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 # 1698

Dear Administrator:

This document references Compliance Determination 36891 (02/27/2024), which included complaint number(s) 117014, 118390, 118704, 119085, 119649.
The Department completed a complaint investigation of your Assisted Living Facility on 02/27/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Anne Sinclair, NCI Community Complaint Investigator

Consultation:

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

Resident was without medication which contributed to increased behaviors. The facility updated it's resident admission process to ensure availability of medications.

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:

- 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)993-7821.

Sincerely,

S. Jm

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Nine Mile
Provider Type: Assisted Living Facility
License/Cert.#: 1698
Compliance Determination #: 36891
Intake ID: 118390
Investigator: Anne Sinclair
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 02/14/2024 through 02/27/2024
Complainant Contact Date(s): 02/13/2024, 02/27/2024

Allegation(s):
Resident medications unavailable.

Investigation Methods:

Sample:
Total residents: 51
Resident sample size: 5
Closed records sample size: 0

Observations:
Identified resident
Residents
Dining
Activities
Staff to resident interactions
Resident to resident interactions

Interviews:
Executive Director
Nurse
Caregiver
Medtech
Reception
Family

Record Reviews:
Named resident care plan/face sheet
Sample resident care plan/face sheet
Facility investigation
Disclosure of services
Characteristic roster
Staff roster
Named resident January/February 2024 Medication Administration Record
Medication administration policy

Investigation Summary:
1. Interview and record review showed facility had communicated with resident representative to address resident's need for a new provider for upcoming medication refill. Facility had coordinated with appropriate parties, coordinated with alternative

provider for resident care needs, and resident representative had been unavailable for named resident's medication refill, which contributed to named resident's medication delay and increase in behaviors. Facility had updated resident contacts to include alternate decision maker contact information, and had updated their process for resident admission protocol to include verification of resident provider and pertinent information to promote continuity of medication administration. Named resident and other residents were observed without signs of distress or unmet health needs during unannounced facility visit. Family interviewed had a concern with resident medication availability, and stated facility had been addressing resident care needs. Consultation provided for WAC 388-78A-2240 Availability of Medications.

Conclusion / Action:

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