STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Nine Mile
5329 WEST RIFLE CLUB COURT
SPOKANE, WA 99208

RE: Brookdale Nine Mile License # 1698

Dear Administrator:

This letter addresses Compliance Determination(s) 59519 (Completion Date 05/14/2025) and 56318 (Completion Date 03/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/14/2025 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-2120-2-b, WAC 388-78A-2120-3-a, WAC 388-78A-2120-3-b, WAC 388-78A-2120-3, WAC 388-78A-2120-4, WAC 388-78A-2474-2-c, WAC 388-112A-0400-4-b, WAC 388-112A-0400-4-c, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-24681-2, WAC 388-78A-24681-1, WAC 388-78A-24681

The Department staff who did the on-site verification:
Patricia Eddy, Community Licensor
Tethra Wales, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)993-7821.

Sincerely,

Stephanie Jenks, Community Field Manager
Region 1, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 on 03/10/2025, 03/11/2025, 03/12/2025 and 03/13/2025 of:

Brookdale Nine Mile
5329 WEST RIFLE CLUB COURT
SPOKANE, WA 99208

The following sample was selected for review during the unannounced on-site visit: 10 of 44 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Brian Zbylski, ALF Licensor
Patricia Eddy, Community Licensor
Carla Rose, NCI Community Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

Statement of Deficiencies	License #: 1698	Compliance Determination # 56318
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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 — 03/26/2025 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.

Administrator (or Representative) — 3/27/25 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 interview and record review, the facility failed to ensure that a safe medication delivery system was in place and failed to provide medications as prescribed for 5 of 10 residents (Residents 4, 5, 8, 9, and 10). These failures resulted in residents receiving medications when contraindicated, missed medications, and vital health measurement omissions, and placed the residents at risk for health complications.

Findings included...

<Resident 4>

Review of Resident 4's Personal Service Plan (PSP, the facility's titled combined assessment and negotiated service agreement), dated 12/17/2024, showed the resident was diagnosed with [redacted] and required facility staff

assistance with their medications.

Review of Resident 4's February 2025 and March 2025 medication administration records (MARs) showed a health care provider order for losartan (medication used to lower blood pressure) to be given daily and to hold (not give) the medication when the resident's SBP (systolic blood pressure, top number of blood pressure) was less than 110. Documentation showed the medication was administered when it should have been held on the following dates:

-02/08/2025, SBP 109
-02/09/2025, SBP 107
-03/02/2025, SBP 108

<Resident 5>

Review of Resident 5's PSP, dated 02/12/2025, showed the resident was diagnosed with [redacted] and [redacted], and required facility staff assistance with their medications.

Review of Resident 5's March 2025 MAR showed the resident had a health care provider order for amlodipine (used to treat high blood pressure) to be given daily with instructions to hold the medication when the resident's blood pressure was less than 120/50. Further review showed on 3/05/2025, Resident 5's medication was not given and their blood pressure was not documented.

In an interview on 3/11/2025 at 11:30 AM, Staff L, Licensed Practical Nurse, stated the resident's blood pressure was not recorded.

<Resident 8>

Review of Resident 8's PSP, dated 01/16/2025, showed the resident was diagnosed with [redacted] and [redacted], and required facility staff assistance with their medications.

Review of Resident 8's January 2025 MAR showed the resident had a health care provider order for carvedilol (used to treat high blood pressure and can slow down heart rate) to be given twice daily. Further review showed that the medication was not to be given if the resident's SBP was less than 100/60 or the heart rate (HR) was less than 55. The MAR showed that the medication was not given on the following dates (when the SBP and HR were within parameters), with documentation stating vital signs were outside of parameters:

-01/30/2025, 109/65- HR 59

-02/10/2025, 102/65 - HR 57

Review of Resident 8's February 2025 MAR showed the resident had a health care provider order for losartan/hydrochlorothiazide (used to treat high blood pressure and can slow heart rate) to be given once daily. Further review showed that the medication was not to be given if the resident's SBP was less than 100/60 or the HR was less than 55. The MAR showed that the medication was not given on the following date (when the SBP and HR were within parameters), with documentation stating vital signs were outside of parameters:

-02/10/2025, 102/65 - HR 57

<Resident 9>

Review of Resident 9's PSP, dated 01/02/2025, showed the resident was diagnosed with [redacted] and required facility staff assistance with their medications.

