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 47356 (10/07/2024), which included complaint number(s) 147202, 147253, 145698, 144255.
The Department completed a complaint investigation of your Assisted Living Facility on 10/07/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The department staff who did the inspection and provided consultation:

Amy Wright, NCI Complain Investigator

Consultation:

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(b) Makes an immediate report to the appropriate law enforcement agency and the department consistent with chapter 74.34 RCW of all incidents of suspected sexual abuse or physical abuse of a resident.

The Alleged Victim reported to staff that they were sexually assaulted. Law enforcement and the department were not notified of the allegation for two days. The Alleged Victim was medically evaluated and no signs of sexual abuse were identified. The Alleged Victim was interviewed and they denied that the sexual assault had occurred. Record review showed that staff had been re-educated on abuse reporting.

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, 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 #: 47356
Intake ID: 147253
Investigator: Amy Wright
Region/Unit #: RCS Region 1 / Unit B
Investigation Date(s): 09/18/2024 through 10/07/2024
Complainant Contact Date(s):

Allegation(s):
Sexual assault of a resident.

Investigation Methods:

Sample:
Total residents: 41
Resident sample size: 3
Closed records sample size: 0

Observations:
Alleged Victim
Residents
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions

Interviews:
Alleged Victim
Licensed Practical Nurse
Resident
Resident Representative

Record Reviews:
-Disclosure of Services
-Characteristic roster
-Resident roster
-Staff roster
-Resident face sheets
-Resident care plans
-Incident investigations
-Fall Management Policy
-Abuse, Neglect, & Exploitation Policy
-Progress notes
-Temporary service plans
-Staff in-service education
-Provider fax
-Hospital after visit summary
-Police report

Investigation Summary:

The Alleged Victim reported to staff that they were sexually assaulted. Law enforcement and the department were not notified of the allegation for two days. Failed practice identified, though the abuse was unsubstantiated, and no harm identified. Consultation provided under WAC 388-78A-2630 Reporting abuse and neglect (1)(b).

Conclusion / Action:

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