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

Cypress Gardens ALC LLC
Arbor Assisted Living
3500 9TH ST
BREMERTON, WA 98312

RE: Arbor Assisted Living License # 2663

Dear Administrator:

This letter addresses Compliance Determination(s) 33706 (Completion Date 12/13/2023) and 30584 (Completion Date 10/12/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/13/2023 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-2600-1-b

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, Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Arbor Assisted Living
Provider Type: Assisted Living Facility
License/Cert.#: 2663
Compliance Determination #: 30584
Intake ID: 99281
Investigator: Michael Goulet
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 10/04/2023 through 10/12/2023
Complainant Contact Date(s): 10/03/2023, 10/17/2023

Allegation(s):

1) Facility called fire department personnel to lift uninjured resident from the floor after a fall, due to facility staff being unable to lift resident

Investigation Methods:

Sample:	Total residents: Resident sample size: 1 Closed records sample size:
Observations:	General environment Resident Condition Residents in facility
Interviews:	Resident Staff Collateral Contact
Record Reviews:	Resident Care Plan Facility Incident Report Fire Department Incident Report

Investigation Summary:

1) Per interview with facility staff, the two staff on duty were unable to lift the named resident from the floor following a fall during transfer assist from bed to the resident's recliner. Staff stated that they had attempted to contact staff at their sister facility next door (The Arbor at Bremerton) but due to no staff responding, the fire department was called to lift the resident from the floor. Per record review of the resident's care plan, it was noted that the resident was a high fall risk who had experienced multiple falls at the facility prior to this incident. Per record review of the fire department incident report, facility staff specifically called 9-11 to request a lift assist for a non-injured resident, and not to evaluate the resident for injury. There was no indication that the facility staff were able to meet the resident's previously known needs with the staff available, and even the facility's plan to utilize staff from the sister facility next door (potentially leading to a care deficit for that facility's residents) was not able to be realized due to the sister facility's staff not responding to radio communication from this facility's staff.
Cited as per WAC 388-78A-2600 (1b) Policy and Procedure

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 #: 2663	Compliance Determination # 30584
Plan of Correction	Arbor Assisted Living	Completion Date
Page 1 of 3	Licensee: Cypress Gardens ALC LLC	10/12/2023

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 10/04/2023 and 10/04/2023 of:

Arbor Assisted Living
3500 9TH ST
BREMERTON, WA 98312

This document references the following complaint number(s): 99281

The following sample was selected for review during the unannounced on-site visit: 1 of 8 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

10/19/2023
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) 10/31/23 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:

(b) Provide the necessary care and services for residents, including those with special needs;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Assisted Living Facility (ALF) failed to ensure that the needs of 1 of 1 resident (Resident 1) were met according to the resident's history and evaluation. This failure led to the facility requiring the use of outside personnel (fire department staff) to lift the resident from a fall and placed the resident at risk for physical harm.

Findings Included...

Record review on 10/05/2023 at 3:40pm of Resident 1's (R1) negotiated service agreement (care plan) showed that the resident had a known history of multiple prior falls in the facility and that Resident 1 was noted to "have reduced strength and will fall."

Record review on 10/04/23 at 3:00pm of the Bremerton Fire Department Report (incident report) from 09/22/2023 at 1:18am showed that a facility staff had called 911 operator to specifically request a lift assist from the fire department staff for a non-injured resident. There was no indication that the facility staff contacted 911 to request an injury evaluation or the transport of an injured resident.

Record review on 10/05/2023 at 3:40pm of the ALF's own incident report, written on 09/22/2023 at 1:58am, showed that R1 had experienced a witnessed fall during a transport assist from a facility staff, and that the facility staff "called EMS (emergency medical services) for lift assist" only.

During an interview on 10/04/2023 at 10:45am, Facility Director (Staff A) stated that the facility staff "know they are not supposed to call (fire department) to get them (residents) up off the floor," and that staff are directed to contact staff at the sister facility next door (The Arbor at Bremerton) if additional assistance is required, but that facility staff did not call for additional assistance.

During an interview on 10/12/2023 at 3:55pm, Facility Caregiver (Staff B) stated that this staff did attempt to contact staff at the sister facility next door (The Arbor at Bremerton) via radio, but that no staff responded to this call, leading to facility staff contacting the fire department staff via 911 to request lift assistance for R1. Staff B stated this action was taken due to no other option for lifting R1 being available and that "we couldn't just leave him on the floor."

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, Arbor Assisted Living is or will be in compliance with this law and / or regulation on (Date) 10/31/23

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

Lisa Cauleck
Administrator (or Representative)

10/31/23
Date