



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

CHP Vancouver-Bridgewood WA Tenant Corp
Prestige Senior Living Bridgewood
11700 NE Angelo Dr
Vancouver, WA 98684

RE: Prestige Senior Living Bridgewood License # 2237

Dear Administrator:

This letter addresses Compliance Determination(s) 56295 (Completion Date 03/18/2025) and 52981 (Completion Date 01/17/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/18/2025 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-2210-1-b, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2140, WAC 388-78A-2140-1, WAC 388-78A-2140-1-a, WAC 388-78A-2140-1-a-i, WAC 388-78A-2140-1-a-ii, WAC 388-78A-2140-1-a-iii, WAC 388-78A-2140-1-b, WAC 388-78A-2140-1-c, WAC 388-78A-2140-1-d, WAC 388-78A-2140-1-e, WAC 388-78A-2140-2, WAC 388-78A-2140-2-a, WAC 388-78A-2140-2-b, WAC 388-78A-2140-3, WAC 388-78A-2140-4, WAC 388-78A-2140-5, WAC 388-78A-2140-6, WAC 388-78A-2140-7, WAC 388-78A-2140-8, WAC 388-78A-2480-1

The Department staff who did the off-site verification:

Prestige Senior Living Bridgewood # 2237

03/18/2025

Page 2 of 2

Kyle Gehlen, ALF Licenser - LTC
Jennifer Siharath, ALF Licenser

If you have any questions, please contact me at (360)746-4675.

Sincerely,

A handwritten signature in black ink that reads "Clinton Fridley". The signature is written in a cursive, flowing style.

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit I
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 800 NE 136th Ave Ste 200, Vancouver, WA 98684

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Statement of Deficiencies	License #: 2237	Compliance Determination # 52981
Plan of Correction	Prestige Senior Living Bridgewood	Completion Date
Page 1 of 15	Licensee: CHP Vancouver-Bridgewood WA Tenant Corp	01/17/2025

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 the unannounced on-site full inspection on 01/14/2025 and 01/17/2025 of:

Prestige Senior Living Bridgewood
 11700 NE Angelo Dr
 Vancouver, WA 98684

The following sample was selected for review during the unannounced on-site visit: 12 of 73 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensors - LTC
 Jennifer Siharath, ALF Licensors
 Yvonne Chitekwe

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit I
 800 NE 136th Ave Ste 200
 Vancouver, WA 98684

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.

Nick D'Amico
 Residential Care Services

01/23/2025

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.

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



Administrator (or Representative)

01/28/25
Date

WAC 388-78A-2210 Medication services.

- (1) An assisted living facility providing medication service, either directly or indirectly, must:
- (b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to develop and implement systems that support and promote safe medication service when 3 of 12 residents (Resident 2, 8, and 9) had medications that were not given and/or documented with an explanation. This failure placed these three residents at risk of harm from inconsistent or improper medication management.

Findings included...

During an unannounced licensing visit on 01/15/2025 at 9:00 AM, the department received the requested resident records.

Resident 2 (R2)

On 01/15/2025 at 9:40 AM, R2's records showed that R2 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

Record review of R2's medication administration records (MAR) dated 10/01/2024 – 01/14/2025 showed that R2's capillary blood glucose (CBG) monitoring and insulin administration were not documented or recorded on multiple days throughout each month using the codes for "absent from the home without meds" and "other/see progress notes."

The following are the dates that the CBGs were not recorded. Starting 10/23/2024 through 12/04/2024 insulin was also not administered:

- 10/02/2024: At 8:30 AM and 4:30 PM
- 10/06/2024: At 11:30 AM and 4:30 PM
- 10/07/2024: At 4:30 PM
- 10/13/2024: At 4:30 PM
- 10/21/2024: At 11:30 AM
- 10/23/2024: At 11:30 AM

- 10/28/2024: At 4:30 PM
- 11/10/2024: At 4:30 PM
- 11/11/2024: At 4:30 PM
- 11/17/2024: At 4:30 PM
- 11/24/2024: At 11:30 AM and 4:30 PM
- 11/25/2024: At 4:30 PM
- 11/28/2024: At 4:30 PM
- 12/01/2024: At 4:00 PM
- 12/02/2024: At 4:00 PM
- 12/08/2024: At 11:30 AM
- 12/09/2024: At 4:30 PM
- 12/16/2024: At 4:30 PM
- 12/24/2024: At 4:00 PM
- 12/25/2024: At 11:30 AM and 4:30 PM

Record review of R2's progress notes showed no documentation of why the CBGs, and insulin were not documented, recorded, and/or administered.

