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 License # 1695

Dear Administrator:

This letter addresses Compliance Determination(s) 39315 (Completion Date 04/04/2024) and 36812 (Completion Date 02/15/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/04/2024 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-2210-1-b, WAC 388-78A-2210-2-a, WAC 388-78A-2480-1, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2600-1-a, WAC 388-78A-2600-2-i, WAC 388-78A-2120-3-a, WAC 388-78A-2120-3, WAC 388-78A-2120-3-b, WAC 388-78A-2120-4

The Department staff who did the on-site verification:
Tracy Ramirez, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

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 the following complaint numbers 117419, 118980.

The Department completed a full inspection of your Assisted Living Facility on 02/15/2024 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 Mail the Plan/Attestation Statement and report with original signatures to:

Gwin Kaercher, Field Manager
Residential Care Services

Region 1, Unit G
1200 Alder Street
Union Gap, WA 98903

• 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.

RCW 70.129.030 Notice of rights and services -- Admission of individuals.

(4) The facility must inform each resident in writing in a language the resident or his or her representative understands before admission, and at least once every twenty-four months thereafter of: (a) Services, items, and activities customarily available in the facility or arranged for by the facility as permitted by the facility's license; (b) charges for those services, items, and activities including charges for services, items, and activities not covered by the facility's per diem rate or applicable public benefit programs; and (c) the rules of facility operations required under RCW 70.129.140 (2). Each resident and his or her representative must be informed in writing in advance of changes in the availability or the charges for services, items, or activities, or of changes in the facility's rules. Except in emergencies, thirty days' advance notice must be given prior to the change. However, for facilities licensed for six or fewer residents, if there has been a substantial and continuing change in the resident's condition necessitating substantially greater or lesser services, items, or activities, then the charges for those services, items, or activities may be changed upon fourteen days' advance written notice.

WAC 388-78A-2660 Resident rights. The assisted living facility must:

(1) Comply with chapter 70.129 RCW, Long-term care resident rights;

Based on record review and interview the Assisted Living Facility (ALF) failed to inform residents at least every 24 months in writing of the service items, activities available in the facility, and the rules of the facility's operation for more than 24 months.

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:

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)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Enclosure

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

Statement of Deficiencies	License #: 1695	Compliance Determination # 36812
Plan of Correction	Brookdale Yakima	Completion Date
Page 4 of 16	Licensee: BROOKDALE SENIOR LIVING	02/15/2024

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 the unannounced on-site full inspection and complaint investigation on 02/07/2024, 02/12/2024, 02/21/2024 and 02/12/2024 of:

Brookdale Yakima
4100 Englewood Ave
Yakima, WA 98908

This document references the following complaint numbers: 117419, 118980.

The following sample was selected for review during the unannounced on-site visit: 7 of 52 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Tracy Ramirez, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor
Jessica Clapp, Assisted Living Facility Licensor
Elaine Lopez, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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.

Gwin Kaercher
Residential Care Services

02/28/2024
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.

Lisa Roen
Administrator (or Representative)

3.12.2024
Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure medication were given as prescribed for 1 of 1 resident (Resident 6), failed to ensure staff observed a resident take their medication for 1 of 1 supplement resident (Resident 9), and failed to ensure a safe narcotic medication system was being followed for 3 of 3 supplemental residents (10, 11, 12). These failures resulted in residents not receiving their medication as prescribed, at risk for health complications, and potential for unaccounted narcotics.

Findings included...

Review of the facility's policy titled, "Medication & Treatment – General guidelines for Medication Administration/Assistance" revised on 10/2023, showed: Trained or licensed staff administering or assisting with medication should: Observe the resident taking the medication to verify administration or assist per state regulation. A hard bound narcotic logbook will be used to verify accuracy and count of controlled substances/medications.

Resident 6

On 02/08/2024 at 10:10 AM, Resident 6 stated that staff assisted with their medication.

Review of Resident 6's Negotiated Service Agreement (NSA), dated 09/23/2023, showed that the resident had diagnoses which included [redacted] and [redacted]. The NSA also

showed that Resident 6 required staff assistance with their medication.

Review of Resident 6's Progress Note dated 11/09/2023 showed that the resident was seen by their physician who made a change to the resident's Furosemide dose (a medication to treat fluid retention- edema caused by heart disease).

