STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 73918 (Completion Date 03/05/2026) and 71194 (Completion Date 01/14/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/05/2026 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-2320-1-b, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1, WAC 388-78A-2320-2-b, WAC 388-78A-2210-1, WAC 388-78A-2210-1-a, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b, WAC 388-78A-2210, WAC 388-78A-2474-2, WAC 388-78A-2474-2-a, WAC 388-78A-2474-2-d, WAC 388-112A-0200-1, WAC 388-112A-0700

The Department staff who did the on-site verification:
Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

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

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager
Region 3, Unit D
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

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 follow-up on 01/09/2026 and 01/14/2026 of:

Brookdale Allenmore AL (WA)
3615 S. 23RD STREET
TACOMA, WA 98405

This document references the following SOD dated: 01/14/2026

The following sample was selected for review during the unannounced on-site visit: 5 of 54 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor
Alena Gimlin, Assisted Living Licensor

From:
DSHS, Home and Community Living 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.

Laurie Anderson
Residential Care Services

01/26/2026
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.

Administrator (or Representative)

1/27/26
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident, and

(b) Ensure the requirements of chapter 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 sampled staff (Staff A and Staff C) were delegated by a Registered Nurse (RN) to administer oral medications, topical medication (skin), eye drops, and perform blood sugar checks by piercing a resident's skin with a lancet (needle). This failure placed Resident 1, Resident 3, Resident 4 and Resident 5 at risk of medical complications from receiving medications and/or blood sugar checks incorrectly by staff not delegated by an RN, as required.

Findings included...

RESIDENT 1
Review of Resident 1's December 2025 and January 2026 Medication Administration Record (MAR) showed an order for the administration of Simbrinza eye drops three times per day; Artificial Tears (eye drops) four times per day; and Neo/Poly/Dex ointment (topical) applied one time a day to the eyes. All medications were used to

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 | 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.

Administrator (or Representative) | Date

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(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 2 sampled staff (Staff A and Staff C) were delegated by a Registered Nurse (RN) to administer oral medications, topical medication (skin), eye drops, and perform blood sugar checks by piercing a resident's skin with a lancet (needle). This failure placed Resident 1, Resident 3, Resident 4 and Resident 5 at risk of medical complications from receiving medications and/or blood sugar checks incorrectly by staff not delegated by an RN, as required.

Findings included…

RESIDENT 1
Review of Resident 1's December 2025 and January 2026 Medication Administration Record (MAR) showed an order for the administration of Simbrizna eye drops three times per day; Artificial Tears (eye drops) four times per day; and Neo/Poly/Dex ointment (topical) applied one time a day to the eyes. All medications were used to

treat glaucoma (eye disease).

Review of Resident 1's December 2025 MAR showed Staff A (caregiver) administered Resident 1's medications 35 times in December 2025.

Review of Resident 1's January 2026 MAR showed Staff A administered Resident 1's eye drops 12 times in January 2026.

Review of the document titled "Nurse Delegation: Nurse Visit" forms, dated 09/10/2025, 11/19/2025, and 12/09/2025, showed Resident 1 required nurse delegation for the administration eye drops and ointment. The Nurse Visit forms showed no documentation Staff A was delegated by an RN to administer Resident 1's eye drops and ointment.

RESIDENT 3
Review of Resident 3's December 2025 and January 2026 MAR showed orders for the administration of Aspirin 81 mg (milligrams) (used to treat pain) one time per day; Simvastatin 40 mg (used to treat high cholesterol) one time per day; Lisinopril 10 mg (used to treat high blood pressure) one time per day; Meloxicam 7.5 mg (used to treat inflammation) one time per day; and Levetiracetam 750 mg (used to treat seizure disorders) two times per day.

Review of the December 2025 MAR showed Staff A administered Resident 3's medications four times, and Staff C (medication technician) administered medications two times.

Review of the January 2026 MAR showed Staff A administered Resident 3's medications three times.

Review of the document titled "Nurse Delegation: Nurse Visit" forms, dated 09/10/2025, 11/19/2025 and 12/09/2025, showed Resident 3 required nurse delegation for the administration of oral medications. The Nurse Visit forms showed no documentation that Staff A and Staff C were delegated by an RN to administer Resident 3's oral medications.

RESIDENT 4
Review of Resident 4's December 2025 MAR showed Resident 4 was prescribed Latanoprost (eye drops used to treat high pressure inside the eye), Melatonin (used for insomnia), Memantine (used for Alzheimer's disease), Rosuvastatin (used for cholesterol), Xareal (used as a blood thinner), and Acetazolamide (used to help the body reduce extra water). The MAR showed that on 12/14/2025, Staff C administered Resident 4's oral medications and eye drops at 4:00 PM and 8:00 PM.

Review of Resident 4's January 2026 MAR showed Resident 4 was prescribed Acetazolamide, Cranberry Tabs (used for urinary health), Docusate Sodium (used for constipation), Timolol Mal 0.5 % (eye drops used to lower the pressure in the eyes), Acetaminophen (used for pain), Clopidogrel (used for blood health), Losartan (used for hypertension), Polyethylene Glycol (used for constipation), Vitamin C (used to support immune health), and Vitamin D3 (used to support bone health). The MAR showed that on 01/07/2026, Staff A administered Resident 4's oral medications and eye drops at 8:00 AM.

