STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 79045 (Completion Date 06/16/2026) and 75051 (Completion Date 04/15/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/16/2026 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-2661-3

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,

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.

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2619
Intake ID: 218105
Compliance Determination #: 75051
Region/Unit #: RCS Region 3 / Unit D
Investigator: Nikolas Jennings
Investigation Date(s): 03/30/2026 through 04/15/2026
Complainant Contact Date(s):

Allegation(s):

1) Financial exploitation- facility failed to notify Home and Community Services (HCS) when a [redacted] resident went to the hospital.
2) Personnel- Incompetent personnel.

Investigation Methods:

Sample:	Total residents: 40 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Dining Activities Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Family members
Record Reviews:	Medical records Hospital records Incident investigation

Investigation Summary:

1) Financial exploitation- facility failed to notify HCS when a [redacted] resident went to the hospital. Interview showed that facility did not always notify HCS staff within three days when a resident went to the hospital. Record review showed that in multiple cases facility failed to notify HCS within three days. Failed practice identified. Citation issued.
2) Personnel- Incompetent personnel. Interview showed that staff were aware of the requirement for HCS notification and there were occasional problems with that procedure. Record review showed that HCS notification did not happen as required.

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Failed practice identified. Citation issued.

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 # 75051
Plan of Correction	The Arbor at Bremerton	Completion Date
Page 1 of 3	Licensee: Bremerton SCC LLC	04/15/2026

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 03/30/2026 of:

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

This document references the following complaint number(s): 216689, 217283, 218105

The following sample was selected for review during the unannounced on-site visit: 4 of 40 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nikolas Jennings, Community Nurse Complaint Investigator

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

04/20/2026
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.

Administrator (or Representative)

4/22/2026
Date

WAC 388-78A-2661 Resident rights Transfer and discharge notice Residents with medicaid as a payor. For residents with medicaid as a payor, in addition to the requirements in WAC 388-78A-2660 , the assisted living facility must do the following when issuing a written notice of transfer or discharge:

(3) Within three calendar days of issuing the notice, provide a copy of the notice to the resident's assigned department case manager;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to properly notify the payor for 3 of 4 sampled residents (Resident 1, Resident 2, and Resident 3) when the residents were discharged. This failure placed the residents at risk for potential financial exploitation.

Findings included...

In an interview on 03/30/2026 at 3:36 PM, Staff A, Business Office Manager, stated that when a resident was discharged from the facility, a notice of change form was sent to Home and Community Services (HCS).

Review of Resident 1's (R1) records showed a "Notice of Change" form, signed 03/12/2026. The form showed the effective date for the notice was 01/29/2026 with a return date of 02/02/2026. Review of an email correspondence of this notice of change form showed the facility sent the form to HCS on 03/16/2026, 46 days after the effective date.

Review of Resident 2's (R2) records showed a "Notice of Change" form, signed

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12/16/2025. The form showed the effective date for the notice was 12/15/2025 and a return date of 12/19/2025. Review of an email correspondence of this notice of change form showed the facility sent the form to HCS on 12/22/2025, six days after the effective date.

Review of Resident 3's (R3) records showed a "Notice of Change" form, signed 03/12/2026. The form showed the effective date for the notice was 03/07/2026 and a return date of 03/09/2026. Review of an email correspondence of this notice of change form showed the facility sent the form to HCS on 03/16/2025, nine days after the effective date.

In an interview on 03/30/2026 at 3:36 PM, Staff A stated that sometimes the ball was dropped which resulted in the notice being sent late. Staff A stated that it happened to one or two residents that they were aware of.

In an interview on 04/15/2026 at 11:22 AM, Staff B, Executive Director, stated that the facility's protocol to notify HCS within three days of a resident's discharge was not followed.

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) 5/30/26.

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

Administrator (or Representative) — Date 4/22/2026

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