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) 61434 (Completion Date 06/27/2025) and 57602 (Completion Date 04/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/27/2025 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-2640-1-a, WAC 388-78A-2640-1-b

The Department staff who did the on-site verification:
Anaya Balter, Community Programs Nurse Licensor and Complaint Investigator
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: Arbor Assisted Living
Provider Type: Assisted Living Facility
License/Cert.#: 2663
Compliance Determination #: 57602
Intake ID: 175391
Investigator: Anaya Balter
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 04/18/2025 through 04/29/2025
Complainant Contact Date(s):

Allegation(s):

1) Quality of Care/Treatment- Assess/Monitor
2) Quality of Care/Treatment - Family/POA not notified
3) Resident Rights - Refusal to Readmit
4) Financial Exploitation - Misappropriation of Property
5) Admission, Transfer & Discharge Rights

Investigation Methods:

Sample:	Total residents: 57 Resident sample size: 2 Closed records sample size: 1
Observations:	Residents Dining Resident rooms Staff to resident interactions
Interviews:	Identified staff Nursing staff Residents Administrator Family members
Record Reviews:	Face Sheets Incident investigations Progress Notes Disclosure of Service Service Care Plans CARE notes and assessment

Investigation Summary:

1) Quality of Care/Treatment – Assess/Monitor : Public Complainant reported resident told them they fell a week prior to hospitalization. Records review and interviews showed facility appropriately evaluated and monitored residents after falls, transferred to hospital when indicated, investigated unwitnessed falls, and documented when residents returned to baseline. Last fall noted for resident was in January 2025. No failed practice identified.

2) Responsible party not notified of resident's change in condition: POA [Power of Attorney] not notified about falls, change of condition, transfer to hospital, and discharge from facility. Records review showed no documentation of calling POA. During interviews staff did not indicate calling POA. Administrator stated it is expected that family and/or POA be called when there is an incident, change of condition, or discharge. Failed practice identified.

3) Resident Rights – Refusal to Readmit: Records review and interviews show resident and family was provided with appropriate information about the limitation of services at facility and when discharge/transfer recommended. Facility staff completed assessment of resident and coordinated with their health provider to transfer to higher level of care. No failed practice identified.

4) Financial Exploitation – Misappropriation of property: Interviews with staff indicate facility offered family members to come and pick up resident belongings and they have not shown up. Administrator stated belongings were left in resident's room after they were discharged from facility. No failed practice identified.

5) Admission, Transfer & Discharge Rights – Transfer without notice of bed hold and readmission: POA not informed of discharge and feels it was unwarranted. Records review and interviews show facilities services and limitations were disclosed. Appropriate explanation about reason for resident not meeting facility's criteria of admission was provided. Resident assessed to need higher level of care than could be met by facility. 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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PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2663	Compliance Determination # 57602
Plan of Correction	Arbor Assisted Living	Completion Date
Page 1 of 4	Licensee: Cypress Gardens ALC LLC	04/29/2025

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 04/18/2025 of:

Arbor Assisted Living
3500 9TH ST
BREMERTON, WA 98312

This document references the following complaint number(s): 173222, 175391, 176444

The following sample was selected for review during the unannounced on-site visit: 2 of 57 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Anaya Balter, Community Programs Nurse Licensor and Complaint Investigator
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

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Page 2 of 4	Licensee: Cypress Gardens ALC LLC	04/29/2025

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: 05/07/2025

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: 5/8/2025

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(1) The assisted living facility must consult with the resident's representative, the resident's physician, and other individual(s) designated by the resident as soon as possible whenever:

(a) There is a significant change in the resident's condition;

(b) The resident is relocated to a hospital or other health care facility; or

This requirement was not met as evidenced by:

Based on records review and interviews the facility failed to notify the resident's representative for 1 of 2 sampled residents when significant changes to this resident occurred. This failure resulted in Resident 1's representative not being aware of changes to resident's change in condition which placed the resident at risk of not having an advocate for their care needs.

Findings included...

Record review of the incident report for R1 dated 12/27/2024, showed no documentation of resident's representative being notified of fall and transfer to the hospital.

Record review of the progress notes for R1 dated 12/27/2025 showed no documentation of resident's representative being notified of fall and transfer to the hospital.

Record review of the progress notes for R1 dated 01/08/2025 showed no documentation of resident's representative being notified of fall and transfer to the hospital.

Record review of the progress notes for R1 dated 02/10/2025 - 03/26/2025 showed no documentation of resident's representative being notified of the change of condition related to weight loss and increasing ADLs.

Record review of the incident report for R1 dated 03/36/2025 showed no documentation of resident's representative being notified of illness and transfer to the hospital.

Record review of the progress notes for R1 dated 03/26/2025 showed no documentation of resident's representative being notified of illness and transfer to hospital.

Record review of the face sheet for R1 dated 04/23/2025 showed two emergency contacts listed.

In an interview on 04/18/2025 at 11:19AM with Staff B, Assisted Living Resident Care Coordinator, when describing what happened on 03/26/25, they failed to mention that Collateral Contact 1 (CC1), Resident Representative, was notified after R1 was transferred to the hospital and when discharged from the facility.

In an interview on 04/18/2025 at 12:48PM with Staff C, Memory Care Resident Care Coordinator, when describing what happened on 03/26/2025, they failed to mention that CC1 was notified after R1 was transferred to the hospital and when discharged from the facility.

In an interview on 04/21/2025 at 4:30PM with CC1 they stated they were not called about R1's recurring falls and R1's transfer to the hospital.

In an interview on 04/28/2025 at 4:09PM with R1, they stated they have poor memory and were unable to confirm if family was called. Also stated they would like their family called when something happens.

In an interview on 04/29/2025 at 11:19AM with Staff A, Executive Director, stated their expectation of staff is to call family and document contact if there is an incident, change of condition, transfer, or discharge.

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Page 4 of 4	Licensee: Cypress Gardens ALC LLC	04/29/2025

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) 06/12/2025 .

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

Administrator (or Representative) 5/8/2025 Date