Review of Resident 9's January 2025 MAR showed the resident had a health care provider order for amlodipine to be given daily. Further review showed the medication was to be held when the heart rate (HR) was below 60. Documentation showed the medication was administered when it should have been held on the following date:

-01/01/2025, HR 53

<Resident 10>

Review of Resident 10's PSP, dated 10/09/2024, showed they had a diagnosis of [redacted] and that they required facility staff assistance with their medications.

Review of Resident 10's January 2025, February 2025, and March 2025 MARs showed the resident had a health care provider order for carvedilol to be given twice daily. Further review showed the medication was to be held when the SBP was less than 100 or the HR was less than 60. Documentation showed the medication was administered when it should have been held on the following dates:

01/06/2025, HR 59
01/12/2025, HR 51
01/14/2025, HR 58
02/26/2025, HR 58
02/27/2025, HR 54
03/10/2025, HR 55

03/12/2025, HR 51

In an interview on 03/11/2025 at 1:15 PM, Staff M, Area Nurse Manager, stated that the audits of the MARs had not been consistently done, and they were not aware that medication technicians had not followed medication administration parameters as ordered.

This is a recurring deficiency previously cited on 05/16/2024, on 03/29/2023 for subsections (2) (a), and on 09/01/2022.

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 Nine Mile is or will be in compliance with this law and / or regulation on (Date) May 2nd 2025.

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

Administrator (or Representative) — Date: 3/27/2025

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

(2) Identify any changes in the resident's physical, emotional, and mental functioning that are a:

(b) Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.

(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 observation, interview and record review, the facility failed to ensure health monitoring was conducted for 1 of 3 residents (Resident 1) and failed to evaluate and take action when blood sugars were out of parameters for 1 of 2 residents (Resident 4).

These failures resulted in Resident 1 not being monitored for further injury after multiple falls, Resident 4 not being evaluated for health complications from blood sugar levels outside of ordered parameters, and placed the residents at risk for health complications.

Findings included...

<Resident 1>

Review of Resident 1's Personal Service Plan (PSP, the facility's titled combined assessment and negotiated service agreement), dated 10/17/2024, showed that staff were to be alert for heightened risk of falling.

In an interview on 03/11/2025 at 9:38 AM, Resident 1 stated they had fallen recently. Observation at that time showed Resident 1 pulled up their shirt sleeve revealing two long, narrow, reddish/purple bruises on the underside of their forearm.

Review of Resident 1's Temporary Service Plans (TSP), showed that the resident had fallen on 01/21/2025, 02/18/2025, 03/03/2025 and 03/04/2025, with instructions to check the resident's vital signs (blood pressure, heart rate and temperature) daily for three days after each fall.

Review of Resident 1's Weights and Vitals Summary for January 2025 through March 2025 showed that vital signs were not recorded for the three days following the falls.

In an interview on 03/12/2025 at 12:07 PM, Staff O, Health and Wellness Director/RN, confirmed that there was no documentation to show that vital signs had been taken for three days following Resident 1's falls.

<Resident 4>

Review of Resident 4's PSP, dated 12/17/2024, showed the resident had a diagnosis of [redacted] and they required facility staff assistance with their medications.

Review of Resident 4's January 2025, February 2025, and March 2025 medication administration records (MARs), showed an order for blood sugars to be checked twice a day and for the PCP (Primary Care Provider) to be contacted if the blood sugar was below 80 or above 350. Further review showed the blood sugar was out of parameters on the following days/times:

-01/21/2025, blood sugar 416
-01/25/2025, blood sugar 442
-01/27/2025, blood sugar 417
-01/30/2025, blood sugar 486
-02/02/2025, blood sugar 454
-02/18/2025, blood sugar 52
-03/10/2025, blood sugar 369

Review of Resident 4's progress notes for January 2025, February 2025, and March 2025, showed the medication technicians (med techs) had not contacted the PCP on the seven dates that the resident's blood sugars were outside of the parameters.

In an interview on 03/11/2025 at 11:55 AM, Staff L, Licensed Practical Nurse, stated that med techs were responsible for notifying the resident's PCP when the blood sugars were out of parameters. Staff L further stated that when med techs notified the PCP, they documented the contact in the progress notes.

In an interview on 03/11/2025 at 1:15 PM, Staff M, Area Nurse Manager, stated that audits of the MARs should have included checking that the PCP had been notified per order. Staff M further stated that the audits had not been consistently done, and they were not aware that the med techs had not notified the PCP each time the blood sugars were out of parameters.

