STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Yakima
4100 W ENGLEWOOD
YAKIMA, WA 98908

RE: Brookdale Yakima # 1695

Dear Administrator:

This document references Compliance Determination 47309 (10/01/2024), which included complaint number(s) 144371, 143297.
The Department completed a complaint investigation of your Assisted Living Facility on 10/01/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Felicia Cantu, Community Complaint Investigator

Consultation:

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(n) Related to food services consistent with chapter 246-215 WAC and WAC 388-78A-2300 ;

The facility failed to ensure food temperatures were documented at mealtimes to ensure the food was within regulated temperatures. Observations showed the food was served warm and residents stated satisfaction. The facility had a policy to ensure food items were temperature checked.

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 facility to determine if you have corrected all deficiencies.

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:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:
- Please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks

Stephanie Jenks, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Yakima
Provider Type: Assisted Living Facility
License/Cert.#: 1695
Compliance Determination #: 47309
Intake ID: 144371
Investigator: Felicia Cantu
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 09/17/2024 through 10/01/2024
Complainant Contact Date(s): 09/30/2024

Allegation(s):

1) The food at the facility is served cold.
2) A named resident has lost weight.

Investigation Methods:

Sample:	Total residents: 64 Resident sample size: 3 Closed records sample size:
Observations:	Residents Dining Kitchen Food preparation Staff to resident interactions
Interviews:	Residents Kitchen staff Facility staff Others not associated with the facility
Record Reviews:	Characteristic review House policies Food temperature logs Resident records (face sheet, care plan, assessments, chart notes).

Investigation Summary:

1) Observations showed that the kitchen staff checked the temperature of the food at meal time. The food was warm, plate warmers and food warmers were in working condition. Residents in the dining room appeared to enjoy their meal. Interviews and record review showed that there was missing documentation of the food temperatures in their logs. No residents acquired a food borne illness and residents stated that the food temperature had improved. The facility failed to follow their policy to check for food temperatures at meal time. Consultation written 388-78A-2600(2n).
2) Observations showed that the named resident and other residents appeared to

be in good spirits and appeared safe. Interviews and record review showed that the named resident's weight was stable and showed a recent increase in weight. No failed practice identified.

Conclusion / Action:

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