



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 License # 754358

Dear Provider:

This letter addresses Compliance Determination(s) 39070 (Completion Date 03/29/2024) and 37470 (Completion Date 03/14/2024).

The Department completed a follow-up inspection of your Adult Family Home on 03/29/2024 and found that you have corrected the violations listed in the Complaint report dated 03/14/2024. Your home is back in compliance as of with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10205

The Department staff who did the on-site verification:
Laura Newberry

If you have any questions, please contact me at (360)450-1218.

Sincerely,

 Jennifer LeMaster, Field Manager Region 3, Unit G

Michael Burdick, Field Manager
Region 3, Unit G
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: Bridgeview Adult Family Home LLC
License/Cert.#: 754358
Compliance Determination #: 37470
Investigator: Laura Newberry
Investigation Date(s): 02/28/2024 through 03/14/2024
Complainant Contact Date(s): 03/12/2024

Provider Type: Adult Family Home
Intake ID: 115273
Region/Unit #: RCS Region 3 / Unit G

Allegation(s):

Quality of care/treatment – The named resident (NR) was not allowed to get out of bed, became unable to walk, and didn't have a light in their room.

Investigation Methods:

Sample: Total residents: 5
Resident sample size: 5
Closed records sample size: 1

Observations: AFH residents, AFH staff, AFH environment

Interviews: NR and other AFH residents, AFH staff, NR responsible party

Record Reviews: NR and other AFH resident's assessment, negotiated care plan, nursing notes, progress notes, delegation notes, department records

Investigation Summary:

Quality of care/treatment - The unannounced on-site investigation was conducted in relation to allegations and/or incidents reported. Based on observations, interviews, and records reviewed, no failed facility practice was substantiated in relation to original reported allegations and/or incidents. Additional residents reviewed for safety, care and services, with no concerns. Interview showed the adult family home did not provide the NR with needed personal supplies, failed practice was found.

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 #: 754358	Compliance Determination #37470
Plan of Correction	Bridgeview Adult Family Home LLC	Completion Date
Page 1 of 3	Licenses: Bridgeview Adult Family Home LLC	03/14/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 02/28/2024 and 02/26/2024 of:

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

This document references the following complaint number(s): 115273

The following sample was selected for review during the unannounced on-site visit: 5 of 5 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Laura Newberry

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 3, Unit G
 6639 Capitol Blvd SW, Floor 1
 Tumwater, WA 98501

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.

Jennifer LeMaster
 Residential Care Services

03/19/2024
 Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.



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Page 1 of 3	Licensee: Bridgeview Adult Family Home LLC	03/14/2024

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 Residential Care Services

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This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 754358	Compliance Determination # 37470
Plan of Correction	Bridgeview Adult Family Home LLC	Completion Date
Page 2 of 3	Licensee: Bridgeview Adult Family Home LLC	03/14/2024

Provider (or Representative)

3/26/2024

Date

WAC 388-76-10205 Medicaid or state funded residents. When the adult family home accepts medicaid or state funded residents, the home must follow the terms and conditions of the department contract and chapter 388-105 WAC.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to follow the department's contract for [redacted] funding for 1 of 5 residents (Resident 1 [R1]). This failure resulted in R1 being charged for supplies that were included in their [redacted] contract with the AFH.

Findings included...

Review of Washington Administrative Code (WAC) 388-105-0050 states, "The AFH, ARC, EARC, or AL contractor may not request supplemental payment of a medicaid recipient's daily rate for services or items that are covered in the daily rate". This WAC also states, "The department medicaid payment plus any client participation assigned by the department is payment in full for the services, items, activities, rooms and board required by the resident's negotiated service plan per chapter 388-78A WAC or the negotiated care plan per chapter 388-78 WAC and its contract with the department".

I have read the wac, and this should not happen again 3/25/2024 [signature]

Review of department records, titled "Client Service Contract", dated 02/17/2021, showed the Provider signed their contract with the department which stated "... the Client participation and room and board amount required by federal and state regulations, as sole and complete payment for the services provided...".

I have read once again the signed contract and agree with it, nothing should be brought by the clients. 3/25/2024 [signature]

Review of department records, titled "Disclosure of Services", dated 01/16/2020, showed the AFH accepted Medicaid as a payment source.

Provider had meeting with staff, and explain not to ask for anything from any clients 3/25/2024 [signature]

Review of department records, titled "Authorization", dated 12/28/2024, showed the AFH was authorized to receive state funds [redacted] for R1's personal care needs.

We needed to use everything from my side and once again I have read Medicaid contract. 3/25/2024 [signature]

Review of R1 record, titled "Assessment", dated 11/15/2023, showed R1 was incontinent (unable to control their bladder), required a one person assist to use the toilet and required briefs for their toileting needs. Record showed they required cleaning of their skin after soiling from urine.

I have once again read that the provider is supposed to supply everything under contract. 3/25/2024 [signature]

On 02/28/2024 at 3:59 PM, interviewed Resident Representative (RR), who stated the AFH

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Provider (or Representative)

Date

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This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to follow the department's contract for [REDACTED] for 1 of 5 residents (Resident 1 [R1]). This failure resulted in R1 being charged for supplies that were included in their [REDACTED] contract with the AFH.

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Page 3 of 3	Licensee: Bridgeview Adult Family Home LLC	03/14/2024

staff asked them to buy R1 needed wipes for their toileting needs. RR stated they bought the wipes and brought them to the AFH for R1 to use.

This was done because the resident didn't have any to clean with, as she had a wound, but this again will not happen again. 3/25/24

On 02/28/2024 at 4:56 PM, interviewed Provider, who stated they requested RR to buy wipes for R1. RR stated she had to use other resident wipes in the home for R1 and needed RR to bring wipes for R1 to use during toileting care.

The provider returned other residents' wipes, and believe for other residents, but this will not happen again. 3/25/24

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, Bridgeview Adult Family Home LLC is or will be in compliance with this law and / or regulation on

(Date) 3/20/2024

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

[Signature]

3/26/2024

Provider (or Representative)

Date

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
_____	_____
Provider (or Representative)	Date

Jennifer LeMastar, Field Manager

Residential Care Services

Region 3, Unit G.

Plan of Action for reference on 3/14/2024 (Resident 1 (R1))

This is to inform you that I have received the citation and I have read and understood the following –

1. Medicaid Contract and terms and WAC
Bridgeview and client will both understand the WAC 388-76-10205, that clients and their family will not pay or buy anything as it is covered fully.
2. Clients contract and participation Room and Board
Bridgeview management will inform the clients about the contract and participation fees.
3. Disclosure of Service
Bridgeview Management will disclose all the services need to be done and signed and will inform the clients.
4. Reviewed the authorization 12/29/2023 showing the AFH was authorized for state funds (Medicaid)
Bridgeview Management will review all authorization and will assist the clients to fully understand.
5. Reviewed the Assessment date 11/15/2023
Bridgeview above we will follow strictly by the Laws and WACS for each Statement listed above

Thank you.

Stephen Wambiri (Provider) 3/27/2024