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) 59749 (Completion Date 06/11/2025) and 55949 (Completion Date 03/31/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/11/2025 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-2481-1

The Department staff who did the on-site verification:
Michael Goulet, 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: 168478
Compliance Determination #: 55949
Region/Unit #: RCS Region 3 / Unit D
Investigator: Michael Goulet
Investigation Date(s): 03/06/2025 through 03/31/2025
Complainant Contact Date(s): 03/03/2025, 04/01/2025

Allegation(s):

1) Staff TB (Tuberculosis) tests forged
2) Misappropriation of Medicaid funded supplies
3) Uncertified staff (no details provided, no staff named)
4) Health code violations (no details provided)
5) HIPAA (Health Insurance Portability and Accountability Act) violations (no details provided)
6) Neglect (no details provided)
7) Threats from administration (not named) for 'speaking about issues at the facility' (no details provided)
8) Executive Director (ED) stealing money from facility food budget
9) Resident (named) lost 45 pounds because staff do not "giver her the opportunity to eat"
10) Resident (named) died due to facility staff ignoring signs of intra-abdominal bleeding and did not seek treatment
11) Executive director passing medications without credential
12) Discontinued medications left in medication cart, or thrown in trash
Added 3/11/25:
13) Resident (named) not getting breathing treatment as ordered
14) Facility Executive Director (ED) made allegations that Hospice nurse's (not affiliated with facility) husband sexually assaulted the ED as a teenager (more than twenty years prior), and that this allegation "ruined her (hospice nurse's) life".

Investigation Methods:

Sample:	Total residents: Resident sample size: 16 Closed records sample size:
Observations:	General environment Resident Condition Residents in their rooms Availability of food, supplies, utilities, etc. Food preparation and service areas
Interviews:	Residents Staff

Record Reviews: Staff TB test records
Staff certifications/ credentials
Pest control invoice

Investigation Summary:
168478

1) Per record review of staff TB (Tuberculosis) skin test records, multiple (7) staff were noted to have either no record of their test results being read, or of the test results being read too soon (as per CDC- Centers for Disease Control and Prevention) protocol, TB test results are to be read between 48 and 72 hours after test administration). This issue was cited as per WAC 388-78A-2481 (1) Testing Method Required

2) Per complainant, this allegation was related to the facility Executive Director (ED) giving the complainant a nebulizer which the complainant stated was purchased for a resident (not named) using Medicaid funds. No proof was provided to substantiate that the nebulizer had belonged to a resident, or that it had been purchased using funds (state or federal) allocated for that resident's care. Unable to substantiate this allegation.

3) Per complainant, this allegation was regarding the facility ED, who was stated as not being qualified per state regulations to hold the position of executive director at an assisted living facility. The complainant also alleged that one facility med tech (named) was not able to renew their certification due to criminal charges of abuse against a minor. Per record review of staff qualification documentation, there was no indication that the facility ED was not qualified to hold their position. Per record review of the named med tech's certification (Nursing Assistant, Registered) via the state Department of Health website, the med tech's certification was noted to be 'active', with no enforcement action against the med tech noted.

4) Per complainant interview, this allegation was related to rodents being in the facility kitchen and food service areas. Per observation of all food preparation, storage and service areas, during this investigation and during prior recent investigations, there was no indication of the presence of rodents or other pests. Per record review of routine pest control inspection invoice, there were no issues noted regarding rodents or other pests in the facility. Per interviews, staff stated there had been no rodents in the facility. No information available served to support the veracity of this allegation.

5) Per interview with complainant, this allegation was regarding facility staff allegedly sending pictures of resident's pressure ulcers to facility nursing staff for review. There is no evidence to support that this actually happened, as there have been no known reports of pressure ulcers for facility residents, but communication between facility staff for the purpose of providing appropriate care would not constitute a violation of HIPAA statutes.

6) Per observation and/or interviews with multiple residents (16), and per numerous recent visits to the facility, there have been no indications of lack of appropriate care, much less of intentional neglect. The complainant did not provide any further details supporting this allegation during several interviews. No information available served to substantiate this allegation.

7) Per complainant, this allegation stemmed from a former staff member who was terminated for "divulging (resident) information". The complainant stated this

charge was fabricated by the ED, but then stated they did not know if the charge was factual or not. No information available served to support retaliation against facility staff.

