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) 31196 (Completion Date 12/18/2023) and 24978 (Completion Date 06/23/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/18/2023 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-2371-1, WAC 388-78A-2371-3

The Department staff who did the off-site verification:
Woodetta Maulana,

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Bridgeport Place
Provider Type: Assisted Living Facility
License/Cert.#: 2427
Compliance Determination #: 24978
Intake ID: 77730
Investigator: Woodetta Maulana
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 06/07/2023 through 06/23/2023
Complainant Contact Date(s):

Allegation(s):

Named resident fell over a bucket of water and the facility received the resident back from the hospital when they should have had the resident return to the hospital.

Investigation Methods:

Sample:	Total residents: 62 Resident sample size: 7 Closed records sample size: 1
Observations:	staff to resident interaction residents general observation of the facility
Interviews:	staff residents
Record Reviews:	resident records facility investigation report

Investigation Summary:

The Assisted Living Facility (ALF) failed to document findings of their investigation and failed to institute appropriate measures to prevent similar future incidents in relation to identified contributing environmental factors when resident one had a fall with injury.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Bridgeport Place
Provider Type: Assisted Living Facility
License/Cert.#: 2427
Compliance Determination #: 24978
Intake ID: 77739
Investigator: Woodetta Maulana
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 06/07/2023 through 06/23/2023
Complainant Contact Date(s):

Allegation(s):

Named resident fell over a bucket of water and the facility received the resident back from the hospital when they should have had the resident return to the hospital.

Investigation Methods:

Sample:	Total residents: 62 Resident sample size: 7 Closed records sample size: 1
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Investigation Summary:

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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 #: 2427	Compliance Determination # 24978
Plan of Correction	Bridgeport Place	Completion Date
Page 1 of 3	Licensee: C.F. Bridgeport, LLC	06/23/2023

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 06/07/2023 and 06/07/2023 of:

Bridgeport Place
5250 Bridgeport Way W
University Place, WA 98467

This document references the following complaint number(s): 77730, 77739, 80383

The following sample was selected for review during the unannounced on-site visit: 7 of 62 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Woodetta Maulana,

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.

Residential Care Services — Date: 06/26/2023

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

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to document findings of their investigation and failed to institute appropriate measures to prevent similar future incidents in relation to identified contributing environmental factors when 1 of 7 sample residents (Resident 1) had a fall with injury. This failure placed all residents at risk for harm.

Findings included...

Review of the facility's "Resident Incident Report" dated 04/07/2023 documented, Resident 1 (R1) was facing the floor with a bleeding nose and injuries that included a fracture, bump on the head with fresh blood and a bruise. Further review showed "resident was walking back to her room and lost balance and fell on her face. R1's right eye was bruise and had bleeding nose."

The "Resident Incident Report" dated 04/07/2023, under the heading "Contributing Factors: Environmental Factors" documented, "Fell while ambulating independently, improper use of two-wheel walker, independently completing ADL's, Resident lost balance and fell while ambulating."

Review of the "Resident Incident Report" dated 04/07/2023 under the heading "Resident Follow up and Prevention: Fall Reduction Interventions Implemented" documented, "alert charting, appropriate footwear, area checked for trip hazards, asked resident when feeling lightheaded or dizzy to call for assistance before transfers, encourage resident to call for staff assistance if feeling weak/unsteady, encourage resident to use walker in room."

On 06/07/2023 at 12:30 p.m., Housekeeper (Staff B) stated she was inside a resident's room cleaning when she heard a noise. Staff B stated she came out and saw R1 on the floor in the hallway. Staff B stated the mop bucket that was filled with water was dumped over and R1 was on the floor next to the bucket.

Statement of Deficiencies	License #: 2427	Compliance Determination # 24978
Plan of Correction	Bridgeport Place	Completion Date
Page 3 of 3	Licensee: C.F. Bridgeport, LLC	06/23/2023

On 06/07/2023 at 1:00 p.m., Director of Wellness (Staff A) stated she did not include the knocked over bucket that was filled with water as a contributing environmental factor in the facility's incident report and investigation because the bucket was completely empty of water, and there should have been some water left inside of the bucket. When asked, Staff A confirmed the floor was wet and stated she thought the resident had an episode of incontinence.

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) 7/24/23.

On During Next All-Staff in Service

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

Daniel C. Powell
Administrator (or Representative)

7/26/23
Date