STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Allenmore AL (WA)
3615 S. 23RD STREET
TACOMA, WA 98405

RE: Brookdale Allenmore AL (WA) License # 1701

Dear Administrator:

This letter addresses Compliance Determination(s) 42342 (Completion Date 06/12/2024) and 38530 (Completion Date 04/11/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/12/2024 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-2150, WAC 388-78A-2150-1, WAC 388-78A-2150-2, WAC 388-78A-2150-3, WAC 388-78A-2474, WAC 388-78A-2474-2, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-e, WAC 388-78A-2480, WAC 388-78A-2480-1, WAC 388-78A-2480-2, WAC 388-78A-2489, WAC 388-78A-2489-1, WAC 388-78A-2489-2, WAC 388-78A-2489-3, WAC 388-78A-2489-4, WAC 388-78A-2610, WAC 388-78A-2610-2, WAC 388-78A-2610-2-a, WAC 388-78A-2610-2-c, WAC 388-78A-2620, WAC 388-78A-2620-2, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-3090, WAC 388-78A-3090-1, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-b, WAC 388-78A-3090-1-c, WAC 388-78A-3090-1-d

The Department staff who did the on-site verification:
Cathleen Davis, ALF Licensor
Cory Myers, ALF Complaint Investigator

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 1701	Compliance Determination # 38530
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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 03/19/2024 and 03/22/2024 of:
Brookdale Allenmore AL (WA)
3615 S. 23RD STREET
TACOMA, WA 98405

The following sample was selected for review during the unannounced on-site visit: 7 of 47 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cathleen Davis, ALF Licensor
Shirley Grew, LTC Surveyor
Melisa Moran, Assisted Living Facility Nursing Consultant Institutional
Cory Myers, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

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 — 04/25/2024 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.

Dawn Kinney
Administrator (or Representative)

4/25/2024
Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

(3) Any public or private case manager for the resident, if available.

This requirement was not met as evidenced by:

Based on record reviews and interview the facility failed to provide signed Personal Service Plans (PSP) (otherwise known as Negotiated Service Agreements, NSA) for 5 of 7 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 7[R1, R2, R3, R4, and R7]). This failure placed these residents in potential harm for not having an agreed upon care plan established for each resident.

Findings included...

Review of R1's PSP showed a date of admittance of [redacted]/2021 to the Assisted Living Facility (ALF). R1's PSP was developed on 02/14/2024 but unsigned by R1 or a representative or by the facility.

Review of R2's PSP showed a date of admittance of [redacted]/2020 to the ALF. R2's PSP was developed on 02/21/2024 but unsigned by R2 or a representative or by the facility.

Review of R3's PSP showed a date of admittance of [redacted]/2023 to the ALF. R3's PSP was developed on 12/14/2023 but unsigned by R3 or a representative or by the facility.

Review of R4's PSP showed a date of admittance of [redacted]/2022 to the ALF. R4's PSP was developed on 02/28/2024 but unsigned by R4 or a representative or by the facility.

Review of R7's PSP showed a date of admittance of [redacted]/2019 to the ALF. R7's PSP was developed on 02/29/2024, but unsigned by R7 or a representative or by the facility.

In an interview on 03/22/2024 at 2:30 PM Staff G, Health & Wellness Director II, said they

did not have any current signed PSPs for R1, R2, R3, R4 and R7. Staff G stated that many of the PSPs are outdated and/or unsigned and reported that she is working on getting the PSPs updated and signed.

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 Allenmore AL (WA) is or will be in compliance with this law and / or regulation on (Date) 6/8/2024 .
5/26/24 DRK

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

Dawn Kinney
Administrator (or Representative)

4/25/2024
Date

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:

(b) Basic;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on record reviews and interviews, the facility failed to ensure 1 of 6 sampled staff (Staff C) had the required basic training and failed to ensure 2 of 6 sampled staff (Staff C and Staff E) had completed their continuing education requirements. These failures placed all residents at risk of receiving improper care from unqualified and untrained staff.

Findings included..

WAC 388-112A-0080 "Who is required to complete the seventy-hour long-term care worker basic training and by when? Assisted living facilities. (5) Long-term care workers in assisted living facilities within one hundred twenty days of their date of hire. Long-term care workers must not provide personal care without direct supervision until they have

completed the seventy-hour long-term care worker basic training."

WAC 388-112A-0611 "Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?
(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.
(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:
(i) A certified home care aide;
(ii) A long-term care worker who is exempt from the 70-hour home care aide basic training under WAC 388-112A-0090 (1) and (2)."

Record review of the facility's staff roster, undated, showed Staff C, Medication Technician, was hired at the facility on 12/27/2022.

Review of Staff C's personnel file showed there were no basic training records and no continuing education documents for review.

Record review of the facility's staff roster, undated, showed Staff E, Medication Technician, was hired at the facility on 09/20/2022.