Review of the MARs showed that on the same dates the CBGs were not recorded at 4:30 PM, the 5:00 PM medications had been administered to R2.

Record review of the November MAR showed that on 11/04/2024, the 8:00 PM medications were not documented and/or recorded.

Record review of the November progress notes showed no documentation explaining why the medications were not documented and/or recorded.

During an interview on 01/16/2025 at 11:15 AM, Staff C, Assistant Health Services Director, was unable to explain why the CBGs were not recorded at 4:30 PM but that other medications were administered at 5:00 PM or why the 8:00 PM medications were not documented and/or recorded on 11/04/2024.

Resident 8 (R8)

On 01/15/2025 at 1:40 PM, R8's records showed that R8 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

Record review of R8's MARs dated 10/01/2024 – 01/14/2025 showed that R8's insulin was not administered due to R8's blood sugar measuring below the sliding scale for administration.

The following are the dates that the insulin was not administered:

- 10/10/2024: At 4:30 PM
- 10/11/2024: At 7:30 AM
- 10/12/2024: At 11:30 AM

- 10/14/2024: At 4:30 PM
- 10/15/2024: At 4:30 PM
- 10/18/2024: At 11:30 AM
- 10/24/2024: At 7:30 AM
- 11/03/2024: At 11:30 AM
- 11/05/2024: At 11:30 AM
- 11/10/2024: At 7:30 AM
- 11/12/2024: At 11:30 AM
- 11/13/2024: At 4:30 PM
- 11/14/2024: At 7:30 AM
- 11/15/2024: At 4:30 PM
- 11/16/2024: At 11:30 AM
- 11/17/2024: At 7:30 AM and 4:30 PM
- 11/21/2024: At 11:30 AM
- 11/23/2024: At 7:30 AM and 4:30 PM
- 11/26/2024: At 11:30 AM
- 11/28/2024: At 7:30 AM and 4:30 PM
- 12/01/2024: At 11:30 AM
- 12/05/2024: At 11:30 AM
- 12/07/2024: At 7:30 AM
- 12/09/2024: At 11:30 AM
- 12/15/2024: At 7:30 AM
- 12/17/2024: At 4:30 PM
- 12/18/2024: At 4:30 PM
- 12/19/2024: At 11:30 AM
- 12/20/2024: At 4:30 PM
- 12/21/2024: At 7:30 AM
- 12/22/2024: At 11:30 AM
- 12/23/2024: At 11:30 AM
- 12/24/2024: At 11:30 AM
- 12/25/2024: At 4:30 PM
- 12/28/2024: At 11:30 AM
- 01/02/2025: At 7:30 AM
- 01/05/2025: At 11:30 AM
- 01/07/2025: At 11:30 AM
- 01/09/2025: At 4:30 PM
- 01/10/2025: At 7:30 AM and 11:30 AM
- 01/14/2025: At 11:30 AM

Out of these dates, 28 were documented incorrectly stating that the medication was not given due to a "hold per physician" instead of "vitals outside of parameters for administration."

Resident 9 (R9)

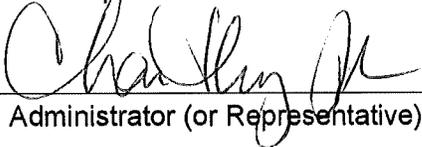
On 01/16/2025 at 9:25 AM, R9's records showed that R9 admitted to the facility on [REDACTED]/2021 with various diagnoses including [REDACTED].

Record review of R9's MARs dated 10/01/2024 through 01/14/2025 showed a documentation on 12/27/2024 that the morning medications were not administered due

to a hospitalization.

Record review of R9'S progress notes dated 10/01/2024 through 01/14/2025 showed no documentation that R9 was in the hospital on 12/27/2024.