8) Per complainant, this allegation was related to the facility ED being reimbursed for purchases made to supplement resident supplies and food items purchased by the ED, and not in relation to actual theft of funds. Per observation of food storage and resident supply (briefs, wipes) storage, and per observation of food preparation, there was no indication of any lack of food or supplies for residents. The complainant stated that the facility's parent company operations manager had investigated financial fraud on the part of the ED, but as the operations manager was out on extended maternity leave, they were not able to be contacted to confirm or deny this allegation. Unable to substantiate allegation.

9) Per interview and observation of the named resident, and per prior interactions with this resident, there was no indication of any drastic weight loss. The resident was observed to be at normal weight, and per interview stated they have had no issues with food or care provided at the facility.

10) Per staff interview, and per record review of the named resident's progress notes, there was no indication of any unattended abdominal or gastrointestinal issues. The resident was noted to have experienced a fall leading to femur fracture, and after hospitalization the resident's family decided to decline surgical repair of the resident's femur and elected to have the resident placed on comfort measures/ hospice care only. No information available served to support the veracity of this allegation.

11) Per record review of all resident medication administration records (72) for two months (January/ February 2025), there was no instance noted of the facility ED administering medications. No other information served to support this allegation.

12) Per observation, no expired medications found in facility medication cart. Record review of Medication Destruction Forms supported that licensed nursing staff do oversee appropriate disposal of expired or unneeded (discharged or deceased residents) medications.

13) Per record review of the named resident's medication administration record, the resident is receiving ordered breathing treatments administered by staff twice daily. No information available served to support the veracity of this allegation.

14) It is unclear why this allegation was made, as it has nothing to do with the facility, involves people (hospice nurse and their spouse) who have no association with the facility, and regards an allegation outside the purview of the department and which allegedly occurred approximately twenty (or more) years ago.

Conclusion / Action:

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

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PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2619	Compliance Determination # 55949
Plan of Correction	The Arbor at Bremerton	Completion Date
Page 1 of 3	Licensee: Bremerton SCC LLC	03/31/2025

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 03/06/2025 of:

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

This document references the following complaint number(s): 168478, 168830

The following sample was selected for review during the unannounced on-site visit: 16 of 0 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michael Goulet, 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-2481 Tuberculosis Testing method Required. The assisted living facility must ensure that all tuberculosis testing is done through either:

(1) Intradermal (Mantoux) administration with test results read:

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 7 of 16 Staff (Staff B, C, F, J, K, O and P) had the results of their TB (tuberculosis, a communicable disease) tests recorded appropriately to ensure compliance with testing requirements. This failure placed 36 of 36 facility residents at risk of harm related to potential transmission of disease (TB).

During record review on 03/07/2025 at 3:05pm of Staff B's TB testing records, it was noted that there was no indication of the results of the TB test for Staff B, Caregiver, being read/observed as required.

During record review on 03/07/2025 at 3:05pm of Staff C's TB testing records, it was noted that there was no indication of the results of the TB test for Staff C, Caregiver, being read/observed as required.

During record review on 03/07/2025 at 3:05pm of Staff F's TB testing records, it was noted that there was no indication of the results of the TB test for Staff F, Caregiver, being read/observed as required.

During record review on 03/07/2025 at 3:05pm of Staff J's TB testing records, it was noted that there was no indication of the results of the TB test for Staff J, Caregiver, being read/observed as required.

During record review on 03/07/2025 at 3:05pm of Staff K's TB testing records, it was noted that there was no indication of the results of the TB test for Staff K, Caregiver, being read/observed as required.

During record review on 03/07/2025 at 3:05pm of Staff O's TB testing records, it was noted that there was no indication of the results of the TB test for Staff O, Caregiver, being read/observed as required.

During record review on 03/07/2025 at 3:05pm of Staff P's TB testing records, it was noted that the results of two TB tests for Staff P were noted as being read/observed sooner than the required timeline (less than 48 hours and no more than 72 hours after the test was administered), with on test noted as being read/observed 25 hours after administration, and the second test noted as being read 45 hours after administration.

During an interview at 9:50am on 03/31/2025, Staff A, Executive Director, stated that there were no records of TB testing results for facility staff other than those which had been provided by the facility, supporting that test results for the above listed staff had not been read/observed as required.

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