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

BOND LLC
SOMERSET RETIREMENT APARTMENTS
2025 TIBBETTS DR
LONGVIEW, WA 98632

RE: SOMERSET RETIREMENT APARTMENTS License # 1461

Dear Administrator:

This letter addresses Compliance Determination(s) 63439 (Completion Date 08/01/2025) and 60968 (Completion Date 06/12/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/01/2025 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-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

The Department staff who did the off-site verification:
Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

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

Statement of Deficiencies	License #: 1461	Compliance Determination # 60968
Plan of Correction	SOMERSET RETIREMENT APARTMENTS	Completion Date
Page 1 of 5	Licensee: BOND LLC	06/12/2025

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 06/11/2025 and 06/12/2025 of:
SOMERSET RETIREMENT APARTMENTS
2025 TIBBETTS DR
LONGVIEW, WA 98632

The following sample was selected for review during the unannounced on-site visit: 7 of 38 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Jacob Ubl, ALF NCI CI

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

Statement of Deficiencies	License #: 1461	Compliance Determination # 60968
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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.

Clinton Fridley
Residential Care Services

06/13/2025
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.

Administrator (or Representative)

6-16-2025
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.

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 4 of 7 sampled residents (Resident 2, 5, 6, and 7). 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...

Resident 2 (R2)
During an unannounced full licensing inspection on 06/11/2025 at 12:10 PM, R2's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] ([redacted]) and [redacted] ([redacted]).

Record review of the facility's resident characteristics roster documented that R2 is receiving family assistance with medication.

Review of R2's records, showed a family assistance with medication plan dated 03/04/2025.

Record review of R2's NSA, dated 03/25/2025, documented "no" to R2 receiving family assistance with medication.

On 06/12/2025 at 12:15 PM, Staff B, Registered Nurse (RN), stated "that's a mistake" when informed of family assistance with medication being marked "no" on R2's NSA.

Resident 5 (R5)
On 06/11/2025 at 12:45 PM, R5's records showed that they were admitted to the facility on [redacted]/2025 with various diagnoses including [redacted] ([redacted]) ([redacted]) and [redacted].

Record review of the facility's resident characteristics roster documented that R5 is receiving home health services.

Record review of R5's NSA, dated 02/21/2025, showed no documentation that R5 is receiving home health services. The NSA also documented that R5 has a hospital bed with rails but documented "n/a (not applicable)" to having a bed rail assessment.

Review of R5's records, showed a bed rail assessment dated 02/11/2025.

On 06/12/2025 at 12:15 PM, Staff B confirmed that R5 is receiving home health services and has bed rails.

Resident 6 (R6)
On 06/11/2025 at 1:15 PM, R6's records showed that they were admitted to the facility on [redacted]/2023 with various diagnoses including [redacted].

Record review of the facility's resident characteristics roster documented that R6 is receiving family assistance with medication.

Review of R6's records, showed a family assistance with medication plan dated [redacted]/2023.

Record review of R6's NSA, dated 08/16/2024, documented "no" to R6 receiving family assistance with medication.

Resident 7 (R7)
On 06/11/2025 at 1:40 PM, R7's records showed that they were admitted to the facility on [redacted]/2022 with various diagnoses including [redacted].

Record review of the facility's resident characteristics roster documented that R7 is receiving home health services.

Review of R7's outside provider and progress notes, 05/17/2025 through 06/04/2025, documented physical therapy notes stating that R7 requires a two person transfer with a Hoyer lift (mechanical lift to assist with activities of daily living and transfers).

Record review of R7's NSA, dated 11/18/2024, showed no documentation that R7 is receiving any home health services.

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On 06/12/2025 at 12:15 PM, Staff B confirmed that R7 is still on home health services and did not realize that it needed to be documented in the NSA.

At 1:00 PM, 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, SOMERSET RETIREMENT APARTMENTS is or will be in compliance with this law and / or regulation on (Date) 7-15-2025 .

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

Administrator (or Representative) 6-16-2025 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

06/13/2025

BOND LLC
SOMERSET RETIREMENT APARTMENTS
2025 TIBBETTS DR
LONGVIEW, WA 98632

RE: SOMERSET RETIREMENT APARTMENTS # 1461

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/12/2025 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 Return the Plan/Attestation Statement and report with signatures to:

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

eFax: (360) 992-7969
Email: rcsregion3email@dshs.wa.gov
Optional method:
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-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

The facility failed to ensure that the resident characteristic roster documented all the care and service needs for 3 of 7 sampled residents. The facility was able to update the resident characteristic roster prior to the completion of the onsite full 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:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

• Please contact me at (360)450-1218.

Sincerely,

Clinton Fridley

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

Enclosure