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 Richland
1629 GEORGE WASHINGTON WAY
RICHLAND, WA 99352

RE: Brookdale Richland License # 1696

Dear Administrator:

This letter addresses Compliance Determination(s) 33285 (Completion Date 01/17/2024) and 31139 (Completion Date 10/19/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/17/2024 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-2660-1, WAC 388-78A-3010-8-e

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Richland
Provider Type: Assisted Living Facility
License/Cert.#: 1696
Compliance Determination #: 31139
Intake ID: 99416
Investigator: Anna Cairns
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 10/17/2023 through 10/19/2023
Complainant Contact Date(s):

Allegation(s):
Missing money

Investigation Methods:

Sample:
Total residents: 103
Resident sample size: 3
Closed records sample size: 0

Observations:
Resident room
Hallways
Dining area
Common areas
Staff to resident family interactions
Staff to staff interactions

Interviews:
Resident
Resident representative
Business Office Manager
Residential Care Coordinator
Administrator

Record Reviews:
Staff schedule as worked
Background checks
Resident records
Incident investigations
Characteristic roster
Financial policy/disclosure
Signature pages of financial policy
Financial policy letter to residents

Investigation Summary:
The facility completed an investigation and acknowledged residents were missing cash and notified appropriate entities. Record review showed the facility's admission policy stated they were not responsible for money or personal belongings if they went missing and that the residents or their representative were required to sign the waiver in agreement. Additionally, observations and interview showed residents were not

provided lockable storage space for safe keeping of personal items. Failed practice identified, 388-78A-3010 and WAC 388-78A-2660. Reference statement of deficiencies dated 10/19/2023.

Conclusion / Action:

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

State of Washington

compliance date
~~12-15-23~~
12-3-23.

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 # 1696	Compliance Determination # 31139
Plan of Correction	Brookdale Richland	Completion Date
Page 1 of 4	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	10/19/2023

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 an unannounced on-site complaint investigation on 10/17/2023 and 10/17/2023 of:

Brookdale Richland
1629 George Washington Way
Richland, WA 99354

This document references the following complaint number(s): 99416

The following sample was selected for review during the unannounced on-site visit: 3 of 103 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor
Jessica Clapp, Assisted Living Facility 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.

Gwen Kaercher
Residential Care Services

11/01/2023
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.

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

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 an unannounced on-site complaint investigation on 10/17/2023 and 10/17/2023 of:

Brookdale Richland
1629 George Washington Way
Richland, WA 99354

This document references the following complaint number(s): 99416

The following sample was selected for review during the unannounced on-site visit: 3 of 103 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor
Jessica Clapp, Assisted Living Facility 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.

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.

Statement of Deficiencies	License #: 1696	Compliance Determination # 31139
Plan of Correction	Brookdale Richland	Completion Date
Page 2 of 4	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	10/19/2023

H. Stiles
Administrator (or Representative)

11-6-23.
Date

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to protect residents' rights by requiring residents to sign waivers of liability for lost money and personal property for 3 of 3 residents (Resident 1,2,3). This failure placed the residents at risk of infringement of their rights and loss of personal property.

Findings included...

NOTE: Revised Code of Washington (RCW) 70.129.105, Waiver of liability and resident rights limited. No long-term care facility or nursing facility licensed under chapter 18.51 RCW shall require or request residents to sign waivers of potential liability for losses of personal property or injury, or to sign waivers of residents' rights set forth in this chapter or in the applicable licensing or certification laws.

Record review of the facility's Residency Agreement, undated, under the "risk agreement" section it showed that, "we (facility) make no representations or guarantees that we can prevent the loss of personal items, including but not limited to clothing, jewelry, dentures, hearing aids, or other medical equipment. We make no representations or guarantees that we can prevent theft or criminal acts perpetrated by another resident or person; therefore, we recommend that valuables such as jewelry and large sums of money, not to be kept at the Community. If you (residents or representatives) choose to bring in valuables, you do so at your own risk."

Review of the Residency Agreement dated 5/01/2022 showed that Resident 1 was admitted to the facility on [redacted]2022. Resident 1's legal representative signed the agreement on 05/13/2022.

Review of the Residency Agreement dated 09/12/2019 showed that Resident 2 was admitted to the facility on [redacted]2019. Resident 2 signed the agreement on 09/12/2019.

Review of the Residency Agreement dated 06/02/2021 showed that Resident 3 admitted to the facility on [redacted]2021. Resident 3 signed the agreement on 06/02/2021

Administrator (or Representative) Date

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

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

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to protect residents' rights by requiring residents to sign waivers of liability for lost money and personal property for 3 of 3 residents (Resident 1,2,3). This failure placed the residents at risk of infringement of their rights and loss of personal property.

Findings included…

NOTE: Revised Code of Washington (RCW) 70.129.105, Waiver of liability and resident rights limited. No long-term care facility or nursing facility licensed under chapter 18.51 RCW shall require or request residents to sign waivers of potential liability for losses of personal property or injury, or to sign waivers of residents' rights set forth in this chapter or in the applicable licensing or certification laws.

Record review of the facility's Residency Agreement, undated, under the "risk agreement" section it showed that, "we (facility) make no representations or guarantees that we can prevent the loss of personal items, including but not limited to clothing, jewelry, dentures, hearing aids, or other medical equipment. We make no representations or guarantees that we can prevent theft or criminal acts perpetrated by another resident or person; therefore, we recommend that valuables such as jewelry and large sums of money, not to be kept at the Community. If you (residents or representatives) choose to bring in valuables, you do so at your own risk."

