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

Wesley Homes Bradley Park LLC

Wesley Homes Bradley Park LLC
707 39th Ave SE
Puyallup, WA 98374

RE: Wesley Homes Bradley Park LLC License # 2520

Dear Administrator:

This letter addresses Compliance Determination(s) 62444 (Completion Date 07/24/2025) and 59576 (Completion Date 05/28/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/24/2025 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-2350-1, WAC 388-78A-2950-6, WAC 388-78A-2474-1, WAC 388-78A-2474-2-c, WAC 388-78A-2474-5, WAC 388-78A-2474-6

The Department staff who did the on-site verification:
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

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

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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 05/14/2025 and 05/21/2025 of:
Wesley Homes Bradley Park LLC
707 39th Ave SE
Puyallup, WA 98374

The following sample was selected for review during the unannounced on-site visit: 5 of 17 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

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

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.

Karen Williams 6/16/25
Administrator (or Representative) Date

WAC 388-78A-2350 Coordination of health care services.

(1) The assisted living facility must coordinate services with external health care providers to meet the residents' needs, consistent with the resident's negotiated service agreement.

This requirement was not met as evidenced by:

Based on observations, interviews and records review the Assisted Living Facility (ALF) failed to coordinate services with the hospital staff for 1 of 7 sampled residents (Resident 5 [R5]) to fast resident prior to a scheduled procedure for a supra pubic catheter insertion. This failure caused potential harm to the resident from being unable to go through with the physician's order for surgery for the supra pubic catheter procedure.

Findings included...

Review of a record titled Disclosure of Services dated 03/2017 stated on page 3 of 11 under item C. "Arranging Health Care Appointments: All assisted living facilities must help you arrange health care appointments and remind you of them, as necessary. Additionally, the facility will provide the following optional services (or clarifying comments: Please notify the Arbor nurse of your health care appointments. We record these appointments on a master calendar and will remind you of your appointments." Under item D. "Coordinating Health Care Services: All assisted living facilities must coordinate services you receive from health care providers in the community with the services the assisted living facility provides to you, if you agree. Additionally, the facility will provide the following optional services (or clarifying comments): Wesley will coordinate the following services, with providers whom you choose to contract: Physicians, Podiatrist, Physical Therapists, Occupational or speech therapies, Home Health or Hospice Agencies."

Record review of a document titled, "Service Plan Report," dated 06/21/2023, stated R5 was admitted to the facility on [redacted]/2023 with the diagnosis of [redacted].

Record review of a document titled, "Functional Assessment-MC-V3," dated 03/11/2025 for R5 stated a goal to progress from the Foley catheter to the supra pubic catheter and was documented in item VII. Under functional assessment topic titled, "Toileting Habits," there was a box checked. This box indicated a focus of alteration in elimination urinary/right Benign Prostatic Hyperplasia (BPH), an enlargement of the prostate gland in men, which is not cancerous and retained with a Foley catheter. A box checked indicated the goal for staff intervention under catheter: supra pubic with a (leg bag/drainage bag). Staff were to check for position and lack of obstructions. On page 10 of 18 of the functional assessment, under wellness monitoring, a box checked indicated required communication by nursing staff to manage outside care concerns, appointments, supplies, monitoring of lab work or medications. The box titled care coordination was not checked which included limited family involvement.

Observation on 05/15/2025 at 11:45 AM showed R5 walking into the dining room carrying a bucket, with a catheter bag (a thin flexible tube and bag used to drain fluid from the body, mostly urine from the bladder) inside of the bucket. The resident sat at a table in the dining room, during the resident group meeting, across from a visitor which had arrived to see them.

Observation on 05/15/2025 at 3:03 PM showed R5 sitting in their room with the previously prescribed larger catheter bag placed in a bucket and void of the discrete leg catheter bag.

In an interview on 05/15/2025 at 3:30 PM, Staff E, Arbor Nurse Manager, stated R5 had a scheduled Urology appointment for a Supra Pubic Catheter insertion on 02/20/2025 at 9:00 AM. Staff E stated this procedure required fasting and care staff were notified the evening of 02/19/2025. Staff E stated care staff provided a breakfast meal on the date of the procedure (02/20/2025). Staff E stated R5 was unable to go to the appointment on 02/20/2025, as a direct result.

In an interview on 05/21/2025 at 12:45 PM Staff E stated they posted the message for care staff to have no solid food the evening before, 02/19/2025, the surgical procedure on 02/20/2025. Staff E stated they had a copy of the notice placed in the medication room posted for another supra pubic procedure on 11/12/2024 at 12:00 PM but said they did not have the notice placed in the medication room for the supra pubic procedure scheduled on 02/20/2025 at 9:00 AM.

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Record review of an email dated 02/02/2025 at 4:58 PM, from Collateral Contact (CC5), R5's family, addressed to Staff E were instructions from the hospital. The instructions read "Requirements prior to Surgery" instructing the patient to "wear comfortable clothing, no alcohol, no solids after midnight, clear liquids up until 8:00 AM (black coffee, apple juice, Gatorade, water), hold aspirin 5 days prior to the procedure, no vitamin supplements on the day of the procedure, nothing by mouth after 8:00 AM, and the procedure will take four to six hours."

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, Wesley Homes Bradley Park LLC is or will be in compliance with this law and / or regulation on (Date) 6/1/25 .