This is a reoccurring citation previously cited on 09/01/2022 for subsections (3)(a)(4).

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 Nine Mile is or will be in compliance with this law and / or regulation on (Date) May 2nd 2025

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

Administrator (or Representative) 3/27/2025 Date

WAC 388-112A-0400 What is specialty training and who is required to take it?

(4) All long-term care workers including those exempt from basic training who work in an assisted living facility, enhanced services facility, or adult family home who serve residents with the special needs described in subsection (3) of this section, must take a

class approved as specialty training. The specialty training applies to the type of residents served by the home as follows:

(b) Dementia specialty training as described in WAC 388-112A-0440 ; and

(c) Mental health specialty training as described in WAC 388-112A-0450 .

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that mental health and dementia specialty training had been completed by 1 of 7 staff (Staff D). This failure resulted in residents receiving care from an individual who had not completed their mental health and dementia training and placed residents at risk for unmet care needs.

Findings included...

Review of the facility's characteristic roster, dated 03/10/2025, showed that all residents residing in the facility were categorized as having dementia (age related cognitive impairment) and two residents received mental health services.

Review of personnel records for Staff D, Caregiver, showed a hire date of 10/02/2024 and that they were certified as an NAC (Nursing Assistant Certified). Further review showed that Staff D's records did not include documentation of specialized training for mental health or dementia.

In an interview on 03/12/2025 at 1:50 PM, Staff N, Business Office Coordinator, stated they were not aware that specialty training was a separate required training outside of the NAC certification training.

In an interview on 03/13/2025 at 9:30 AM, Staff N confirmed that Staff D had not completed specialized training for mental health or dementia.

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 Nine Mile is or will be in compliance with this law and / or regulation on (Date) May 2nd 2025

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

Administrator (or Representative) Date 3/27/2025

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure tuberculosis testing was completed as required for 4 of 10 staff (Staff B, C, H, and J). This failure placed residents at risk for exposure to a communicable disease.

Findings included...

<Step one>

Review of personnel records for Staff B, Caregiver, showed a hire date of 09/15/2023. Further review showed that a first step tuberculosis (TB) test was initiated on 08/03/2024, 10 months and three weeks after they were hired.

Review of personnel records for Staff C, Medication Technician (Med Tech), showed a hire date of 06/19/2023. Further review showed a first step TB test was initiated on 12/13/2023, six months after they were hired.

Review of personnel records for Staff H, Med Tech, showed a hire date of 09/10/2024. Further review showed a first step TB test was initiated on 10/14/2024, 34 days after they were hired.

<Step two>

Review of personnel records for Staff J, Caregiver, showed a hire date of 01/28/2025. Further review showed that Staff J's second TB test was initiated on 02/28/2025, four weeks after completion of their first step.

In an interview on 03/12/2025 at 2:50 PM, Staff N, Business Office Coordinator, stated that TB testing was not done on time.

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 Nine Mile is or will be in compliance with this law and / or regulation on (Date) May 2nd 2025

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

Administrator (or Representative) — Date: 3/27/2025

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that new employees had a national fingerprint background check within 120 days of hire for 3 of 6 staff (Staff B, C, and H) sampled for fingerprint background checks. This failure placed residents at risk of receiving care from a potentially disqualified employees.

Findings included...

Statement of Deficiencies	License #: 1698	Compliance Determination # 56318
Plan of Correction	Brookdale Nine Mile	Completion Date
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<Staff B>

Review of Staff B's, Caregiver, personnel file showed they were hired on 09/15/2023. Further review showed their national fingerprint background check was completed on 02/07/2025, one year and five months after they were hired.

<Staff C>

Review of Staff C's, Medication Technician, personnel file showed they were hired on 06/19/2023. Further review showed their national fingerprint background check was completed on 02/21/2025, one year and eight months after they were hired.

<Staff H>

Review of Staff H's, Medication Technician, personnel file showed they were hired on 09/06/2024. Further review showed their national fingerprint background check was completed on 02/06/2025, five months after they were hired.

In an interview on 03/12/2025 at 4:05 PM, Staff A, Administrator, stated that in February 2025, they discovered that multiple employees were missing their national fingerprint background checks, and all staff that were missing fingerprint checks were completed at that time.

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 Nine Mile is or will be in compliance with this law and / or regulation on (Date) May 6th 2025

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

Administrator (or Representative) 3/27/2025 Date