



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
**6639 Capitol Blvd SW, Floor 1, Tumwater, WA 98501**

Bridgeview Adult Family Home LLC  
Bridgeview Adult Family Home LLC  
7501 77th Ave SW  
Lakewood, WA 98498

RE: Bridgeview Adult Family Home LLC # 754358

Dear Provider:

This document references Compliance Determination 24285 (05/26/2023), which included complaint number(s) 82476.

The Department completed a complaint investigation of your Adult Family Home on 05/26/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Jonel Tuckett, AFH Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

**Consultation:**

**WAC 388-76-10616 Resident rights-Transfer and discharge notice.**

- (2) The home may make the notice as soon as practicable before transfer or discharge when:
- (a) The safety and health of the individuals in the home would be endangered;

The adult family home failed to provide a written notification of discharge as soon as practicable for 1 of 1 Residents (Resident 4 (R4)) when the home refused to accept R4 back from the hospital because the safety and health of the individuals in the home would be endangered. This deficiency was corrected on-site at the time of visit. Consultation was provided.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**

- Inspect the home to determine if you have corrected all deficiencies.


**You May:**

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

**If You Have Any Questions:**

- Please contact me at (360)664-8421.

Sincerely,



Jennifer LeMaster, Field Manager

Region 3, Unit G

Residential Care Services

**INFORMAL DISPUTE RESOLUTION [RCW 70.128]**

**You May:**

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an 'IDR Request Form' for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>

**Provider Process for Choosing a Panel or Traditional IDR:**

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to [rcsidr@dshs.wa.gov](mailto:rcsidr@dshs.wa.gov):

Adult Family Home IDR Program  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600



## Residential Care Services Investigation Summary Report

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**Provider/Facility:** Bridgeview Adult Family Home LLC  
**License/Cert.#:** 754358  
**Compliance Determination #:** 24285  
**Investigator:** Jonel Tuckett  
**Investigation Date(s):** 05/23/2023 through 05/26/2023  
**Complainant Contact Date(s):**

**Provider Type:** Adult Family Home  
**Intake ID:** 82476  
**Region/Unit #:** RCS Region 3 / Unit G

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### Allegation(s):

1. Other-Admission, Transfer & Discharge Rights-The Adult Family Home (AFH) discharged Named Resident (AV) to the hospital.
  2. Abandonment-Resident/Patient/Client Abandonment-The AFH abandoned Named Resident (AV).
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### Investigation Methods:

**Sample:** Total residents: 3  
Resident sample size: 3  
Closed records sample size: 1

**Observations:** Provider to Resident interactions, Caregiver to Resident interactions, care and services, environment and safety measures.

**Interviews:** AFH Residents, AFH Caregivers, AFH Provider, Healthcare Provider, Other.

**Record Reviews:** Resident Assessments, Negotiated Care Plans (NCP), Nursing Notes, Notice of Discharge, Department Records.

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### Investigation Summary:

1. Other-Admission, Transfer and Discharge Rights- Interviews and record reviews showed that the AFH discharged AV appropriately to ensure the safety and health of other individuals in the home. The AFH failed to provide AV with a written notice of discharge and advocacy resources as soon as practicable. This deficiency was corrected on-site at the time of visit. Consultation was provided.
2. Abandonment-Resident/Patient/Client Abandonment- Observations, interviews and record reviews showed that the AFH provided appropriate/individualized resident care, according to the resident's Assessment, NCP and preferences/choices. AV was assessed as independent and left the home by choice. The AFH ensured safety for AV and the other residents in the home, and made the required notifications when AV left. No evidence was found to show that the AFH

abandoned AV. No failed practice was found.

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**Conclusion / Action:**

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