Review of a physician's order dated 11/09/2023 for Resident 6 showed Furosemide 60 Milligrams (MG) in the morning, and 40 mg in the afternoon for 3 days, then return to 20 mg in afternoon.

Review of Resident 6's November 2023 Medication Administration Record (MAR) showed that Furosemide 40 mg was started in the afternoon on 11/10/2023, and was given through 11/30/2023, and the afternoon dose was not decreased after three days as ordered.

Review of Resident 6's December 2023 MAR showed that for the afternoon dose Furosemide 40 mg and 20 mg, totaling 60 mg, was given for the afternoon dose from 12/01/2023 - 12/04/2023, and 12/07/2023 - 12/31/2023. The December 2023 MAR showed on 12/05/2023 and 12/06/2023 was blank as not given, with no explanation.

Review of a new physician's order dated 01/18/2024 showed Furosemide 60 mg to be given in the morning, and 40 mg in the afternoon.

Review of Resident 6's January 2024 MAR showed that Resident 6 received Furosemide 60 mg in the morning and 60 mg in the afternoon from 01/01/2024 - 01/18/2024, then the afternoon dose was decreased as ordered on 01/19/2024. Resident 6 received 20 mg more in the afternoon from 01/01/2024 through 01/18/2024.

Resident 9

On 02/09/2024 at 10:20 AM, Resident 9 was observed laying on their bed. Resident 9 stated that they had been in bed since yesterday due to pain from a fall they had two weeks ago. Additional observation of Resident 9's room showed an end table sitting in front of the living room window that had a small clear plastic cup that had 10 different medication pills in it, and a small dixie cup filled with water beside it. Resident 9 stated that the staff leave the pills there for them to take later.

Review of Resident 9's NSA, dated 10/10/2023, showed that the resident had diagnoses which included [redacted], [redacted], and [redacted]. The NSA also showed that Resident 9 required staff assistance with their medication.

On 02/09/2024 at 11:10 AM, Staff I, and Staff E, both Medication Technicians (MT), stated

that they had given Resident 9 their medication and that the resident had taken them. Staff I and E also stated that they did not see the cup of medications sitting on the end table.

Observation and interview on 02/09/2024 at 11:20 AM, with Staff H, Resident Care Coordinator (RCC) was asked to pull all morning medications from the medication cart for Resident 9 to verify the 10 pills that were in the small clear plastic cup in the resident's room. Staff H verified the 10 pills consisted of: Aspirin (decreases risk of heart attack) 81 mg take 1 tablet in AM; Azathiopine (treats inflammation of joints) 50 mg take 1 tablet in AM; Calcitriol (treats low calcium levels due to kidney disease) take one in the AM; Lexapro 10 mg take 1 tablet in AM; Neurontin (treats nerve pain) 600 mg take 1 capsule in AM; Hydroxychloroquine (treats rheumatoid arthritis-inflammation of joints) 200 mg 1 tablet in AM; Omeprazole (treats heartburn) 20 mg take in AM; Pravastatin (treat high cholesterol) 10 mg in AM; Prednisone (treats inflammation) 5 mg take in AM; and Vitamin B12 (treats low vitamin B) take in AM.

On 02/09/2024 at 2:40 PM, Staff H, RCC, was asked to pull up Resident 9's electronic MAR for 02/09/2024 to see if the morning medication had been signed out as given. The February MAR showed that the MT had signed off the 10 morning medications as given for 02/09/2024. Staff H was asked to pull up dates: 02/04/2024 - 02/08/2024 and all of those dates showed the MT had signed the medication as given. Staff H stated that they were unsure when the 10 pills that were in the resident's room were not given to Resident 9.

Observation of the facility's medication pass on 02/09/2024 at 11:12 AM with Staff E and Staff I, MTs, showed:

Resident 10's narcotic pain medication count was 11 tablets on hand and the narcotic book last documented count showed that there were 12 tablets available. The facility's record showed one tablet not accounted for.

Resident 11's narcotic medication count was 22 tablets on hand and the narcotic book last documented count showed that there were 23 tablets available. The facility's record showed one tablet not accounted for.

Resident 12's narcotic pain medication count was eight tablets on hand and the narcotic book last documented count showed that there were nine tablets available. The facility's record showed one tablet not accounted for.