Review of Staff E's personnel file showed there were no continuing education documents for review.

During an interview on 03/22/2024 at 2:15 PM, Staff A, Interim Executive Director, stated they were unable to provide Staff C's basic training and continuing education documents for review. Staff A also said that they were unable to provide Staff E's continuing education documents for review.

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 Allenmore AL (WA) is or will be in compliance with this law and / or regulation on (Date) ~~6/1/2024~~ 5/26/24 DRK.

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

Administrator (or Representative) Date 4/25/24

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

(2) For purposes of WAC 388-78A-2481 through 388-78A-2489 , "staff person" means any assisted living facility employee or temporary employee of the assisted living facility, excluding volunteers and contractors.

This requirement was not met as evidenced by:

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to develop and implement a system to ensure 1 of 4 sampled new staff members (Staff B) was screened for tuberculosis (TB, a communicable disease) within three days of employment as required. This failure placed all residents, staff, and visitors at risk of TB infection.

Findings included...

Record review of the facility's staff roster, undated, showed Staff B, Health and Wellness Coordinator, was hired on 11/01/2023. Review of Staff B's personnel records failed to show results from a TB test done within three days of employment.

During an interview on 03/22/2024 at 2:00 PM, Staff A, Interim Executive Director, said that they had provided everything they had on file for TB testing for the sampled staff.

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 Allenmore AL (WA) is or will be in compliance with this law and / or regulation on (Date) ~~6/8/2024~~ 5/26/24 DRK.

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

Dawn Kinney — Administrator (or Representative)

4/25/2024 — Date

WAC 388-78A-2489 Tuberculosis Test records. The assisted living facility must:

(1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the assisted living facility;

(2) Make the records readily available to the appropriate health provider and licensing agency.

(3) Retain the records for at least two years after the date the staff person either quits or is terminated; and

(4) Provide the staff person a copy of his/her test results.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 1 of 4 sampled staff members' (Staff C) second TB (tuberculosis, a communicable disease) test results were documented as required for employment. This failure placed all residents, staff, and visitors at risk of TB infection.

Findings included...

Record review of the facility's staff roster, undated, showed Staff C, Medication Technician, was hired on 12/27/2022.

Review of Staff C's personnel records failed to show results from a second TB test as required for employment.

During an interview on 03/22/2024 at 2:00 PM, Staff A, Interim Executive Director, said that they had provided everything they had on file for TB testing for the sampled staff.

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 Allenmore AL (WA) is or will be in compliance with this law and / or regulation on (Date) ~~6/8/2024~~ 6/26/24 DRK.

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

Dawn Kinney — Administrator (or Representative)

4/25/2024 — Date

WAC 388-78A-2610 Infection control.

(2) The assisted living facility must:

(a) Develop and implement a system to identify and manage infections;

(c) Provide staff persons with the necessary supplies, equipment and protective clothing for preventing and controlling the spread of infections;

This requirement was not met as evidenced by:

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to have 6 of 6 sampled staff (Staff A, B, C, D, E & F) be fit tested for a N95 respirator (A device worn over the mouth and nose or entire face that prevents inhalation of dust, smoke, and other substances). This placed residents, as well as staff and visitors to the facility, at risk of potential harm if highly communicable pathogens were present.

Findings included...

Record review of the Dear Provider Letter (DPL) ALF# 2021-024, titled, "Employer Responsibilities for Respiratory Protection Program and Provision of Personal Protective Equipment (PPE)," dated 04/30/2021, directed Long Term Care Facilities (LTCF) under WAC 296-842-12005 to develop and maintain a respirator program which included initial fit testing and providing staff with their fit tested respirator.

Record review of the document titled, "L&I (Labor and Industries) and Department of Health (DOH) Respirator and Person Protection Equipment (PPE) guidance for Long Term Care: Employer responsibilities for respiratory protection program and provision of PPE," dated 03/30/2021, showed "The Long-term care facilities (LTCF) are required to provide initial fit tests for each Health Care Worker (HCW) with the same model, style, and size respirator (N-95) that the HCW will be required to wear for protection against the COVID-19 (Corona Virus Disease 2019-an infectious disease caused by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, sore throat, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death and other airborne hazards). A 'fit test' is a procedure that tests the seal between the respirator's face piece and the HCW's face. It includes a medical evaluation and is completed by someone who is trained to fit test which takes a minimum of 15-20 minutes. The 'fit test' is to be completed every 12 months."

Record review of Washington State (WA) Department of Health (DOH) website document titled, "Respiratory Protection Program (RPP) for Long-Term Care Facilities," undated, under the section titled, "fit testing," showed respirator fit testing was to be done before use of N95 respirator and then every year (within 12 months of the date of the last fit test).

