



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

Laurel Glen ALC LLC
Vineyard Park of Bremerton
2707 Clare Ave
Bremerton, WA 98310

RE: Vineyard Park of Bremerton License # 2695

Dear Administrator:

This letter addresses Compliance Determination(s) 45227 (Completion Date 08/06/2024) and 41764 (Completion Date 05/31/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/06/2024 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-2040-1

The Department staff who did the on-site verification:
Michael Goulet, Complaint Investigator

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

Sincerely,

A handwritten signature in black ink, appearing to read "Manfay Chan", with a long horizontal flourish extending to the right.

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



Residential Care Services Investigation Summary Report

Provider/Facility: Vineyard Park of Bremerton **Provider Type:** Assisted Living Facility

License/Cert.#: 2695

Intake ID: 130054

Compliance Determination #: 41764

Region/Unit #: RCS Region 3 / Unit D

Investigator: Michael Goulet

Investigation Date(s): 05/23/2024 through 05/31/2024

Complainant Contact Date(s): 05/13/2024

Allegation(s):

1) Facility remained out of compliance with Fire Marshal inspections after two follow up inspections were performed by the Fire Marshal (2-6-24 and 5-8-24) following the initial facility inspection (12-19-23).

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size:
Observations:	General Environment Clothing linen closet (as specified in Fire Marshal investigation report)
Interviews:	Staff
Record Reviews:	Fire Marshal Inspection Reports (3)

Investigation Summary:

1) Per record review of multiple (3) Fire Marshal Inspection Reports for the facility, the facility remained out of compliance in four areas (clothing within three feet of electrical panel in facility linen closet, no documentation of fire sprinkler inspection, no documentation of kitchen fire suppression system inspection and no documentation of carbon monoxide detector inspection). Per interview, facility director stated that these issues had been addressed with the Fire Marshal prior to the close of the third inspection (5-8-24). Observation of the linen closet in question was performed by this investigator, and it was noted that the electrical panel in this room was not blocked by linens, linen carts or storage shelves, and that the floor in front of the electrical panel was taped off to communicate to staff that this area was not to be blocked in any way. The electrical panel was observed to be clear of any obstruction and easily accessible, but the linen storage shelving was noted to be within three feet of the panel (as described in the Fire Marshal Inspection Report), although no linens or clothing were present in the room during observation. Per interview, the facility director stated that the inspection documentation for the facility sprinkler system, the kitchen fire suppression system and the carbon monoxide

detector was present as of the time of the final Fire Marshal inspection. As of 5-31-24 the facility had not provided this documentation to this investigator.
Cited as per WAC 388-78A-2040 (1) Other Requirements.

Conclusion / Action:

- ☒ 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 #: 2695	Compliance Determination # 41764
Plan of Correction	Vineyard Park of Bremerton	Completion Date
Page 1 of 3	Licensee: Laurel Glen ALC LLC	05/31/2024

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 05/23/2024 and 05/23/2024 of:

Vineyard Park of Bremerton
2707 Clare Ave
Bremerton, WA 98310

This document references the following complaint number(s): 130054

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

The department staff that investigated the Assisted Living Facility:

Michael Goulet, 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.


Residential Care Services

06/03/2024

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.

Ala Carter-ED

Administrator (or Representative)

6/17/2024

Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the assisted living facility failed to meet the requirements of the state Fire Marshal, and failed to rectify violations noted by the Fire Marshal during the Fire Marshal inspections of the facility on 12-19-23, 2-6-24 and 5-8-24. Failure to address these violation placed all 84 residents and staff at risk of Physical harm.

Findings Included...

Record review on 5-13-24 at 8:35am of the Fire Marshal Report of inspection of the facility showed that the facility remained out of compliance following the third Fire Marshal inspection regarding linen storage being closer than three feet to an electrical panel, and regarding not providing documentation of inspections for the facility fire sprinkler system, the kitchen fire suppression system and the facility's carbon monoxide detectors.

Observation on 5-23-24 at 10:40am of the facility linen closet in question did show that the facility had taped off the floor of the closet in front of the electrical panel in this room, in order to communicate to staff that linen carts and other objects could not be placed so as to block access to the electrical panel, but that linen storage shelving was still within three feet of the electrical panel. No linens or clothing were observed in the closet, and there was access to the electrical panel at the time of observation, but it was unclear if the shelving unit being within three feet of the electrical panel would violate the Fire Marshal requirements as stated in the Fire Marshal Inspection Report.

During an interview on 5-23-24 at 10:10am, the facility executive director (Staff A) stated that all of the issues named in the final Fire Marshal Inspection Report had been addressed prior to the Fire Marshal leaving the facility on 5-8-24, and that all of the inspection documents related to the facility sprinkler system, the kitchen fire suppression system and the facility carbon monoxide detectors had been available at that time, but as of this writing none of these documents had been provided by 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, Vineyard Park of Bremerton is or will be in compliance with this law and / or regulation on (Date) 7/10/2024.

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

Asia Carter-ED

Administrator (or Representative)

6/17/2024

Date

Plan of Correction

Agency Name	Citation Date
Vineyard Park of Bremerton	5/31/24
Submitted by	Date of POC Submission
Lisa Carlock	7/3/24
☐ Complaint Citation ☐ Certification Citation	

Citation: (list WAC)	
WAC 388-78A-2040 Other Requirements	Describe the <i>initial or immediate actions</i> taken. Since acquiring Vineyard Park of Bremerton, we have changed our fire monitoring and testing company to PSI. All required testing had been done at the time of the fire marshal's visit but we did not have documents on-site due to an error on PSI's onboarding. We made every effort possible to get the records of testing onsite, calling daily, leaving messages, emails etc. Unfortunately, they were not here when Fire Marshal returned. We now have the documentation here in our fire book. The Sprinkler System, Kitchen fire suppression system and carbon monoxide detectors were all tested, and all passed at the time service was due. There was no risk to residents as the tests were completed on time.
How will you apply the correction to all clients you support?	System or Operational Changes: I had a meeting with one of the owners of PSI and our local rep regarding the lack of follow through with returning reports and testing. They assured me it will be handled differently and apologized profusely. I made it clear how important it is that we have these documents on hand within 7 days of work being done and they assured me it will happen. We also set up an online portal with them so we can access it at anytime. This had not been set up yet at this location since this building was new to their system
Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur?	Ann Kershul- Regional Maintenance Director Keith Starke- Maintenance Manger Lisa Carlock- Executive Director
Date by which lasting correction will be achieved	We are live on our portal now and have all testing documents on site.. 7/1/2024
Additional Information	I do believe this is something that I would IDR but have decided not to spend time on that process, rather move forward knowing that we did do our testing as required and our residents and staff were always safe. The concern with linen closet having items in it, as Michael said in his report, the area is taped off, there is nothing in the taped off area. This will also continue to be monitored.

Submit to RCS within 10 calendar days of receipt of letter to: