STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Alderwood
18706 36th AVENUE WEST
LYNNWOOD, WA 98037

RE: Brookdale Alderwood License # 1700

Dear Administrator:

This letter addresses Compliance Determination(s) 48658 (Completion Date 10/14/2024) and 45996 (Completion Date 08/29/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/14/2024 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-2610-1, WAC 388-78A-2660-1, WAC 388-78A-2660-4, WAC 388-78A-2483-2, WAC 388-78A-2483, WAC 388-78A-2483-1, WAC 388-78A-2260-1, WAC 388-78A-2260-2-d, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2-b, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2, WAC 388-78A-3100, WAC 388-78A-3100-1, WAC 388-78A-3100-2, WAC 388-78A-3100-3, WAC 388-78A-3100-4, WAC 388-78A-3090-1, WAC 388-78A-3090-1-a, WAC 388-78A-3090-2-c-ii, WAC 388-78A-2100-2-a, WAC 388-78A-2100-2-b, WAC 388-78A-2100-2-b-i, WAC 388-78A-2100-2-b-ii

The Department staff who did the on-site verification:
Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J

Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 08/19/2024 and 08/21/2024 of:

Brookdale Alderwood
18706 36th AVENUE WEST
LYNNWOOD, WA 98037

The following sample was selected for review during the unannounced on-site visit: 7 of 36 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Erin Steinbrenner, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Jamie Singer
Residential Care Services

9/11/2024
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.

Statement of Deficiencies	License #: 1700	Compliance Determination # 45996
Plan of Correction	Brookdale Alderwood	Completion Date
Page 2 of 13	Licensee: BROOKDALE SENIOR LIVING	08/29/2024

Administrator (or Representative) 9/12/2024 Date

WAC 388-78A-2610 Infection control.

(1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections.

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 Medication Technician (Staff C) practiced infection control while passing medications. This failure placed 36 of 36 residents at risk for illness.

Findings included...

Note: Centers for Disease Control recommends the following steps for hand washing with soap and water: wet hands with clean, running water (warm or cold), turn off the tap, and apply soap. Lather hands by rubbing them together with the soap. Lather the backs of hands, between fingers, and under nails. Scrub hands for at least 20 seconds.

An observation, on 08/20/2024 at 8:16 AM, showed Staff C (Medication Technician) in front of a medication cart near the dining room in the Garden Path neighborhood. Staff C wore one glove on her right hand, her left hand remained ungloved. Observation showed Staff C did not perform hand hygiene prior to starting the medication pass. Staff C prepared medications for Resident 4 by popping pills out of the back of a medication card into a medication cup. Further observation showed Staff C removed the glove on her right hand, did not perform hand hygiene and administered medications to Resident 4 by placing the pills on a napkin on the dining room table.

An observation, on 08/20/2024 at 8:22 AM, showed Staff C dispensed and administered medication for Resident 11. Staff C returned to the medication cart, removed and discarded the glove, then adjusted the garbage bag in the trash receptable attached to the medication cart. Staff C walked to the sink in the kitchen and washed her hands for ten seconds. She returned to the cart where she placed gloves on both hands and administered eye drops to Resident 11. Staff C then removed her gloves and wiped her hands with a CAVI wipe. Observation of the CAVI wipe container indicated the wipe is a surface disinfectant and is unsafe for direct contact with skin.

Interview, on 08/20/2024 at 8:25 AM, when questioned about availably of hand sanitizer product, Staff C stated there wasn't any stored on the medication cart, then left and returned with a squeeze bottle of hand sanitizer.

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An observation, on 08/20/2024 at 8:52 AM, showed Staff C place a glove on her right hand and began to prepare and crush medications for Resident 3. Staff C then walked over to Resident 3 and brought a spoon with medications mixed with applesauce to the resident's mouth. Staff C then returned to the cart, removed her glove and began preparing medications for Resident 12. At no time prior to removing the glove and placing a new glove on her right hand, did Staff C perform hand washing or use hand sanitizer solution.

In interview, on 08/20/2024 at 9:32 AM, Staff C stated she only wears one glove on her right hand, to avoid touching the pills as she dispenses them into the medication cup.

At no time during the observation of passing of medications to four different residents, did Staff C wash her hands for the recommended 20 seconds or use hand sanitizer.

In interview, on 08/20/2024 at 3:42 PM, Staff H (Health and Wellness Director) stated the Medication Technicians should wash hands for the recommended 20 seconds or use hand sanitizer in between each resident's medication pass.

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 Alderwood is or will be in compliance with this law and / or regulation on (Date) 10/01/2024.

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

Administrator (or Representative) — Date 9/12/2024

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

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

(4) Promote and protect the residents' exercise of all rights granted under chapter 70.129 RCW;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to protect the confidentiality and privacy of 36 of 36 residents by storing

notebooks containing resident information in a public location and not securing medication records of 3 of 12 sample residents (Residents 4, 8 and 14) in the Garden Path neighborhood. This resulted in a violation of all 36 residents' privacy.

Findings included...

NOTE: Revised Code of Washington (RCW) 70.129.050 - Privacy and confidentiality of personal and medical records. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

Observation, on 08/19/2024 at 11:24 AM, during the environmental tour with Staff A (Executive Director) and Staff G (Maintenance Director), showed three binders located on a counter in the Country Lane neighborhood dining room. Review of the binders showed three binders with labels of Shift Report, Activity of Daily Living (ADL) Tasks and Resident Care Plans, all of which contained identifying resident information of a personal and clinical nature.

Observation, on 08/19/2024 at 11:38 AM, during the environmental tour with Staff A and Staff G, showed three binders located on a counter in the Garden Path neighborhood dining room. Review of the binders showed three binders with labels of Shift Report, ADL Tasks and Resident Care Plans, all of which contained identifying resident information of a personal and clinical nature.

Observation, on 08/19/2024 at 11:54 AM, during the environmental tour with Staff A and Staff G, showed three binders located on a counter in the Cottage neighborhood dining room. Review of the binders showed three binders with labels of Shift Report, ADL Tasks and Resident Care Plans, all of which contained identifying resident information of a personal and clinical nature.

In an interview, on 08/19/2024 at 11:54 AM, Staff A stated the resident notebooks were usually stored below the counter and should not be kept on the countertop.

Observation, on 08/20/2024 at 8:05 AM, showed Staff C dispense medications for Resident 8, then walk away from the cart with the computer screen unlocked and resident medical information displayed.

Observation, on 08/20/2024 at 8:08 AM, showed Staff C dispense medications for Resident 14, then walk away from the cart with the computer screen unlocked and resident medical information displayed.

Observation, on 08/20/2024 at 8:12 AM, showed Staff C dispense medications for Resident 4, then walk away from the cart with the computer screen unlocked and resident medical information displayed.

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In an interview, 08/20/2024 at 3:42 PM, Staff H (Health and Wellness Director) confirmed staff have been trained to lock the computer screens when not in use and leaving the cart without locking the computer screen was unacceptable.

Plan/Attestation Statement

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

Administrator (or Representative) — Date: 9/12/2024

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 staff member (Staff C) completed the required one step tuberculin skin test (TST). This placed 36 residents at risk of exposure to a communicable disease.

Findings included...

Record review showed the ALF hired Staff C (Medication Technician) on 02/01/2023. Record review showed Staff C had documented history of a negative result from a previous two-step TST completed on 11/15/2022, prior to their employment. Record review of Staff C's records did not show a TST one-step completed after date of hire.

In interview, on 08/20/2024 at 4:11 PM, Staff A (Executive Director) confirmed Staff C

had not completed a one-step TST after date of hire and would get it completed.

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 Alderwood is or will be in compliance with this law and / or regulation on (Date) 10/01/2024 .

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

Administrator (or Representative) Date 9/12/24

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 1 medication cart in the Garden Path Memory Care Neighborhood was locked and medications were securely stored. This failure placed 12 residents with dementia (a group of symptoms that affects memory, thinking and interferes with daily life) at risk for ingesting unprescribed medications and increased health issues.

Findings included...

Record review of a Resident Characteristic Roster, dated 08/20/2024, showed that the Garden Path neighborhood had 12 residents identified with cognitive diagnoses.

An observation, on 08/20/2024 at 8:05 AM, showed Staff C (Medication Technician) dispensed medications from a medication cart parked next to the dining room of Garden Path neighborhood. Staff C prepared the medications, closed the cart drawer and without locking it, walked away from the cart towards the dining room, leaving the cart unattended and the keys on top of the cart. Additional observations during medication

pass on 08/20/2024 in the Garden Path neighborhood showed Staff C left the cart unlocked and unattended at 8:10 AM, 8:12 AM, 8:16 AM, 8:34 AM and 8:38 AM. Two ambulatory residents were observed walking up to the medication cart multiple times between 8:10 AM and 8:40 AM.

In an interview, on 08/20/2024 at 9:30 AM, Staff C stated the medication cart should always be locked when unattended.

In an interview, on 08/20/2024 at 3:42 PM, Staff H (Health and Wellness Director) confirmed an unlocked medication cart was unsafe for all residents, especially those living in memory care.

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 Alderwood is or will be in compliance with this law and / or regulation on (Date) 10/01/2024.

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

Administrator (or Representative) — Date 9/12/2024

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

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to implement systems to promote safe medication services for 4 of 11 sampled residents (Residents 4, 8, 9 and 10) who required staff assistance with medications and failed to ensure 1 of 11 sampled residents (Resident 4) received a medication prepared as prescribed. This placed Residents 4, 8, 9 and 10 at risk for compromised health conditions when medication service was not delivered safely and as prescribed.

Findings included...

Record review of the facility's policy titled, "Medication and Treatment, Administration and Assistance", revised 07/2024, showed that the requirement for staff assisting with medication administration was to observe the resident ingesting the medication prior to documenting on the resident record.

Resident 8
Review of an Admission Record showed the ALF admitted Resident 8 on [redacted]/2024 with multiple diagnoses to include [redacted] Review of an Assessment, dated 03/19/2024, showed Resident 8 to require facility assistance and support with medication management services.

Observation, on 08/20/2024 at 8:05 AM, showed Staff C dispense nine prescribed medications for Resident 8 into a medication cup. Observations showed Resident 8 seated at a dining table with other residents. Observation showed Staff C place a medication cup containing 12 pills on the dining table in front of Resident 8 and return to the medication cart before observing Resident 8 consume their medications.

Resident 4
Review of an Admission Record showed the ALF admitted Resident 4 on [redacted]2023 with a primary diagnosis of [redacted] Review of an Assessment, dated 03/10/2024, showed Resident 4 to require facility assistance and support with medication management services.

Observation, on 08/20/2024 at 8:16 AM, showed Staff C dispense prescribed medications for Resident 4 into a medication cup. Observation showed Staff C poured five pills from a medication cup onto a napkin on the dining table in front of Resident 4 and return to the medication cart before observing Resident 4 consume their medications. Observation showed Resident 4 seated at a dining table with other residents.

Record review of a Medication Administration Record (MAR) for Resident 4 showed a physican's order for Reguloid powder, take twice daily, with instruction to mix one rounded teaspoon of powder with eight ounces of water.

Observation, on 08/20/2024 at 8:30 AM, showed Staff C prepare the Reguloid medication for Resident 4. Staff C removed a plastic spoon and plastic cup from the medication cart. Observation showed Staff C mix a spoonful of powdered Reguloid into a six-ounce plastic cup filled with five ounces of water, then stirred the mixture and set in front of Resident 4. Observation showed Resident 4 did not drink the liquid at the time of administration. Follow up observation of the dispensed medication, at 9:00 AM, showed a thick brown concoction that was no longer in liquid form. Resident 4 did not attempt to drink the medication during the observation period.

In interview, on 08/20/2024 at 9:00 AM, Staff C stated sometimes the mixture thickened and the resident needed to eat it with a spoon. Staff C confirmed the cups she typically used were not available and had to use a smaller cup.

Resident 9
Review of an Admission Record showed the ALF admitted Resident 9 on [redacted]2023 with multiple diagnoses to include [redacted]Review of an Assessment, dated 04/07/2024, showed Resident 9 to require facility assistance and support with medication management services.

Observation, on 08/20/2024 at 8:34 AM, showed Staff C dispense two prescribed medications for Resident 9 into a medication cup. Observation showed Staff C place a medication cup containing three pills on the dining table in front of Resident 9 and return to the medication cart before observing Resident 9 consume their medications. Observation showed Resident 9 seated at a dining table with other residents.

Resident 10
Review of an Admission Record showed the ALF admitted Resident 10 on [redacted]2024 with a primary diagnosis of [redacted]Review of an Assessment, dated 06/19/2024, showed Resident 10 to require facility assistance and support with medication management services.

Observation, on 08/20/2024 at 8:38 AM, showed Staff C dispense four prescribed medications into a medication cup. Observation showed Staff C place a medication cup containing four pills on the dining table in front of Resident 10 and return to the medication cart before observing Resident 10 consume their medications. Observation showed Resident 10 seated at a dining table with other residents.

In an interview, on 08/20/2024 at 3:42 PM, Staff H (Health and Wellness Director) stated Medication Technicians have been trained to stay with the residents to verify they take their medications and leaving cups of pills in front of residents is not part of proper procedure.

This deficiency was previously cited on 01/09/2023.

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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 Alderwood is or will be in compliance with this law and / or regulation on (Date) 10/01/2024.

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

Administrator (or Representative) 9/12/24 Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

(1) The residents' characteristics and needs;

(2) The degree of hazardousness or toxicity posed by the supplies or equipment;

(3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and

(4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure a system was in place to store and secure hazardous chemicals, and failed to ensure equipment and appliances were stored securely and kept inaccessible from residents who lived in the secured Memory Care Unit (MCU). These failures placed 36 MCU residents at risk for poisoning and adverse health issues.

Findings included...

A record review of a Resident Characteristic Roster (RCR), dated 08/20/2024, showed 36 residents lived in the ALF. The RCR showed all 36 residents in the ALF were identified as having dementia (a group of symptoms that affects memory, thinking and interferes with daily life), Alzheimer's disease (a brain disorder with a gradual decline in memory, thinking, behavior and social skills which eventually affect the ability to function), or cognitive impairment. The RCR showed 10 residents resided in the Country (CN)

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neighborhood, 12 residents resided in the Garden Path (GN) neighborhood, and 14 residents resided in the Cottage Place (CP) neighborhood.

Observation and interview, during an environmental tour with Staff A (Executive Director) and Staff G (Maintenance Supervisor) on 08/19/2024 at 11:36 AM, showed a kitchenette located in the GN that was accessible to the residents. The kitchenette had an unsecured upper cabinet, located near the stove that held a control switch for the stove. Staff A stated the cabinet that held the control switch had a broken lock and would be repaired immediately.

Observation and interview, during an environmental tour on 08/19/2024 at 11:47 AM, showed the Community Center (CC) located in the center of the facility's neighborhoods. The CC had an unsecured cabinet with an All-purpose Cleaner spray bottle that contained the warning to avoid contact with eyes and to keep out of reach of children. Staff A stated the spray bottle should be in a locked cabinet. Further observations throughout the environment tour, showed residents walking in and out of the CC and the CN, GN, and CP neighborhoods without staff supervision or escort.

Observation and interview, on 08/21/2024 at 10:47 AM in the CP neighborhood, showed Resident 13 walked into the unstaffed kitchenette, opened 2 cabinets, retrieved two jam packets and stored them into their pocket. Resident 13 stated they were looking for something to drink. No facility staff were observed in the vicinity of the CP.

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

Administrator (or Representative) 9/12/2024 Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(2) The assisted living facility must provide housekeeping supply room(s):

(c) Equipped with:

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(ii) Storage for wet mops;

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to implement a system to ensure wet mops were consistently hung up to dry following their use. This failure placed 36 residents at risk of potential infection control issues and decreased quality of life.

Findings included...

Observation, during the main kitchen (MK) tour with Staff A (Executive Director) and Staff I (Dining Services Coordinator) on 08/20/2024 at 10:25 AM, showed inside the MK's storage room was a mop basin and a wet mop stored inside the basin. Staff I stated the wet mop should be hung up to dry when not in use.

In a follow-up observation and interview, on 08/21/2024 at 1:05 PM, showed inside the MK's storage room was a mop basin contained brown water with a mop stored inside the basin. Staff I said he just used the mop to clean the MK floor. Staff A acknowledged the mop should be hung up to dry.

Plan/Attestation Statement

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

Administrator (or Representative) 9/12/2024 Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the

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resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to complete an ongoing assessment related to a change of condition for 1 of 7 sampled resident (Resident 5). This placed Resident 5 at risk for not receiving the level of care necessary to meet their needs.

Findings included...

Record review of a Face Sheet, dated 08/19/2024, showed the facility admitted Resident 5 on [redacted]/2024 with diagnoses including [redacted]

Review of Physician Orders, dated 04/02/2024, showed an order for a minced and moist diet with one on one supervision during meal time for aspiration precautions.

Review of an Assessment, dated 02/27/2024, showed Resident 5 received regular diet and did not require a textured modified diet. The Assessment also showed Resident 5 did not need staff's assistance while eating.

In an interview, on 08/21/2024 at 11:27am, Staff H (Health and Wellness Director) confirmed Resident 5 had changes in their diet and care needs, and an assessment had not been updated to show the changes.

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 Alderwood is or will be in compliance with this law and / or regulation on (Date) 10/01/24 .

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

Administrator (or Representative) 9/12/24 Date