



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) 52477 (Completion Date 01/02/2025) and 48911 (Completion Date 11/12/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/02/2025 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-2600-1-b

The Department staff who did the on-site verification:
Michelle Mcglon, Nursing Consultant Institutional

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

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



Residential Care Services Investigation Summary Report

Provider/Facility: Brookdale Alderwood **Provider Type:** Assisted Living Facility
License/Cert.#: 1700
Compliance Determination #: 48911 **Intake ID:** 148250
Investigator: Michelle Mcglon **Region/Unit #:** RCS Region 2 / Unit J
Investigation Date(s): 10/17/2024 through 11/12/2024
Complainant Contact Date(s):

Allegation(s):

1. The Named Resident (NR) had a fracture of unknown origin at the Assisted Living Facility (ALF).

Investigation Methods:

Sample:	Total residents: 36 Resident sample size: 2 Closed records sample size:
Observations:	Residents Staff to resident interactions Resident to resident interactions Resident rooms
Interviews:	Family members Nursing staff
Record Reviews:	State reporting log Incident investigation Facility policies Resident Records

Investigation Summary:

1. Interview and record review showed the NR reported to the ALF staff, they had difficulty walking and had pain. Record review showed the ALF staff assisted the NR with transfers, but failed to follow their policy to have the resident evaluated by a physician until the following day. See Statement of Deficiency WAC 388-78A-2600

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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Statement of Deficiencies License #: 1700 Compliance Determination # 48911
Plan of Correction Brookdale Alderwood Completion Date
Page 1 of 3 Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC 11/12/2024

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 10/17/2024, 10/17/2024 and 10/17/2024 of:

Brookdale Alderwood
18706 36th AVENUE WEST
LYNNWOOD, WA 98037

This document references the following complaint number(s): 150892, 148250

The following sample was selected for review during the unannounced on-site visit: 2 of 36 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle McGlon, 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

11/18/2024
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.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies

License #: 1700

Compliance Determination # 48911

Plan of Correction

Brookdale Alderwood

Completion Date

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Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC

11/12/2024


Administrator (or Representative)11/20/2024
Date**WAC 388-78A-2600 Policies and procedures.**

- (1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:
- (b) Provide the necessary care and services for residents, including those with special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed implement their Change of Condition policy when 1 of 1 sampled residents (Resident 1) could no longer ambulate or transfer independently and was experiencing pain. This failure resulted in Resident 1 experiencing pain and having a delay in medical evaluation following a broken hip.

Findings included...

Record review of the ALF's policy, "Change of Condition", revised 08/2024, showed a change of condition should be evaluated and documented for residents who exhibit significant deviation in physical or mental status such as change in medical condition, change in behavior, and change in cognitive ability. Residents with unstable or potentially life threatening medical or mental health conditions should be evaluated by a physician/ healthcare provider (HCP) or sent to the emergency department, as warranted by their condition. The physician/ HCP and legally responsible party should be notified of the resident's change in condition and the resident should be transported to the hospital.

Record review of an undated Face sheet, showed the ALF admitted Resident 1 on [REDACTED] /2023 with multiple medical diagnoses including [REDACTED]

) and [REDACTED]

Record review of Resident 1's Personal Service Plan, dated 03/12/2024, showed that the resident was independent with mobility and transfers without the use of an assistive device.

11.18.2024 14:02:14

State of Washington

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Statement of Deficiencies	License #: 1700	Compliance Determination # 48911
Plan of Correction	Brookdale Alderwood	Completion Date
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Record review of an Incident Investigation, dated 09/22/2024, showed that the ALF staff documented, on 09/21/2024 at 6:27 PM, Resident 1 reported that she could not get up and that her leg was hurting. Record review showed that the ALF caregivers had to transfer Resident 1 to a wheelchair, then to bed.

In an interview, on 10/17/2024 at 11:09 AM, Staff B (License Practical Nurse) stated that on the evening of 09/21/2024, Resident 1 required assistance to bed by the caregivers, complained of pain and was given over-the-counter pain medications. Staff B stated that she noticed Resident 1 was holding her hip in pain the following morning. Staff B stated that a family member was not notified, nor a medical professional evaluated Resident 1's change of condition and pain until the following day. Staff B stated that Resident 1 had broken her hip, requiring surgical intervention and was in the hospital.

In an interview, on 10/17/2024 at 11:40 AM, Collateral Contact (CC1-Family Representative) stated that he was not notified that Resident 1 was unable to walk and was experiencing pain until 09/22/2024 when the resident was being transported to the hospital. CC1 confirmed that Resident 1 had broken their hip and did not get did not get medical treatment until the following day.

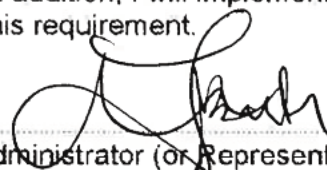
In an interview, on 10/22/2024 at 1:59 PM, Staff A (Health and Wellness Director) confirmed that Resident 1 did not have a medical evaluation immediately following her change of condition and was not sent to the hospital until the day after she had a change of mobility and pain.

This is a recurring citation previously cited on 01/09/2023 and 08/23/2023.

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) 12/07/2024.

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


Administrator (or Representative)

11/20/24
Date

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