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

C.F. Bridgeport, LLC
Bridgeport Place
5250 Bridgeport Way W
University Place, WA 98467

RE: Bridgeport Place License # 2427

Dear Administrator:

This letter addresses Compliance Determination(s) 63296 (Completion Date 07/29/2025) and 58763 (Completion Date 05/02/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/29/2025 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 388-112A-0611, WAC 388-112A-0611-1, WAC 388-112A-0611-1-a, WAC 388-112A-0611-1-a-iii, WAC 388-78A-2474-2-e, WAC 388-78A-2474-2, WAC 388-78A-2474, WAC 388-78A-2100-2, WAC 388-78A-2100-2-a, WAC 388-78A-2100, WAC 388-78A-2150-1, WAC 388-78A-2150, WAC 388-78A-2150-2, WAC 388-78A-2150-3

The Department staff who did the on-site verification:
Shirley Grew, LTC Surveyor
Cory Myers, NCI ALF Licensor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

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

Statement of Deficiencies	License #: 2427	Compliance Determination # 58763
Plan of Correction	Bridgeport Place	Completion Date
Page 1 of 6	Licensee: C.F. Bridgeport, LLC	05/02/2025

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 04/29/2025 and 05/02/2025 of:
Bridgeport Place
5250 Bridgeport Way W
University Place, WA 98467

The following sample was selected for review during the unannounced on-site visit: 9 of 67 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Shirley Grew, LTC Surveyor
Cory Myers, NCI ALF Licensor

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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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.

Residential Care Services — Date: 05/12/2025

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) — Date: 5/12/25

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 2 of 2 sampled care staff (Staff B and C) completed 12 hours of continuing education (CE) classes as required. This failure placed all 67 ALF residents at risk of receiving care from unqualified staff.

Findings included...

Review of the personnel file for Staff B, Medication Technician, showed they were hired on 04/12/2021 and they held a current Nursing Assistant Certification (NAC). Review of

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Staff B's personnel file showed their date of birth as 10/30. Staff B's file showed no documentation of CE credits from their 10/2023 birthday to their 10/2024 birthday.

Review of the personnel file for Staff C, Medication Aide, showed they were hired on 09/01/2017 and they held a current NAC. Review of Staff C's personnel file showed their date of birth as 10/08. Staff C's file showed no documentation of CE credits from their 10/2023 birthday to their 10/2024 birthday.

During an interview on 05/01/2025 at 11:35 AM, Staff A, Executive Director, said the ALF had not found documentation of the required CE hours for Staff B and C.

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, Bridgeport Place is or will be in compliance with this law and / or regulation on (Date) 6/25/25.

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

Amber O'Connor — Administrator (or Representative)

5/12/25 — Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to complete a full assessment at least annually for 5 of 9 sampled residents (Residents 1, 5, 6, 8, and 9 [R1, R5, R6, R8, and R9]). This failure placed the residents at risk of having their care needs unmet.

Findings included...

Review of R1's "Washington Health and Service Evaluation Results and Service Plan" showed their last assessment was completed on 11/06/2023. At the time of inspection, more than one year had passed since R1's last assessment.

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Review of R5's "Washington Health and Service Evaluation Results and Service Plan" showed their last assessment was completed on 11/07/2023. At the time of inspection, more than one year had passed since R5's last assessment.

Review of R6's "Washington Health and Service Evaluation Results and Service Plan" showed their last assessment was completed on 11/28/2023. At the time of inspection, more than one year had passed since R6's last assessment.

Review of Resident 8's (R8) "Washington Health and Service Evaluation Results and Service Plan," showed their last assessment was completed on 11/27/2023. At the time of inspection, more than one year had passed since R8's last assessment.

Review of R9's "Washington Health and Service Evaluation Results and Service Plan" showed their last assessment was completed on 11/07/2023. At the time of inspection, more than one year had passed since R9's last assessment.

During the exit interview on 05/02/2025 at 3:42 PM, Staff A, Executive Director, acknowledged that the assessments for R1, R5, R6, R8, and R9 were late. Staff A stated that the facility is working on updating the residents' assessments.

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, Bridgeport Place is or will be in compliance with this law and / or regulation on (Date) 06/25/25

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

Amber O'Connor 5/12/25

Administrator (or Representative) Date

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

Review of R5's “Washington Health and Service Evaluation Results and Service Plan” showed their last assessment was completed on 11/07/2023. At the time of inspection, more than one year had passed since R5's last assessment.

Review of R6's “Washington Health and Service Evaluation Results and Service Plan” showed their last assessment was completed on 11/28/2023. At the time of inspection, more than one year had passed since R6's last assessment.

Review of Resident 8's (R8) “Washington Health and Service Evaluation Results and Service Plan,” showed their last assessment was completed on 11/27/2023. At the time of inspection, more than one year had passed since R8's last assessment.

Review of R9's “Washington Health and Service Evaluation Results and Service Plan” showed their last assessment was completed on 11/07/2023. At the time of inspection, more than one year had passed since R9's last assessment.

