed an order for Furosemide (medication used to treat edema and blood pressure) given every morning. There was no documentation that showed Resident 9 received the medication on 03/04/2026.

During an interview on 03/18/2026 at 10:20 AM, Resident 9 reported that there were times they missed their medications.

During an interview on 03/18/2026 at 11:15 PM, Staff B, Nursing Services Director, acknowledged that there were holes in the residents' MAR's where staff failed to document that medications were given. Staff B acknowledged that there were times that residents' medications were unavailable when the medications were not delivered by the pharmacy.

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_____ _____
Administrator (or Representative) Date

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(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 sampled staff (Staff D) met all the training requirements for long-term care workers. This failure placed all residents at risk of harm and receiving care from untrained staff.

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Findings included...

SPECIALTY TRAINING FOR DEMENTIA and MENTAL HEALTH
Review of the facility's personnel files showed the facility hired Staff C, Caregiver, on 10/10/2025. Review of the facility personnel files showed no documentation that Staff C completed specialty training for dementia and mental health within 120 days of hire, as required.

During an interview on 03/16/2026 at 2:00 PM, Staff A, Administrator, acknowledged that Staff C did not complete the required trainings.

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, BAY VISTA COMMONS ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 05/06/2026 .

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

Jamie Payseno
Administrator (or Representative)

04/01/2026
Date

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Review of the facility's personnel files showed the facility hired Staff C, Caregiver, on 10/10/2025. Review of the facility personnel files showed no documentation that Staff C completed specialty training for dementia and mental health within 120 days of hire, as required.

During an interview on 03/16/2026 at 2:00 PM, Staff A, Administrator, acknowledged that Staff C did not complete the required trainings.

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, BAY VISTA COMMONS ASSISTED LIVING COMMUNITY 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.

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Administrator (or Representative) Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

03/26/2026

HOUSING AUTHORITY OF THE CITY OF BREMERTON
BAY VISTA COMMONS ASSISTED LIVING COMMUNITY
191 Russell Road
Bremerton, WA 98312

RE: BAY VISTA COMMONS ASSISTED LIVING COMMUNITY # 1983

Dear Administrator:

This document references the following complaint numbers 213977.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 03/23/2026 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;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services

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Region 3, Unit D
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (03/23/2026), no later than 05/07/2026 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-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

The facility failed to ensure all pets that lived in the facility received regular examinations and immunizations appropriate for the species. This deficiency was corrected prior to completion of the inspection.

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 You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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If You Have Any Questions:

- Please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

Enclosure

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