During an exit interview on 01/17/2025 at 11:30 AM, Staff A, Executive Director, acknowledged the department's findings.

Plan/Attestation Statement	
<p>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, Prestige Senior Living Bridgewood is or will be in compliance with this law and / or regulation on (Date) <u>02-28-2025</u>.</p>	
<p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
 _____ Administrator (or Representative)	<u>01/28/25</u> _____ Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

- (1) Individual's recent medical history, including, but not limited to:
 - (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;
 - (b) Chronic, current, and potential skin conditions; or
 - (c) Known allergies to foods or medications, or other considerations for providing care or services.

- (2) Currently necessary and contraindicated medications and treatments for the individual, including:
 - (a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;
 - (b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and
 - (c) Any prescribed medications, and over-the-counter medications commonly taken by

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the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that sufficient information was documented in the full assessment for 5 of 12 residents (Resident 1, 5, 9, 11, and 12). This failure placed these residents at risk for proper care needs being unmet.

Findings included...

During an unannounced licensing visit on 01/15/2025 at 9:00 AM, the department received the requested resident records.

Resident 1 (R1)

On 01/15/2025 at 9:15 AM, R1's records showed that R1 admitted to the facility on [REDACTED]/2019 with various diagnoses including, [REDACTED].

Record review of the facility's resident characteristics roster (RCR) documented that R1 has wounds, urinary incontinence, and receives home health services.

Record review of R1's progress notes, dated 10/01/2024 – 01/14/2025, showed multiple entries documenting home health visits and wound care.

Record review of R1's assessment, dated 07/11/2024, showed no documentation that R1 had any wounds or skin issues, or that R1 was receiving any home health services, and the box for incontinence care was not checked.

During an interview on 01/16/2025 at 11: 15 AM, Staff C, Assistant Health Services Director, confirmed that R1 has wounds, urinary incontinence, and is receiving home health services.

Resident 5 (R5)

On 01/15/2025 at 11:55 AM, R5's records showed that R5 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Record review of R5's assessment, dated 03/19/2024, showed documentation that R5's cardiopulmonary resuscitation (CPR) status is that the facility is to administer CPR if R5 were to go into cardiac arrest. The assessment also documented that R5 had no physician orders for life sustaining treatment (POLST) on file in their chart.

Review of R5's records showed a POLST, dated 03/03/2023, that documented that R5 is a do not attempt resuscitation (DNR) in the event of a cardiac arrest.

Resident 9 (R9)

On 01/16/2025 at 9:25 AM, R9's records showed that R9 admitted to the facility on [REDACTED]/2021 with various diagnoses including [REDACTED].

Record review of the facility's RCR documented that R9 was a non-insulin dependent diabetic and utilized a medical device.

Record review of R9's safety assessments showed a medical device assessment, dated 11/14/2024, documenting that R9 utilizes side rails and a transfer pole.

Record review of R9's assessment, dated 11/11/2024, documented [REDACTED] under the diagnosis section. Under the diabetic services section, R9 is marked as not diabetic and documents to be prediabetic. No documentation was found to show that R9 utilizes side rails.

During an interview on 01/16/2025 at 11: 15 AM, Staff C confirmed that R9 utilizes side rails.

Resident 11 (R11)

On 01/16/2025 at 1:05 PM, R11's records showed that R11 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

Record review of the facility's RCR documented that R11 utilizes a medical device.

Record review of R11's safety assessments showed a medical device assessment, dated 09/26/2024, documenting that R11 utilizes a bed cane.

Record review of R11's assessment, dated 03/27/2024, showed no documentation that R11 utilizes a bed cane.

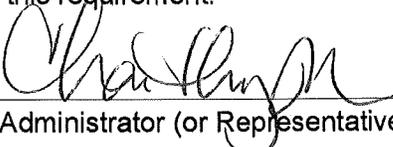
Resident 12 (R12)

On 01/16/2025 at 1:05 PM, R12's records showed that R12 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Record review of R12's safety assessments showed a medical device assessment, dated 07/26/2024, documenting that R12 utilizes a transfer pole.

Record review of R12's assessment, dated 05/22/2024, showed no documentation that R12 utilizes a transfer pole.

