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

HOUSING AUTHORITY OF THE CITY OF BREMERTON
BAY VISTA COMMONS ASSISTED LIVING COMMUNITY
191 Russell Road
Bremerton, WA 98312

RE: BAY VISTA COMMONS ASSISTED LIVING COMMUNITY License # 1983

Dear Administrator:

This letter addresses Compliance Determination(s) 55645 (Completion Date 03/04/2025) and 52928 (Completion Date 01/16/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/04/2025 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-2120-3, WAC 388-78A-2120-3-a, WAC 388-78A-2120-3-b, WAC 388-78A-2120-4

The Department staff who did the on-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 Services Administrator
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: BAY VISTA COMMONS ASSISTED LIVING COMMUNITY
License/Cert.#: 1983
Compliance Determination #: 52928
Investigator: Nikolas Jennings
Investigation Date(s): 01/13/2025 through 01/16/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 156509
Region/Unit #: RCS Region 3 / Unit D

Allegation(s):

1) Resident/Patient/Client neglect- resident was locked outside following a behavioral crisis.
2) Admission/discharge/transfer- resident discharged inappropriately.

Investigation Methods:

Sample:	Total residents: 63 Resident sample size: 2 Closed records sample size: 1
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Identified staff Nursing staff Family members Administrator
Record Reviews:	Medical records Incident investigation Facility policies Staff training records Negotiated Service agreements Medication administration records

Investigation Summary:

1) Resident/Patient/Client neglect- resident was locked outside following a behavioral crisis. Resident made threatening statement to staff leading to staff locking doors to protect themselves and other residents. Staff did not adequately ensure the safety of resident while he was locked outside in the elements. Staff failed to check in on resident to ensure. Failed practice identified.

2) Admission/discharge/transfer- resident discharged inappropriately. Facility has worked with family and HCS to attempt alternate placement, family does not wish for him to move. At current, resident has not been discharged and family is working to prevent discharge from occurring. Based on interview and record review there was insufficient evidence to support failed practice. 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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Statement of Deficiencies License #: 1983 Compliance Determination # 52938
Plan of Correction BAY VISTA COMMONS ASSISTED LIVING COMMUNITY Completion Date
Page 1 of 3 Licensee: HOUSING AUTHORITY OF THE CITY OF BREMERTON 01/16/2025

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 01/13/2025 and 01/13/2025 of:

BAY VISTA COMMONS ASSISTED LIVING COMMUNITY
191 Russell Road
Bremerton, WA 98312

This document references the following complaint number(s): 160857, 158589, 148515

The following sample was selected for review during the unannounced on-site visit: 2 of 63 current residents and 1 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

01/22/2025
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.

STATE OF WASHINGTON
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PO Box 99250, Lakewood, WA 98496

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BAY VISTA COMMONS ASSISTED LIVING COMMUNITY
191 Russell Road
Bremerton, WA 98312

This document references the following complaint number(s): 160857, 156509, 146515

The following sample was selected for review during the unannounced on-site visit: 2 of 63 current residents and 1 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

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Residential Care Services

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.

Jamie Paysenо
Administrator (or Representative)

1/30/2025
Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section, and

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to adequately monitor the resident's well-being during a behavioral crisis for 1 of 3 sampled residents (Resident 1 [R1]). This failure placed the resident at risk for safety and further health complications.

Findings included...

Record review of progress notes for R1 dated 11/11/2024-01/04/2025 showed that on 11/21/2024 at 2:00PM it was noted "Due to R1 threatening an employee 911 was called at 1335".

Record review of progress notes for R1 dated 11/11/2024-01/04/2025 showed that on 11/21/2024 at 4:00PM it was noted "Two calls to 911 no officer at this time has showed up as of yet. R1 is in the building at 1600. A few minutes prior CC2 pulled up in his vehicle and started talking to R1."

In an interview with CC1 on 01/13/2025 at 11:20AM, stated they had been notified by Staff A, administrator, of an incident going on with R1 but not to the extent that it was occurring. Staff A stated that upon follow up with the front desk, was notified that R1 was locked outside in the cold and the rain, at which point they notified CC2 in an event to get someone to help with the situation.

In an interview with R1 on 01/13/2025 at 12:12PM, stated that during that incident "It was raining pretty good outside, but they wouldn't let me in, so I stood outside until CC2 got here and they let us in. I didn't like it at all, I don't think they should lock these doors at all."

Administrator (or Representative) Date

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In an interview with CC1 on 01/13/2025 at 11:20AM, stated they had been notified by Staff A, administrator, of an incident going on with R1 but not to the extent that it was occurring. Staff A stated that upon follow up with the front desk, was notified that R1 was locked outside in the cold and the rain, at which point they notified CC2 in an event to get someone to help with the situation.

In an interview with R1 on 01/13/2025 at 12:12PM, stated that during that incident "It was raining pretty good outside, but they wouldn't let me in, so I stood outside until CC2 got here and they let us in. I didn't like it at all, I don't think they should lock these doors at all."

In an interview with CC2 on 01/14/2024 at 2:14PM, stated R1 knew at the time of the incident that he was locked out of the facility and could not get in. CC2 stated that when they arrived at the facility, R1 was standing right outside the building trying to keep dry and that it was a "windy blustery day". Stated that at no time did any facility staff come outside to check on R1.

In an interview with Staff A on 01/13/2024 at 1:08PM, stated that during the confrontation with R1 no staff members were sent outside to speak to the resident or check on the resident.

In an interview with Staff B, Assistant Director of Nursing, on 01/15/2024 at 10:46AM stated that during the confrontation with R1 they were observing R1, but that at no time was an employee sent outside to speak to R1. Staff B stated that they did not wish to let R1 into the facility until the situation was evaluated by law enforcement in order to protect the other residents and staff of the facility.

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, BAY VISTA COMMONS ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date) 2/10/2025.

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

Jamie Parsons
Administrator (or Representative)

1/30/2025
Date

In an interview with CC2 on 01/14/2024 at 2:14PM, stated R1 knew at the time of the incident that he was locked out of the facility and could not get in. CC2 stated that when they arrived at the facility, R1 was standing right outside the building trying to keep dry and that it was a “windy blustery day”. Stated that at no time did any facility staff come outside to check on R1.

In an interview with Staff A on 01/13/2024 at 1:08PM, stated that during the confrontation with R1 no staff members were sent outside to speak to the resident or check on the resident.

In an interview with Staff B, Assistant Director of Nursing, on 01/15/2024 at 10:46AM stated that during the confrontation with R1 they were observing R1, but that at no time was an employee sent outside to speak to R1. Staff B stated that they did not wish to let R1 into the facility until the situation was evaluated by law enforcement in order to protect the other residents and staff of the facility.

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, BAY VISTA COMMONS ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

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

HOUSING AUTHORITY OF THE CITY OF BREMERTON
BAY VISTA COMMONS ASSISTED LIVING COMMUNITY
191 Russell Road
Bremerton, WA 98312

RE: BAY VISTA COMMONS ASSISTED LIVING COMMUNITY # 1983

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 01/16/2025 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 any deficiency listed on the enclosed report; and
- May inspect the facility 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 Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Jody Just, Field Manager
Residential Care Services

Region 3, Unit D
PO Box 99250
Lakewood, WA 98496

• 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-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(j) To appropriately respond to aggressive or assaultive residents, including, but not limited to:

(i) Actions to take if a resident becomes violent;

(ii) Actions to take to protect other residents; and

(iii) When and how to seek outside intervention.

The facility was unable to find a policy related to management of aggressive behavior or what to do if a resident became combative. The facility administrator is aware of the lack and is has been working to implement a policy.

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)397-8556.

Sincerely,

Jody Just

Jody Just, Field Manager
Region 3, Unit D
Residential Care Services

Enclosure

PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (360)397-9556.

Sincerely,

Jody Just, Field Manager
Region 3, Unit D
Residential Care Services

Enclosure