Interview on 02/09/2024 at 12:37 PM with Staff I, stated that Resident 12's narcotic pain medication had just arrived that morning (02/09/2024) and it was a bottle that had 10 tablets total. Staff I stated that they had only given Resident 12 one tablet from the bottle since the medication had arrived and could not account for the other missing tablet.

Interview on 02/09/2024 at 12:50 PM with Staff A, Executive Director, stated that they

were not aware of the narcotic count and the book count being different.

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, Brookdale Yakima is or will be in compliance with this law and / or regulation on (Date) 3.31.2024 .

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

Lisa Owen — Administrator (or Representative)

3.12.2024 — Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

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 D) had the initial Tuberculosis (TB) skin test completed within three days of hire. This failure placed residents at risk of potential exposure to a communicable disease.

Findings included...

Staff records were reviewed with Staff G, Business Office Manager, on 02/08/2024 at 1:50 PM. Staff G stated that they were responsible for maintaining and tracking staff records. Additionally, Staff G stated Staff D's initial TB test had not been completed within three days.

Staff D was hired 01/25/2024. Staff D's file showed a TB first step skin test was completed on 02/09/2024, 15 days after they were hired.

On 02/12/2024 at 1:45 PM, Staff G acknowledged that Staff D's TB test was not done in the correct timeframe.

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, Brookdale Yakima is or will be in compliance with this law and / or regulation on (Date) 3.31.2024 .

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

Lisa Owen
Administrator (or Representative)

3.12.2024
Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to maintain pet records for residents who had pets living at the facility for 7 of 7 residents (Resident 13, 14, 15, 16, 17, 18, 19). This failure placed residents and staff at risk for exposure to transmittable diseases.

Findings included...

Review of the facility's policy, "Pet Policy", revised on 10/2021 showed that any pet residing in the facility must have regular examinations, current vaccinations and be free of disease.

On 02/07/2024 at 9:45 AM, Staff A, Executive Director (ED), stated that they had, "About ten pets," that resided at the facility.

On 02/12/2024 at 9:27 AM, Staff A stated that the pet records were kept in the individual resident's records and that, "There were more like three," pets that resided in the facility.

On 02/14/2024 at 12:14 PM, Staff A stated that pet records were managed by the activities director.

Review of a list of pets provided on 02/14/2024 by Staff A showed that there were three dogs and three cats that resided in the facility. The following is documentation that the facility provided about individual resident pets:

•Review of Resident 13's veterinary vaccination record showed that the dog's vaccine expired on 04/20/2023. The record did not show that the resident's dog received an updated vaccine.

•Review of the provided pet list dated 02/14/2024 showed that Resident 14 had a cat at the facility. There was no veterinary record provided to show the vaccination status of the cat.

•Review of the provided pet list dated 02/14/2024 showed that Resident 15 had a dog residing at the facility. There was no veterinary record provided to show the vaccination status of the dog.

•Review of the provided pet list dated 02/14/2024 showed that Resident 16 had a cat residing at the facility. There was no veterinary record provided to show the vaccination status of the cat.

•Review of the provided pet list dated 02/14/2024 showed that Resident 17 had a cat residing at the facility. There was no veterinary record provided to show the vaccination status of the cat.

•Review of the provided pet list dated 02/14/2024 showed that Resident 18 had a dog residing at the facility. There was no veterinary record provided to show the vaccination status of the dog.

•Review of Resident 19's veterinary record dated 09/09/2023 showed that their dog had current vaccinations. The dog was not listed on the provided pet list as a pet that resided in 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, Brookdale Yakima is or will be in compliance with this law and / or regulation on (Date) 3.31.2024 .

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

Lisa Owen — Administrator (or Representative)

3.12.2024 — Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(a) Maintain or enhance the quality of life for residents including resident decision-making rights;

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

(i) To supervise and monitor residents, including accounting for residents who leave the premises;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure staff followed their policies and procedures for 1 of 1 resident (Resident 4) reviewed for falls. This failure placed the resident at risk of additional injuries and unmet care needs.

Findings included...

Review of the facility's policy, "Conduct Internal & External Investigations," revised 10/2018, showed that the facility was to investigate and document when a resident had an incident. The policy showed that the facility needed to determine the circumstances of the event and to better care for the residents.

