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

01/07/2025

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

RE: Arbor Assisted Living # 2663

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 52596 (Completion Date 01/07/2025) and 48929 (Completion Date 11/06/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/07/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2320 Intermittent nursing services systems.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

The Department staff who did the Off Site verification:
Nikolas Jennings, Community Nurse Complaint Investigator

If you have any questions, please contact me at (360)397-9556.

Sincerely,

Jody Just

Jody Just, Field Manager
Region 3, Unit D

Residential Care Services
Investigation Summary Report

Provider/Facility: Arbor Assisted Living
Provider Type: Assisted Living Facility
License/Cert.#: 2663
Compliance Determination #: 48929
Intake ID: 146402
Investigator: Nikolas Jennings
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 10/22/2024 through 11/06/2024
Complainant Contact Date(s):

Allegation(s):
1) Unqualified Personnel- Staff that were passing medications were not delegated.

Investigation Methods:

Sample:
Total residents: 58
Resident sample size: 11
Closed records sample size: 0

Observations:
Residents
Medication administration
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Residents
Identified staff
Nurse Delegator

Record Reviews:
Facility policies
Staff training records
Personnel files
Medical records
Negotiated Service Agreements
Medication Administration Records

Investigation Summary:
1) Unqualified Personnel- Staff that were passing medications were not delegated. During the last 90 days, 4 staff members gave medications to delegated residents that lacked the training records from the nurse delegator. 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 #: 2663	Compliance Determination # 48929
Plan of Correction	Arbor Assisted Living	Completion Date
Page 1 of 4	Licensee: Cypress Gardens ALC LLC	11/06/2024

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 10/22/2024 and 10/22/2024 of:

Arbor Assisted Living
3500 9TH ST
BREMERTON, WA 98312

This document references the following complaint number(s): 146402

The following sample was selected for review during the unannounced on-site visit: 11 of 58 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.

Jody Just
Residential Care Services

11/18/2024
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) 11/21/24 Date

WAC 388-78A-2320 Intermittent nursing services systems.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(c) Chapter 246-840 WAC, Practical and registered nursing;

This requirement was not met as evidenced by:

Based on interviews and records review the facility failed to ensure 4 of 12 sampled staff (Staff B, D, E, & G) had the required nurse delegation training, supervision, and documentation by the Registered Nurse (RN) Delegator for 5 of 5 sampled residents (Resident 1 [R1], Resident 2 [R2] Resident 3 [R3] Resident 4 [R4] Resident 5 [R5]) receiving nurse delegated tasks. These failures resulted in all 5 residents receiving RN delegated services and placed them at risk for harm and injury due to untrained, unqualified and unsupervised care staff.

Findings included ...

246-840-930
(8) Verify that the nursing assistant or home care aide:
(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;
(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task;
(c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training;
(d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; and
(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.
(9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.

Record review of the facility policy labeled "Nurse Delegation" undated showed "Nursing Assistants (NA) may be delegated to assist with medications under the direction and supervision of licensed registered nurses."

Record review of negotiated service agreement, undated, for R1 showed that resident

requires administration of medications with an intervention initiation date of 06/29/2023 .
Record review of negotiated service agreement, undated, for R2 showed that resident requires administration of medications with an intervention initiation date of 03/03/2023.
Record review of negotiated service agreement, undated, for R3 showed that resident requires administration of medications with an intervention initiation date of 07/26/2024.
Record review of negotiated service agreement, undated, for R4 showed that resident requires administration of medications with an intervention initiation date of 03/09/2023.
Record review of negotiated service agreement, undated, for R5 showed that resident requires administration of medications with an intervention initiation date of 03/03/2023.

Records requested from Staff H, Nurse Delegator, on 11/05/2024 for training documentation of nurse delegation training for Staff B, Executive Director, Staff D, Residential Care Coordinator, and Staff E, Medication Technician. Staff H was unable to provide that documentation.

Record review of DSHS form "Nurse Delegation: Rescinding Delegation" dated 08/20/2024, showed Staff G, Medication Technician, is no longer delegated to administer medications or treatments within the Arbor Assisted Living or Arbor Memory Care due to safety concerns in their practice of administering medication to the residents.

R1
Record review of R1's Medication Administration Record (MAR), dated 07/01/2024 - 07/31/2024 showed Staff B giving medications on 07/08/2024 and 07/09/2024.
Record review of R1's MAR, dated 08/01/2024 - 08/31/2024 showed Staff B giving medications on 08/22/2024.
Record review of R1's MAR, dated 09/01/2024 - 09/30/2024 showed Staff B giving medications on 09/23/2024 and 09/29/2024; Staff D giving medications on 09/28/2024; and Staff G giving medications on 09/08/2024, 09/13/2024, and 09/16/2024.

R2
Record review of R2's MAR, dated 09/01/2024 - 09/30/2024 showed Staff D giving medications on 09/30/2024 and Staff G giving medications on 09/22/2024.

R3
Record review of R3's MAR, dated 09/01/2024 - 09/31/2024 showed Staff D giving medications on 09/28/2024; Staff E giving medications on 09/19/2024; and Staff G giving medications on 09/06/2024 09/12/2024, 09/14/2024 09/16/2024, and 09/20/2024 09/21/2024.

R4

Statement of Deficiencies	License #: 2663	Compliance Determination # 48929
Plan of Correction	Arbor Assisted Living	Completion Date
Page 4 of 4	Licensee: Cypress Gardens ALC LLC	11/06/2024

Record review of R4's MAR, dated 07/01/2024 - 07/31/2024 showed Staff B giving medications on 07/01/2024, 07/02/2024, and 07/08/2024.
Record review of R4's MAR, dated 08/01/2024 - 08/31/2024 showed Staff B giving medications 08/19/2024 and 08/22/2024.
Record review of R4's MAR, dated 09/01/2024 - 09/30/2024 showed Staff B giving medications on 09/23/2024; Staff D giving medications on 09/28/2024; and Staff G giving medications on 09/08/2024, 09/13/2024, 09/16/2024, and 09/21/2024.

R5
Record review of R5's MAR, dated 07/01/2024 - 07/31/2024 showed Staff B giving medications on 07/01/2024, 07/02/2024, and 07/08/2024.
Record review of R5's MAR, dated 08/01/2024 - 08/31/2024 showed Staff B giving medications on 08/19/2024 and 08/22/2024.
Record review of R5's MAR, dated 09/01/2024 - 9/30/2024 showed Staff B giving medications on 09/23/2024 and 09/29/2024; Staff D giving medications on 09/28/2024; and Staff G giving medications on 09/08/2024, 09/13/2024, and 09/16/2024.

In an interview on 10/22/2024 at 1:28PM with Staff G, stated that while their nurse delegation was revoked that they were unable to give any medications. Continued stating that if their initials were shown in the MAR, that they had given the medication.
In an interview on 10/24/2024 at 1:15PM with Staff H, stated that when medications are delegated for a given resident, all medications are delegated all at once for that resident. Continued stating that when they rescinded Staff G's nurse delegation, this was for all medications and all treatments.

In an email interview with Staff H on 11/06/2024 at 3:54PM, stated that Staff B, Staff D, and Staff E had never been delegated by them.

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) ~~1/1/2025~~ 12/21/2024

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

Administrator (or Representative) 11/21/2024 Date