During an exit interview on 01/17/2025 at 11:30 AM, Staff A, Executive Director, acknowledged the department's findings.

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, Prestige Senior Living Bridgewood is or will be in compliance with this law and / or regulation on (Date) <u>02-28-25</u> .	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 _____ Administrator (or Representative)	<u>01/28/2025</u> _____ Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed

capabilities, needs and preferences, including the following:

- (1) The care and services necessary to meet the resident's needs, including:
 - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
 - (i) The resident's preadmission assessment;
 - (ii) The resident's full assessments;
 - (iii) On-going assessments of the resident;
 - (b) The plan to provide assistance with activities of daily living, if provided by the assisted living facility;
 - (c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;
 - (d) The plan to provide necessary health support services, if provided by the assisted living facility;
 - (e) The resident's preferences for how services will be provided, supported and accommodated by the assisted living facility.
- (2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:
 - (a) Exclusively for the individual resident; or
 - (b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.
- (3) The times services will be delivered, including frequency and approximate time of day, as appropriate;
- (4) The resident's preferences for activities and how those preferences will be supported;
- (5) Appropriate behavioral interventions, if needed;
- (6) A communication plan, if special communication needs are present;
- (7) The resident's ability to leave the assisted living facility premises unsupervised; and
- (8) The assisted living facility must not require or ask the resident or the resident's representative to sign any negotiated service or risk agreement, that purports to waive any rights of the resident or that purports to place responsibility or liability for losses of personal property or injury on the resident.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA) the plan to provide specific resident identified care and service needs for 8 of 12 sampled residents (Residents 1, 2, 4, 6, 7, 9, 11, and 12). Failure to develop a complete NSA placed these residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

During an unannounced licensing visit on 01/15/2025 at 9:00 AM, the department received the requested resident records.

Resident 1 (R1)

On 01/15/2025 at 9:15 AM, R1's records showed that R1 admitted to the facility on [REDACTED]/2019 with various diagnoses including [REDACTED].

Record review of R1's assessment, dated 07/11/2024, documented that R1 has no pets.

Record review of R1's NSA, dated 07/11/2024, documented that R1 has a pet feline.

During an interview on 01/16/2025 11:15 AM, Staff C, Assistant Health Services Director, stated that R1 no longer had a pet.

Resident 2 (R2)

On 01/15/2025 at 9:40 AM, R2's records showed that R2 admitted to the facility on [REDACTED]/2022 with various diagnoses including [REDACTED].

Record review of the facility's resident characteristics roster (RCR) showed no documentation that R2 was receiving any nursing services.

Record review of R2's NSA, dated 07/01/2024, documented that delegation was required for capillary blood glucose (CBG) monitoring and insulin injections.

During an interview on 01/16/2025 at 11:15 AM, Staff C confirmed that R2 does not require nurse delegation for CBG monitoring or insulin injections.

Resident 4 (R4)

On 01/15/2025 at 11:23 AM, R4's records showed that R4 admitted to the facility on [REDACTED]/2024 with various diagnoses including [REDACTED].

Record review of the facility's resident characteristics roster (RCR) showed documentation that R4 was utilizing a medical device.

Record review of R4's safety assessments showed a medical device assessment, dated 11/27/2024, documenting that R4 utilizes a bed cane.

Record review of R4's NSA, dated 10/03/2024, showed no documentation that R4 utilizes a bed cane.

Resident 6 (R6)

On 01/15/2025 at 12:35 PM, R6's records showed that R6 admitted to the facility on [REDACTED]/2018 with various diagnoses including [REDACTED].

Record review of the facility's resident characteristics roster (RCR) showed documentation that R6 was utilizing a medical device.

Review of R6's safety assessments showed a medical device assessment, dated 11/14/2024, documenting that R6 utilizes bed rails.

Record review of R6's NSA, dated 10/09/2024, showed no documentation that R6 utilizes bed rails.

Resident 7 (R7)

On 01/15/2025 at 1:00 PM, R7's records showed that R7 admitted to the facility on [REDACTED]/2025 with various diagnoses including [REDACTED].

Record review of R7's NSA, dated 01/04/2025, documented that R7 receives home health services.