Review of the facility's policy, "Falls Management Policy," revised 10/2023, showed that the facility was to conduct an incident report, a post fall evaluation, interventions to reduce the potential for future falls, document in the resident's record, place on alert charting for monitoring, and to update the care plan.

Resident 4

Review of Resident 4's Assessment dated 12/18/2023 showed that the resident was not a fall risk. Residents 4's updated Assessment dated 02/06/2024 showed the resident had no falls in the past 12 months.

Review of Resident 4's Negotiated Service Agreement (NSA) dated 02/06/2024 showed that the resident smoked, was able to walk without assistive devices, and staff were to notify the nurse if the resident appeared unsteady.

Review of Resident 4's December 2023 through February 2024 progress notes showed that the last documented fall was on 01/26/2024.

Observation and interview on 02/08/2024 at 10:35 AM with Resident 4 stated that they had a fall incident three days prior (02/05/2024) and that staff were aware. Resident 4 stated that the fall occurred while they were walking back from smoking outside. Resident 4 stated that they hit their head and was taken to the hospital. Resident 4 stated that they had x-rays completed at the hospital one to their head, back, and their left knee. Observation showed that Resident 4 had moved slowly while they walked and stated that it was related to being sore from the fall.

Interview on 02/08/2024 at 10:46 AM with Staff H, Resident Care Coordinator, stated that they were not on shift when the resident had the fall. Staff H stated that they were unsure of the details as the staff had not made an incident report.

Interview on 02/12/2024 at 10:25 AM with Staff A, Executive Director, stated that they were not aware of Resident 4's fall and did not have an incident report or an investigation.

Interview on 02/12/2024 at 10:43 AM with Staff B, Health and Wellness Director, Registered Nurse, stated that they were on vacation when Resident 4's fall incident occurred. Staff B stated that they were unaware of the fall incident until today (02/12/2024). Staff B, stated, they thought that "someone had dropped the ball and didn't follow-through on it." Staff B acknowledged that no incident report and or investigation was completed.

On 02/12/2024 at 1:30 PM the facility had not provided an investigation of the resident's fall that occurred on 02/05/2024.

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, Brookdale Yakima is or will be in compliance with this law and / or regulation on (Date) 3.31.2024 .

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

Lisa Owen — Administrator (or Representative)

3.12.2024 — Date

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(3) Evaluate, in order to determine if there is a need for further action:

(a) The changes identified in the resident per subsection (2) of this section; and

(b) Each resident when an accident or incident that is likely to adversely affect the resident's well-being, is observed by or reported to staff persons.

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to evaluate and take action when a resident had a change in their condition that required monitoring following a surgical procedure and failed to monitor blood sugars for 1 of 1 resident (Resident 3). This failure put the resident at risk of decline of health and unmet care needs.

Findings included...

Review of the facility's revised Change of Condition policy dated 02/2021 showed that the facility would update the resident record and care plan for a non-emergent change of condition.

Surgical Procedure

Review of Resident 3's undated hospital record showed that the resident had a surgical procedure requiring monitoring completed on 01/25/2024. The resident had instructions for the facility for their care that included monitoring for increased bleeding, increased pain, and fever. Additionally, the instructions showed a scheduled follow-up appointment 14 days after the procedure.

Review of Resident 3's Negotiated Service Agreement (NSA) dated 02/05/2024 showed that the resident was taking blood thinning medication that they required monitoring for

bleeding and bruising. The NSA did not show that the resident needed additional monitoring after their surgical procedure and did not show interventions for staff to follow.

Review of Resident 3's progress note dated 01/25/2024 at 8:02 AM, showed that the resident was scheduled for a surgical procedure that day. There was no progress note showing that the resident returned from the procedure and what care needs were required.

Review of Resident 3's progress note dated 01/26/2024 at 12:59 PM showed that the resident had their surgical procedure done the prior day. The progress note did not show that the resident was monitored for a change in condition that included pain, bleeding, or fever.

Review of Resident 3's progress notes for 01/25/2024 through 01/31/2024 did not show that the resident was monitored for a change of condition after their surgical procedure.

Review of Resident 3's progress notes dated 02/01/2024 through 02/12/2024 did not show that the resident was monitored for a change of condition after their surgical procedure. Additionally, the progress notes did not show that Resident 3 attended their scheduled follow-up appointment.

