STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Bremerton SCC LLC
The Arbor at Bremerton
3510 9th Street
Bremerton, WA 98312

RE: The Arbor at Bremerton License # 2619

Dear Administrator:

This letter addresses Compliance Determination(s) 54230 (Completion Date 02/06/2025) and 50019 (Completion Date 12/04/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/06/2025 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

The Department staff who did the on-site verification:
Nikolas Jennings, Community Nurse Complaint Investigator

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

Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: The Arbor at Bremerton
Provider Type: Assisted Living Facility

License/Cert.#: 2619
Intake ID: 154180
Compliance Determination #: 50019
Region/Unit #: RCS Region 3 / Unit D
Investigator: Nikolas Jennings
Investigation Date(s): 11/08/2024 through 12/04/2024
Complainant Contact Date(s):

Allegation(s):

1) Quality of care/neglect- Residents not receiving hygiene care.
2) Dietary Services- Residents being given the wrong texture of foods.
3) Quality of care/treatment- Call bell system not working.
4) Nursing services- Medications crushed and hidden in food from residents.
5) Abuse- Consensual sexual conduct between a staff member and a resident.

Investigation Methods:

Sample:	Total residents: 42 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Dining Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Resident Care Coordinator Executive Director
Record Reviews:	Medical records Facility policies Staff training records Diet Orders Negotiated Service Agreements Medication Administration records Point of Care documentation

Investigation Summary:

1) Quality of care/neglect- Residents not receiving hygiene care. Reviewed POC documentation, all residents changed every 2-4 hours. No residents observed in

soiled clothing. Based on interview, record review and observation there was insufficient evidence to support failed practice. No failed practice identified.

2) Dietary Services- Residents being given the wrong texture of foods. Diet orders observed placed in serving area with clearly denoted diet restrictions. Resident observed in dining area eating meal that was inappropriate for their dietary needs. Failed practice identified.

3) Quality of care/treatment- Call bell system not working. Call bells tested in resident rooms and staff were unaware that call bells had been pressed. Facility management aware of issues with the call light system and had already purchased additional pagers to ensure that staff were notified of call lights being pressed. Consultation issued.

4) Nursing services- Medications crushed and hidden in food from residents. Interviewees stated that they did not crush and hide medications. Management staff stated that practice was not appropriate and that residents would be notified of any medications given. No observations of med techs crushing medications to hide them. Based on interview, record review and observation there was insufficient evidence to support failed practice. No failed practice identified.

5) Abuse- Consensual sexual conduct between a staff member and a resident. Investigation completed by facility with no findings. Based on interview and record review there was insufficient evidence to support failed practice. No failed practice identified.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2619	Compliance Determination # 50019
Plan of Correction	The Arbor at Bremerton	Completion Date
Page 1 of 3	Licensee: Bremerton SCC LLC	12/04/2024

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 11/08/2024 and 11/08/2024 of:

The Arbor at Bremerton
3510 9th Street
Bremerton, WA 98312

This document references the following complaint number(s): 154180, 155015

The following sample was selected for review during the unannounced on-site visit: 3 of 42 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nikolas Jennings, Community Nurse Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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-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 interviews, observation and records review the facility failed to ensure 1 of 3 sampled residents (Resident 1 [R1]) was provided the correct dietary texture. This failure resulted in the risk of dietary complications including weight loss and potential aspiration.

Findings included…

Record review of the Negotiated Service Agreement (NSA), undated, for R1 showed that R1 required the dietary texture of finger foods with an intervention revision date of 08/07/2024.

On 11/08/2024 at 12:34PM R1 observed eating corn and a ground beef on their plate with a spoon by themselves while staff members were in the area and not assisting them.

On 11/08/2024 at 1:16PM observation of the serving area noted a paper on the wall labeled “Diet type report” with R1’s name highlighted along with the diet texture of “finger foods.”

On 11/08/2024 at 12:55PM in an interview with Staff A, Medication Technician, Staff A stated, “It’s harder if the kitchen isn’t meeting our dietary needs which happens frequently. R1 is on finger foods and often finger foods is not an option that are provided from the kitchen.”

On 11/08/2024 at 2:17PM in an interview with Staff B, Executive Director, stated that the kitchen, care staff, and server should all check to ensure that the resident is getting the correct foods.

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 Arbor at Bremerton 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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

12/05/2024

Bremerton SCC LLC
The Arbor at Bremerton
3510 9th Street
Bremerton, WA 98312

RE: The Arbor at Bremerton # 2619

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 12/04/2024 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';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Manfay Chan, Field Manager
Residential Care Services

Region 3, Unit D
PO Box 99250
Lakewood, WA 98496

• 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-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(i) Bathrooms and toilet rooms;

(ii) Resident living rooms and resident sleeping rooms; and

(iii) Corridors, as well as common and outdoor areas accessible to residents.

Facility call bell system was not adequately notifying on duty staff of when a call light was being used. Facility management was already aware of the issue and had already purchased additional pagers from their vendor to ensure that staff had pagers available along with the management staff. Receipt was provided for pagers purchased. This deficiency was corrected on-site at the time of visit. Consultation provided.

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:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration

Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

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

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Enclosure