Record review of the Department of Health document, titled, "Respiratory Protection Program for Long-Term Care Facilities," undated, showed "providing your workforce with respiratory protection against respiratory hazards, such as the virus that causes COVID-19, is a safety standard regulated and enforced by the Washington Department of Labor and Industries (L&I). Employers have an obligation to protect their employees from hazards in the workplace (General Duty WAC 296-126-094). In healthcare facilities, the tight-fitting disposable 'N95' respirator is a commonly used for respiratory protection. Respirator fit testing ensures that tight-fitting respirators seal properly and helps protect employees from exposure to airborne particles such as viruses and bacteria. Keep your employees safe and working by getting them fit tested and ready to properly use a respirator."

WAC 296-842-12010 Keep respirator program records. "(1) A written copy of the current respirator program must be kept by the employer. (2) Keep each employee's current fit test record, if fit testing is conducted, until the next fit test is administered. Fit test records must include: (a) Employee name; (b) Test date; (c) Type of fit test performed; (d) Description (type, manufacturer, model, style, and size) of the respirator tested; (e) Results of fit tests, for example, for quantitative fit tests include the overall fit factor AND a printout, or other recording of the test."

Record review of OSHA's Respiratory Protection standard 29 CFR 1910.134, undated, showed under section "1910.134(m) Recordkeeping. This section requires the employer to establish and retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate employee involvement in the respirator program, assist the employer in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA."

Review of a facility policy titled "Respiratory Protection Program" showed on page one "Respirator Administrator (Executive Director or designee) has the overall responsibility for the respiratory program, including monitoring respiratory hazards, maintaining records, and conducting program evaluations annually."

In an interview on 03/21/2024 at 3:30 PM Staff A, Interim Executive Director, reported and acknowledged that the facility's RPP program is outdated and has not been updated since 08/2021 and 09/2021. Staff A reported that they are currently in the process of working with an outside vendor to get the necessary supplies to implement and get staff current with their RPP fit testing.

Plan/Attestation Statement

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5/26/24 DRK

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

Dawn Kinney — Administrator (or Representative)

4/25/2024 — Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a

veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on record reviews and interview, the Assisted Living Facility (ALF) failed to ensure 3 of 3 sampled pets (Resident 1's pet, Resident 2's pet, Resident 3's pet) living in the ALF had regular examinations and immunizations by a licensed veterinarian. This failure placed all residents, staff, and visitors at risk of disease transmittable by animals to humans.

Findings included...

Record review of the facility's "Pet Policy," dated 10/2021, stated, "The resident's pet must have regular examinations and current vaccinations by a licensed veterinarian upon moving into the community and to be free of diseases transmittable to humans."

Record review of Resident 1's (R1) pet record showed R1's pet was last seen for an examination on 11/21/2019. The record showed R1's pet had a rabies vaccination that expired on 11/21/2019.

Record review of Resident 2's (R2) pet record showed R2's pet was last seen for an examination on 04/09/2021. The record showed R2's pet had a rabies vaccination that expired on 04/09/2021.

Record review of Resident 3's (R3) pet record showed R3's pet was last seen for an examination on 04/13/2021. The record showed R3's pet had a rabies vaccination that expired on 09/28/2020.

In an interview on 03/21/2024 at 4:08 PM Staff A, Interim Executive Director, stated that they were aware of the expired pet vaccinations and veterinarian examination requirements, and they were in the process of correcting it.

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 Allenmore AL (WA) is or will be in compliance with this law and / or regulation on (Date) 6/8/2024 .

5/26/24 DRK

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

Statement of Deficiencies	License #: 1701	Compliance Determination # 38530
Plan of Correction	Brookdale Allenmore AL (WA)	Completion Date
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Dawn Kearney
Administrator (or Representative) Date 4/25/2024

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

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

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

(d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the facility failed to provide a presentable and well-maintained environment for 1 of 1 area (exterior fixture of the facility). This failure placed residents at risk to have a diminished quality of life due to unkept and unmaintained living conditions.

Findings included...

An observation on 03/19/2024 at 11:15 AM, showed resident rooms with balconies/patios with chipping and peeling paint on pillars on lanai and up the side of the building walls.

Record review of the Department's Statement of Deficiencies (SOD), dated 11/03/2022, showed a consultation was provided to the facility for needed upkeep and paint for resident rooms with balconies/lanais and having outdated bids from 2021. The facility's plan in 11/2022 was to proceed with the updates received from the updated bid received in 10/2022.

Record review of the facility's Disclosure of Services, undated, showed all Assisted Living Facilities must maintain their living quarters and other areas they may use in a safe, clean, and comfortable condition.

In an interview on 03/19/2024 at 11:30 AM, Staff H, Director of Housekeeping, Security and Maintenance, reported that the facility did receive an updated bid at last licensing inspection in 10/2022 and this was submitted to the corporate office for their review and attention.

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This is a recurring deficiency previously consulted on 10/10/2022 for subsection (1)(a)(b)(c)(d).

Plan/Attestation Statement

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

Dawn Kinney
Administrator (or Representative)

4/25/2024
Date