Review of Resident 3's progress notes for the months of January 2024 and February 2024 did not have documentation by the facility that showed the resident was evaluated, monitored, or had interventions for the staff to follow.

On 02/06/2024 at 3:30 PM, Resident 3 stated that they had a surgical procedure and needed additional caregiver assistance after returning to the facility. They stated staff were to check on them every two hours and that a MT came to their room with their medications 3 hours after they had returned from the hospital and then left their room. Resident 3 stated that staff did not check on them.

On 02/12/2024 at 12:29 PM, Staff B, Registered Nurse, (RN), stated that they were aware of Resident 3's surgical procedure. Staff B stated the resident was not monitored and acknowledged the resident did not receive the additional care needed.

Diabetic Monitoring

Review of Resident 3's facility assessment dated 02/05/2024 showed that the resident required monitoring for diabetes (the body's inability to regulate blood sugars) and needed assistance with checking blood sugars.

Review of Resident 3's NSA dated 02/05/2024 showed that the resident required assistance with blood sugar monitoring.

Review of Resident 3's physician's orders dated 02/08/2024 showed that the resident required their blood sugar to be checked in the morning, three times weekly. Additionally, the orders showed that the physician needed to be notified if the resident's blood sugar result was below 90.

Review of Resident 3's Medication Administration Record (MAR) for December 2023, showed that the resident was scheduled to have blood sugar checks three times weekly. The MAR showed that the resident did not have their blood sugar checked on 12/06/2023 and 12/27/2023.

Review of Resident 3's progress notes dated 12/27/2023 at 10:00 AM, showed that the resident did not have their blood sugar checked because the Medication Technician (MT) was not delegated to do so.

Review of Resident 3's MAR for January 2024, showed that the resident was scheduled to have their blood sugars checked three times weekly. The MAR showed that the resident did not have their blood sugar checked on 01/03/2024, 01/12/2024, and 01/24/2024. The following are documented reasons for the missed blood sugar checks:

•Review of Resident 3's progress note dated 01/03/2024 at 9:43 AM, showed that the resident did not have their blood sugar checked because the MT was not delegated to do it.

•Review of Resident 3's progress note dated 01/12/2024 at 12:25 PM, showed that the resident did not have their blood sugar checked because they had already eaten.

•Review of Resident 3's progress note dated 01/24/2024 at 1:53 PM, showed that the resident did not have their blood sugar checked because the MT could not do it on time and the resident had already eaten.

Review of Resident 3's January 2024 MAR showed that on 01/31/2024, the resident's blood sugar was 85. The MAR showed this was below the ordered parameter and the resident's physician needed to be notified.

Review of Resident 3's progress notes for January 2024 did not show that the resident's physician had been notified when Resident 3's blood sugar was below the parameter specified on the physician's order.

Review of Resident 3's MAR for February 2024, showed that the resident was scheduled to

have their blood sugars checked three times weekly. The MAR showed that the resident did not have their blood sugar checked on 02/05/2024 and 02/07/2024. The following are documented reasons for the missed blood sugar checks:

•Review of Resident 3's progress note dated 02/05/2024 at 1:47 PM, showed that the resident did not have their blood sugar checked because the MT was not able to do it that morning.

•Review of Resident 3's progress note dated 02/07/2024 at 1:22 PM, showed that the resident did not have their blood sugar checked. There was no documented reason why the blood sugar check was missed.

Review of Resident 3's progress notes for February 2024 showed that the resident was not monitored for low or high blood sugar levels when the resident's blood sugar was not checked.

On 02/13/2024 at 11:15 AM, Staff B, RN, confirmed that Resident 3 was to have their blood sugar checked three times weekly. They stated that the process for the MT was to notify Staff B or the Resident Care Coordinator if a blood sugar check was missed or could not be completed. Staff B stated that they were not aware of Resident 3's missed blood sugar checks. Additionally, Staff B stated that the MT's were to notify the physician of blood sugar results that were below the physicians ordered amount. Staff B stated that they were not aware that the MT's had not notified the physician when there was a low blood sugar result.

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, Brookdale Yakima is or will be in compliance with this law and / or regulation on (Date) 3.31.2024 .

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

Lisa Owen — 3.12.2024

Administrator (or Representative) — Date