Record review of the facility's RCR showed no documentation that R7 receives any home health services.

During an interview on 01/16/2025 at 11:15 AM, Staff C confirmed that R7 is not currently receiving home health services.

Resident 9 (R9)

On 01/16/2025 at 9:25 AM, R9's records showed that R9 admitted to the facility on [REDACTED]/2021 with various diagnoses including [REDACTED].

Record review of the facility's RCR documented that R9 is a non-insulin diabetic and utilizes a medical device.

Record review of R9's safety assessments showed a medical device assessment, dated 11/14/2024, documenting that R9 utilizes side rails.

Record review of R9's NSA, dated 12/04/2024, showed no documentation that R9 has diabetes or utilizes side rails.

During an interview on 01/16/2025 at 11:15 AM, Staff C confirmed that R9 is a non-insulin dependent diabetic and utilizes side rails.

Resident 11 (R11)

On 01/16/2025 at 1:05 PM, R11's records showed that R11 admitted to the facility on 02/11/2022 with various diagnoses including [REDACTED].

Record review of the facility's RCR showed that R11 utilizes a medical device.

Record review of R11's safety assessments showed a medical device assessment, dated 09/26/2024, documenting that R11 utilizes a bed cane.

Review of R11's NSA, dated 03/27/2024, showed no documentation that R11 utilizes a bed cane.

Resident 12 (R12)

On 01/16/2025 at 1:05 PM, R12's records showed that R12 admitted to the facility on [REDACTED]/2023 with various diagnoses including [REDACTED].

Review of R12's safety assessments showed a medical device assessment, dated 07/26/2024 documenting, that R12 utilizes a transfer pole.

Review of R12's NSA, dated 02/08/2024, showed no documentation that R12 utilizes a transfer pole.

During an exit interview on 01/17/2025 at 11:30 AM, Staff A, Executive Director, acknowledged the department's findings.

Plan/Attestation Statement	
<p>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, Prestige Senior Living Bridgewood is or will be in compliance with this law and / or regulation on (Date) <u>02-28-25</u>.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p>	
 _____ Administrator (or Representative)	<u>01/28/2025</u> _____ Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing within three days of hire for 1 of 3 sampled staff (Staff D) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing full inspection on 01/14/2025 at 11:30 AM, the department received the requested staff documents.

Staff D

Record review for Staff D, Med Tech, showed that Staff D was hired on 08/02/2023. Review of Staff D's personnel records showed that a chest x-ray was completed on 05/28/2024. No documentation was found to show that Staff D had a TB test done within three days of hire.

During an exit interview on 01/17/2025 at 11:30 AM, Staff A, Executive Director, acknowledged the department's findings.

Statement of Deficiencies

License #: 2237

Compliance Determination # 52981

Plan of Correction

Prestige Senior Living Bridgewood

Completion Date

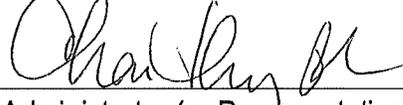
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Licensee: CHP Vancouver-Bridgewood WA Tenant Corp

01/17/2025

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, Prestige Senior Living Bridgewood is or will be in compliance with this law and / or regulation on (Date) 07-28-25.

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



Administrator (or Representative)

01/28/2025

Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

01/23/2025

CHP Vancouver-Bridgewood WA Tenant Corp
Prestige Senior Living Bridgewood
11700 NE Angelo Dr
Vancouver, WA 98684

RE: Prestige Senior Living Bridgewood # 2237

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/17/2025 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 Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit I
800 NE 136th Ave Ste 200

Vancouver, WA 98684

- Complete correction(s) within 45 days, 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-2950 Water supply. The assisted living facility must:

- (6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

The facility failed to ensure hot water temperatures in sinks used by residents remained between 105 – 120 degrees Fahrenheit for 3 of 6 sinks measured. The facility had lowered the hot water temperatures to be between 105 – 120 degrees before the department had completed the full licensing inspection.

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.

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 Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (360)450-1218.

Sincerely,

Prestige Senior Living Bridgewood # 2237

01/17/2025

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Michael Burdick, Field Manager

Region 3, Unit I

Residential Care Services

Enclosure