Review of the Residency Agreement dated 5/01/2022 showed that Resident 1 was admitted to the facility on [redacted]2022. Resident 1's legal representative signed the agreement on 05/13/2022.

Review of the Residency Agreement dated 09/12/2019 showed that Resident 2 was admitted to the facility on [redacted]2019. Resident 2 signed the agreement on 09/12/2019.

Review of the Residency Agreement dated 06/02/2021 showed that Resident 3 admitted to the facility on [redacted]2021. Resident 3 signed the agreement on 06/02/2021.

Review of a facility issued letter sent to residents and or their legal representative, dated 09/27/2023, stated that the facility was not responsible for loss of personal items or cash. Additionally, the letter stated that residents that choose to keep valuables at the facility did so at their own risk.

On 10/19/2023 at 11:29 AM, Staff A, Executive Director, stated that they were not aware of RCW 70.129.105 and was not aware that the facility could not require residents, or their representatives to sign a waiver that would relinquish their rights for missing money or personal property. Staff A stated the facility is operated by a corporation and that the resident agreement is worded the same for all buildings across the nation.

IDR in process-being mailed

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 Richland is or will be in compliance with this law and / or regulation on (Date) ~~12-15-23~~ 12-3-23 Hs.

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

Administrator (or Representative) — Date: 11-6-23

WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(8) Miscellaneous. Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to provide a lockable drawer or cabinet for 3 of 3 residents (Resident 1,2,3). This failure placed residents at risk of personal property loss and resulted in their inability to secure their valuables safety in their residence.

Findings included...

On 10/19/2023 at 11:29 AM, Staff A, Administrator, stated that the facility had an increase in cases of residents missing cash from their apartments. Staff A thought that it was likely a staff member was stealing residents' money but could not determine who was the alleged perpetrator. Additionally, they had interviewed residents, but had no conclusive findings from those interviews.

Review of a facility issued letter sent to residents and or their legal representative, dated 09/27/2023, stated that the facility was not responsible for loss of personal items or cash. Additionally, the letter stated that residents that choose to keep valuables at the facility did so at their own risk.

On 10/19/2023 at 11:29 AM, Staff A, Executive Director, stated that they were not aware of RCW 70.129.105 and was not aware that the facility could not require residents, or their representatives to sign a waiver that would relinquish their rights for missing money or personal property. Staff A stated the facility is operated by a corporation and that the resident agreement is worded the same for all buildings across the nation.

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 Richland 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

WAC 388-78A-3010 Resident units. The assisted living facility resident units must have the following:

(8) Miscellaneous: Each sleeping room must have:

(e) A lockable drawer, cupboard or other secure space measuring a least one-half cubic foot with a minimum dimension of four inches;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to provide a lockable drawer or cabinet for 3 of 3 residents (Resident 1,2,3). This failure placed residents at risk of personal property loss and resulted in their inability to secure their valuables safety in their residence.

Findings included…

On 10/19/2023 at 11:29 AM, Staff A, Administrator, stated that the facility had an increase in cases of residents missing cash from their apartments. Staff A thought that it was likely a staff member was stealing residents' money but could not determine who was the alleged perpetrator. Additionally, they had interviewed residents, but had no conclusive findings from those interviews.

In an interview with Resident 1 on 10/17/2023 at 12:15 PM, stated that they did not have a key to their front door and did not have a lockbox. They stated they have left the front door unlocked when they leave the apartment.

Observation on 10/17/2023 at 12:15 PM showed Resident 1 did not have a lock box or lockable cabinet present in their apartment.

In an interview with Resident 2's Collateral Contact 1 (CC1), dated 10/19/2023 at 8:28 AM, stated that the resident did not lock the front door when they left the apartment. CC1 stated that the resident did not have a lockbox in their apartment. Additionally, CC1 asked management about a lockbox and was told it was in the bathroom cabinet. They stated that it was not there when they returned to their apartment to verify.

In an interview with Resident 3 on 10/19/2023 at 3:24 PM stated that they did not have a locked cabinet or lockbox in their apartment. They stated they did not have a way to secure their valuables for over a year.

In an interview with Staff A, Administrator, on 10/19/2023 at 11:29 AM, they stated that facility staff verified that Resident 1 and Resident 2 did not have lockboxes in their apartment.

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 Richland is or will be in compliance with this law and / or regulation on (Date) ~~12-15-23~~ 12-3-23 H.S.

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

[signature] 11-6-23

Administrator (or Representative) Date

In an interview with Resident 1 on 10/17/2023 at 12:15 PM, stated that they did not have a key to their front door and did not have a lockbox. They stated they have left the front door unlocked when they leave the apartment.

Observation on 10/17/2023 at 12:15 PM showed Resident 1 did not have a lock box or lockable cabinet present in their apartment.

In an interview with Resident 2's Collateral Contact 1 (CC1), dated 10/19/2023 at 8:28 AM, stated that the resident did not lock the front door when they left the apartment. CC1 stated that the resident did not have a lockbox in their apartment. Additionally, CC1 asked management about a lockbox and was told it was in the bathroom cabinet. They stated that it was not there when they returned to their apartment to verify.

In an interview with Resident 3 on 10/19/2023 at 3:24 PM stated that they did not have a locked cabinet or lockbox in their apartment. They stated they did not have a way to secure their valuables for over a year.

In an interview with Staff A, Administrator, on 10/19/2023 at 11:29 AM, they stated that facility staff verified that Resident 1 and Resident 2 did not have lockboxes in their apartment.

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 Richland 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