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

Karen Williams — Administrator (or Representative)

6/16/25 — Date

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

This requirement was not met as evidenced by:

Based on observations and interview, the Assisted Living Facility (ALF) failed to maintain hot water temperatures within the required temperature ranges for 2 of 2 sampled memory care resident room sinks. This failure placed 17 of 17 memory care residents at risk of potential burns from water exceeding the permissible temperatures of 105 degrees to 120 degrees.

In an observation on 05/14/2025 at 12:45 PM showed a hot water temperature of 127 degrees in Resident 6's room, number [redacted].

In an observation on 05/14/2025 at 12:40 pm showed a hot water temperature of 125.4 degrees in Resident 7's room, number [redacted].

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In an interview on 05/16/2025 at 3:30 PM Staff A, Campus Administrator, stated they did not know the temperatures were above the maximum permissible water temperature. Staff A stated the water temperatures would be reduced to below 120 degrees and a safety plan would be submitted.

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, Wesley Homes Bradley Park LLC is or will be in compliance with this law and / or regulation on (Date) 6/14/25 .

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

Karen Williams — Administrator (or Representative)

6/16/25 — Date

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

(1) The assisted living facility must ensure staff persons hired before January 7, 2012 meet training requirements in effect on the date hired, including requirements in chapter 388-112A WAC.

(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:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

(5) Under RCW 18.88B.041 and chapter 246-980 WAC, certain individuals including registered nurses, licensed practical nurses, certified nursing assistants, or persons who are in an approved certified nursing assistant training program are exempt from long-term care worker basic training requirements. Continuing education requirements under chapter 388-112A WAC still apply to these individuals, except for registered nurses and licensed practical nurses.

(6) For the purpose of this section, the term "caregiver" has the same meaning as the term "long-term care worker" as defined in RCW 74.39A.009 .

This requirement was not met as evidenced by:

Based on interviews and records review, the Assisted Living Facility (ALF) failed to ensure 1 of 6 sampled Staff (Staff D) completed the required twelve hours of continuing education and 2 of 6 sampled Staff (Staff A and B) completed dementia and mental health specialty training within the required time frames. These failures placed 17 of 17 residents at risk of having received care from unqualified and untrained staff.

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Findings included...

WAC 388-112A-0611
"(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described in this section.
(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:
(i) A certified home care aide;
(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2);
(iii) A certified nursing assistant;
(iv) A person with special education training and an endorsement granted by the Washington state office of superintendent of public instruction, as described in RCW 28A.300.010; and
(v) An assisted living facility administrator or the administrator designee as provided under WAC 388-112A-0060."

WAC 388-112-0400
"(3) Assisted living facility administrators or their designees, enhanced services facility administrators or their designees, adult family home applicants or providers, resident managers, and entity representatives who are affiliated with homes that service residents who have special needs, including developmental disabilities, dementia, or mental health, must take one or more of the following specialty training curricula:
(a) Developmental disabilities specialty training as described in WAC 388-112A-0420;
(b) Dementia specialty training as described in WAC 388-112A-0440;
(c) Mental health specialty training as described in WAC 388-112A-0450."

WAC 388-112A-0490
"(3) If an assisted living facility serves one or more residents with special needs, the assisted living facility administrator or designee must complete specialty training and demonstrate competency within one hundred twenty days of date of hire.
(4) If a resident develops special needs while living in an assisted living facility, the assisted living facility administrator or designee has one hundred twenty days to complete specialty training and demonstrate competency, or demonstrate proof of specialty training."

WAC 388-112A-0495
"(4) If an assisted living facility serves one or more residents with special needs, the assisted living facility must ensure that a long-term care worker employed by the facility demonstrates completion of, or completes and demonstrates competency in specialty training within 120 days of hire. However, if specialty training is not integrated with basic training, the specialty training must be completed within 90 days of completion of basic training."

Record review of the Characteristic Roster, dated 05/08/2025, showed residents listed with dementia, Alzheimer's, and cognitive impairment. The Characteristic Roster also,

showed two residents with behaviors and psychosocial issues.

<Staff A>

Record review of Staff A's, Campus Administrator, personnel file did not show completed dementia or mental health specialty training certificates due on 08/03/2022, 120 days from hire.

In an interview on 05/28/2025 at 10:00 AM Staff E, Arbor Nurse Manager, said Staff A's date of hire as the Campus Administrator was on 04/05/2022.

<Staff B>

Record review of the Staff Roster provided on 05/14/2025, showed Staff B, Nursing Assistant Certified (NAC) was hired by the ALF on 09/05/2024. Staff B's personnel file did not have completed dementia specialty training certificate due, on 01/03/2025, 120 days from hire.

<Staff D>

Record review of the Staff Roster provided on 05/14/2025, showed Staff D, Nursing Assistant Certified (NCA) was hired by the ALF on 05/04/2023. Staff D's personnel file did not show the completed continuing education training certificates that were due on 04/24/2025.

In an interview on 05/16/2025 at 10:00 AM, Staff E, Arbor Nurse Manager, said they did not ensure Staff D completed their required continuing education annually by their date of birth and Staff D completing specialty trainings (dementia and mental health specialty trainings) within 120 days of hire date.

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

Karen Williams
Administrator (or Representative)

6/16/25
Date