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

AHR Port Orchard WA ALF TRS SUB, LLC
Orchard Pointe Senior Alzheimer Community
300 S Kitsap Blvd
Port Orchard, WA 98366

RE: Orchard Pointe Senior Alzheimer Community License # 2724

Dear Administrator:

This letter addresses Compliance Determination(s) 62865 (Completion Date 07/21/2025) and 60152 (Completion Date 06/04/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/21/2025 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-2474-2, WAC 388-112A-0550-2-b

The Department staff who did the on-site verification:
Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

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
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PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 2724	Compliance Determination #60152
Plan of Correction	Orchard Pointe Senior Alzheimer Community	Completion Date
Page 1 of 3	Licensee: AHR Port Orchard WA ALF TRS SUB, LLC	06/04/2025

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 and complaint investigation on 05/27/2025, 05/28/2025, 05/29/2025 and 05/30/2025 at:

Orchard Pointe Senior Alzheimer Community
300 S Kitsap Blvd
Port Orchard, WA 98366

This document references the following complaint numbers: 179282.

The following sample was selected for review during the unannounced on-site visit: 9 of 37 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility.

Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

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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From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

Statement of Deficiencies	License #: 2724	Compliance Determination #80152
Plan of Correction	Orchard Pointe Senior Alzheimer Community	Completion Date
Page 2 of 3	Licensee: AHR Port Orchard WA ALF TRS SUB, LLC	06/04/2025

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 — 06/05/2025 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.

Administrator (or Representative) NMAHED — 6/13/25 Date

WAC 388-112A-0550 Who is required to complete nurse delegation core training and nurse delegation specialized diabetes training and by when?

(2) Before long-term care workers in adult family homes and assisted living facilities may perform the task of insulin injections, the long-term care workers must:

(b) Successfully complete the DSHS designated specialized diabetes nurse delegation training.

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:

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 4 Staff (Staff C) was qualified to administer insulin by injection to 2 of 2 Residents [Resident 2 (R2) and Resident 5 (R5)]. This failure placed insulin dependent residents at risk of decline in their health status.

Findings included...

Review of the personnel file for Staff C (Medication Technician), showed a training certificate titled "Nurse Delegation Diabetes." The certificate was dated March 17, 2025.

Resident 2 (R2)
Review of the February and March 2025 Medication Administration Records (MARs) for

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.

Administrator (or Representative) | Date

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Resident 2 (R2)
Review of the February and March 2025 Medication Administration Records (MARs) for

R2, an insulin-dependent diabetic, showed an order for Lispro insulin to be administered three times a day by injection before meals, based on R2's blood sugar level. Staff C administered insulin 17 times in February, and six times In March 2025 prior to obtaining the Nurse Delegation Diabetes certification.

Resident 5 (R5)
Review of the February and March 2025 MARs for R5, an insulin-dependent diabetic, showed an order for Lispro insulin two units to be administered three times a day by injection before meals, if R5's blood sugar was greater than 160. Staff C administered insulin 10 times in February, and four times in March 2025 prior to obtaining Nurse Delegation Diabetes certification.

During an interview on 05/30/2025 at 12:00 PM, Staff B, Registered Nurse Delegator, said Staff C completed her Nurse Delegation Diabetes training on 03/17/2025.

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, Orchard Pointe Senior Alzheimer Community is or will be in compliance with this law and / or regulation on (Date) 7-7-25 .

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

Administrator (or Representative) — Date: 6/13/25

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Resident 5 (R5)
Review of the February and March 2025 MARs for R5, an insulin-dependent diabetic, showed an order for Lispro insulin two units to be administered three times a day by injection before meals, if R5's blood sugar was greater than 100. Staff C administered insulin 10 times in February, and four times in March 2025 prior to obtaining Nurse Delegation Diabetes certification.

During an interview on 05/30/2025 at 12:00 PM, Staff B, Registered Nurse Delegator, said Staff C completed her Nurse Delegation Diabetes training on 03/17/2025.

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, Orchard Pointe Senior Alzheimer 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

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PO Box 99250, Lakewood, WA 98496

AHR Port Orchard WA ALF TRS SUB, LLC
Orchard Pointe Senior Alzheimer Community
300 S Kitsap Blvd
Port Orchard, WA 98366

RE: Orchard Pointe Senior Alzheimer Community # 2724

Dear Administrator:

This document references the following complaint numbers 179282.

The Department completed a full inspection and complaint investigation of your Assisted Living Facility on 06/04/2025 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-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

A staff member did not have a one-step Tuberculosis (TB) skin test within three days of hire as required. A TB skin test was placed by qualified staff, and the test result was negative. This was corrected to the Department's satisfaction prior to exiting.

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

One medication technician was not delegated by the Registered Nurse to administer medications to facility residents as required. The Registered Nurse delegated the staff and added the staff to the list of delegated medication technicians. This was corrected to the Department's satisfaction prior to exiting.

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