During the exit interview on 05/02/2025 at 3:42 PM, Staff A, Executive Director, acknowledged that the assessments for R1, R5, R6, R8, and R9 were late. Staff A stated that the facility is working on updating the residents' assessments.

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, Bridgeport Place 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

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

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure that the Negotiated Service Agreement (NSA, Service Plan) for 5 of 9 sample residents (Residents 1, 3, 5, 7, and 9 [R1, 3, 5, 7, and 9]) was signed annually by either the resident or resident's representative, and a representative of the assisted living facility. This failure placed the residents and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings included...

Resident 1 (R1)
Record review of the ALF's "Assisted Living Facility Resident Characteristic Roster and Sample Selection," undated, showed that R1 was admitted to the ALF on [redacted]/2012. Review of R1's NSA, dated 11/06/2023, showed no signature from R1 or R1's representative, and no facility representative signature.

Resident 3 (R3)
Record review of the ALF's "Assisted Living Facility Resident Characteristic Roster and Sample Selection," undated, showed that R3 was admitted to the ALF on [redacted]/2023. Review of R3's NSA, dated 04/23/2025, showed no signature from R3 or R3's representative.

Resident 5 (R5)
Record review of the ALF's "Assisted Living Facility Resident Characteristic Roster and Sample Selection," undated, showed that R5 was admitted to the ALF on [redacted]/2018. Review of R5's NSA, dated 11/07/2023, showed no signature from R5 or R5's representative, and no facility representative signature.

Resident 7 (R7)
Record review of the ALF's "Assisted Living Facility Resident Characteristic Roster and Sample Selection," undated, showed that R7 was admitted to the ALF on [redacted]/2023. Review of R7's NSA, dated 01/13/2025, showed no signature from R7 or R7's representative, and no facility representative signature.

Resident 9 (R9)
Record review of the ALF's "Assisted Living Facility Resident Characteristic Roster and Sample Selection," undated, showed that R9 was admitted to the ALF on [redacted]/2022. Review of R9's NSA, dated 11/07/2023, showed no signature from R9 or R9's representative, and no facility representative signature.

During the exit interview on 05/02/2025 at 3:30 PM, Staff A, Executive Director,

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acknowledged that the NSAs for R1, R3, R5, R7, and R9 were missing the required signatures.

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, Bridgeport Place is or will be in compliance with this law and / or regulation on (Date) 6/25/25.

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

Amber OConnor 5/12/25

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

C.F. Bridgeport, LLC
Bridgeport Place
5250 Bridgeport Way W
University Place, WA 98467

RE: Bridgeport Place # 2427

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 05/02/2025 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:

Manfay Chan, Allied Health Field Manager
Residential Care Services
Region 3, Unit D
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
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-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.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

The facility failed to ensure each staff person was screened for tuberculosis (TB) within three days of employment. Facility records showed all TB testing was completed and system was in place to meet the regulatory requirements prior to date of 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 (253)442-3013.

Sincerely,

Manfay Chan, Allied Health Field Manager
Region 3, Unit D
Residential Care Services

Enclosure

Plan of Correction (POC)

Facility Name: Bridgeport Place Assisted Living and Memory Care
Administrator/Executive Director: Amber Olomon
Date of Submission: 5/12/2025
Survey Date: 05/02/2025

Citation: Staff Not Current with Continuing Education Requirements

Deficiency:
Two staff members were found to be out of compliance with the annual continuing education (CE) requirement, as outlined in WAC 388-112A.

Plan of Correction:

- **Immediate Action Taken:**
  - A full audit of staff training files was conducted on [Insert Date] to identify individuals who were noncompliant.
  - Identified staff were immediately scheduled for required CE courses through Relias.
- **Systemic Changes Implemented:**
  - A centralized digital tracking system has been implemented to monitor training due dates and completions (Relias).
  - All staff will receive a monthly update on their CE status to ensure timely completion.
  - The administrator/designee will review training records monthly.
- **Responsible Party:**
  Executive Director, Wellness Director, Business Office Manager
- **Date of Full Compliance:**
  June 25, 2025

Citation(s): Care Plans Not Updated with Required Signatures

Deficiency:
Resident care plans were not consistently updated with required signatures from responsible parties and interdisciplinary team members, as required by WAC 388-78A.

Plan of Correction:

- **Immediate Action Taken:**
  - A full review of all resident care plans was initiated 05/02/2025.
  - Missing signatures will be obtained from responsible parties, family members, and clinical team members as appropriate.
- **Systemic Changes Implemented:**
  - A new Care Plan Audit Tool was created and will be used monthly by the Wellness Director to ensure compliance (Yardi report).
  - A checklist was added to the care plan documentation process to verify all required signatures before the care plan is filed.
  - All assessors were re-educated on proper care plan documentation and signature requirements.
- **Responsible Party:**
  Wellness Director and Executive Director.
- **Date of Full Compliance:**
  June 25, 2025