STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

06/24/2026

Laurel Glen ALC LLC
Vineyard Park of Bremerton
2707 Clare Ave
Bremerton, WA 98310

RE: Vineyard Park of Bremerton # 2695

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 79485 (Completion Date 06/24/2026) and 75766 (Completion Date 04/22/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/24/2026 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

The Department staff who did the On Site verification:
Cathleen Davis, ALF Licensor

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.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2695	Compliance Determination # 75766
Plan of Correction	Vineyard Park of Bremerton	Completion Date
Page 1 of 3	Licensee: Laurel Glen ALC LLC	04/22/2026

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 the unannounced on-site full inspection on 04/13/2026 and 04/16/2026 of:

Vineyard Park of Bremerton
2707 Clare Ave
Bremerton, WA 98310

The following sample was selected for review during the unannounced on-site visit: 9 of 88 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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Statement of Deficiencies	License #: 2695	Compliance Determination # 75766
Plan of Correction	Vineyard Park of Bremerton	Completion Date
Page 2 of 3	Licensee: Laurel Glen ALC LLC	04/22/2026

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

04/24/2026
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)

4/27/26
Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure food and beverages were maintained and served at the required hot and cold holding temperatures in 1 of 1 kitchen (Main Kitchen). This failure placed all 88 residents at risk of potential harm for exposure to food-borne illnesses.

Findings included...

Note: WAC 246-215-03525 Temperature and time control—Time/temperature control for safety food, hot and cold holding (FDA Food Code 3-501.16) showed (1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530, and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained: (a) At 135°Fahrenheit (F) (57°C) or above, except that roasts cooked to a temperature and for a time specified under WAC 246-215-03400 (2) or reheated as specified under WAC 246-215-03440 may be held at a temperature of 130°F (54°C) or above; or (b) At 41°F (5°C) or less.

In an interview on 04/16/2026 at 12:05 PM, Staff I, Caregiver, said that the main kitchen staff measured the food temperatures prior to transporting the food to the memory care unit. Staff I said that there was no thermometer in the memory care unit to check the food temperatures before it was served.

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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

04/24/2026
Date

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Administrator (or Representative)

Date

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Statement of Deficiencies	License #: 2685	Compliance Determination # 75766
Plan of Correction	Vineyard Park of Bremerton	Completion Date
Page 3 of 3	Licensee: Laurel Glen ALC LLC	04/22/2026

Observation of the Memory Care Unit on 04/16/2026 at 12:07 PM showed Staff J, Residential Care Coordinator (RCC), obtained a thermometer from the main kitchen. Staff J measured the temperature of a chicken wrap. The temperature measured 77 degrees F. Staff J measured the temperature of a pickle. The temperature measured 70 degrees F. During an interview at this time, Staff J said that the meals were placed on a cart and wheeled to the Memory Care Unit. Staff J stated that before staff took the cart to the Memory Care Unit, the kitchen staff measured the food temperatures. Staff J said that there was no thermometer in the memory care unit to recheck the food temperatures before it was served.

Observation of the main kitchen on 04/17/2026 at 3:45 PM, showed Staff H, Dietary Aide, placed cups of vanilla pudding on the serving counter. The pudding was placed directly next to a heated steam tray. Observation showed Staff H measured the temperature of the vanilla pudding. The temperature measured 45.9 degrees F.

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, Vineyard Park of Bremerton is or will be in compliance with this law and / or regulation on (Date) 5/24/26 .

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

Administrator (or Representative) [signature] Date 4/27/26

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Observation of the Memory Care Unit on 04/16/2026 at 12:07 PM showed Staff J, Residential Care Coordinator (RCC), obtained a thermometer from the main kitchen. Staff J measured the temperature of a chicken wrap. The temperature measured 77 degrees F. Staff J measured the temperature of a pickle. The temperature measured 70 degrees F. During an interview at this time, Staff J said that the meals were placed on a cart and wheeled to the Memory Care Unit. Staff J stated that before staff took the cart to the Memory Care Unit, the kitchen staff measured the food temperatures. Staff J said that there was no thermometer in the memory care unit to recheck the food temperatures before it was served.

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

_____ _____

Administrator (or Representative) Date

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

04/24/2026

Laurel Glen ALC LLC
Vineyard Park of Bremerton
2707 Clare Ave
Bremerton, WA 98310

RE: Vineyard Park of Bremerton # 2695

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/22/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laurie Anderson, Community Field Manager
Residential Care Services
Region 3, Unit D
Preferred methods:

This document was prepared by Residential Care Services for the Locator website.

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/22/2026), no later than 06/06/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

The facility failed to ensure 6 of 9 sampled residents and/or their representatives and a representative of the Assisted Living Facility (ALF) signed their Negotiated Services Agreements. Prior to completion of the full inspection, the facility obtained these signatures. Deficiency corrected.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(6) Be signed and dated by the resident and be kept in the resident record after signature.

The facility failed to ensure 9 of 9 sampled residents signed the Medicaid Policy Agreements. Prior to completion of the full inspection, the facility obtained the resident signatures. Deficiency corrected.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

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In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with;
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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

Enclosure

This document was prepared by Residential Care Services for the Locator website.