Review of the document titled "Nurse Delegation: Nursing Visit form", dated 12/09/2025 showed Resident 4 required nurse delegation for the administration of all oral and ophthalmic (eye) medications. The Nurse Visit forms showed no documentation Staff A and Staff C were delegated by an RN to administer Resident 4's medications.

RESIDENT 5
Review of Resident 5's December 2025 MAR showed medication orders for Buspirone 7.5 mg (used for anxiety), Dorzol/Timol eye drops one drop in each eye (used for eye disease), and Eliquis 5 mg (used as a blood thinner), Lisinopril 2.5 mg (used for high blood pressure), Lumigan 0.01% eye drops (used for eye disease), Prazosin 1 mg (used for high blood pressure), and Rosuvastatin 40 mg (used for high cholesterol). The MAR showed Staff C administered Resident 5's oral and eye medications to on 12/14/2025 at 4:00 PM and 8:00 PM.

Review of Resident 5's January 2026 MAR showed medication orders for Ezetimibe 10 mg (used for high cholesterol), Furosemide 40 mg (used for swelling), and Jardiance 10 mg (used for blood sugar). The MAR showed an order for blood sugar checks at 8:00 AM daily. The MAR showed that on 01/07/2026, Staff A administered Resident 5 's oral medications and checked the resident's blood sugar at 8:00 AM.

Review of the document titled "Nurse Delegation: Nursing Visit" form, dated 12/09/2025, showed Resident 5 required administration of all oral and ophthalmic (eye) medications. The form showed no documentation Staff A and Staff C were delegated by an RN to administer Resident 5's medications.

During an interview on 01/09/2026 at 3:00 PM, Staff F, Health and Wellness Director, stated that Staff A was in training to be a medication technician.

During a telephone interview on 01/13/2026 at 9:20 AM, Staff E, Executive Director, said that Staff C was nurse delegated in a different community managed by the same corporation.

This is an uncorrected deficiency previously cited on 10/13/2025 for subsections (1)(a)(b) and (2)(b).

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) 2/28/26.

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

Cristina Andersen 1/27/26

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs. Prescription drugs, and other applicable statutes and administrative rules; and

(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 ensure medications were given as prescribed for 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 6). This failure placed the residents at risk of illness and a decline in health.

Findings included..

RESIDENT 1

Review of Resident 1's December 2025 Medication Administration Record (MAR) showed an order for Simbrinza eye drops (medication used to lower pressure in the eye) to be administered three times per day, Refresh eye drops (to treat dry eyes) to be administered four times per day, and Neomycin/Polymyxin B/Dexamethasone ointment

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

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Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure medications were given as prescribed for 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5). This failure placed the residents at risk of illness and a decline in health.

Findings included...

RESIDENT 1
Review of Resident 1's December 2025 Medication Administration Record (MAR) showed an order for Simbrinza eye drops (medication used to lower pressure in the eye) to be administered three times per day, Refresh eye drops (to treat dry eyes) to be administered four times per day, and Neomycin/Polymyxin B/Dexamethasone ointment

(Neo/Poly/Dex- a medication used to kill bacteria in the eye and reduce inflammation) to be applied one time per day. All medications were used to treat Glaucoma (eye disease). There was no documentation that showed any administration of the Simbrinza on 12/21/2025 at 4:00 PM, the Refresh eye drops on 12/21/2025 at 4:00 PM and 8:00 PM, and the Neo/Pol/Dex on 12/21/2025 at 8:00 PM.

RESIDENT 2
Review of Resident 2's undated admission record showed the facility admitted Resident 2 to the facility on [redacted]/2025 with diagnoses to include [redacted] and [redacted].

Review of Resident 2's December 2025 MAR showed an order for Albuterol (used to treat lung disease) solution given via a nebulizer (machine that turns the Albuterol solution into a mist for inhalation) four times per day. Staff documented the nebulizer was not available for administration of Albuterol 31 times in December 2025.

Review of a progress note, dated 12/21/2025, showed staff documented Resident 2 went without most of her medications for multiple days. Missed medications included Carvedilol (used to treat high blood pressure); Clonidine (used to treat high blood pressure); Digoxin (used to treat heart conditions); Duloxetine (used to treat depression); Isosorbide (used to treat chest pain); Levothyroxine (used to treat thyroid disease); Losartan (used to treat high blood pressure); Metformin (used to treat type 2 diabetes); and Spironolactone (used to treat high blood pressure). The note showed Resident 2 was placed on alert and scheduled for blood pressure checks four times a day.

Review of a progress note, dated [redacted]/2025, showed Resident 2's blood pressure was 198/132 (normal blood pressure is 120/80). The note showed Resident 2 was transported via ambulance to a local hospital.

Review of the hospital discharge paperwork, dated [redacted]/2025, showed Resident 2 was admitted for chest pain and a hypertensive emergency (severe spike in blood pressure).

RESIDENT 3
Review of Resident 3's January 2026 MAR showed facility staff documented that Resident 3's Levothyroxine (used to treat thyroid disease), 100 micrograms, was not available on 01/06/2026 and 01/07/2026.

RESIDENT 4
Review of Resident 4's December 2025 MAR showed medication orders for Losartan 50 milligrams (mg) daily for high blood pressure; Metoprolol Succinate (SUCC) Extended Release (ER) 50 mg daily for high blood pressure; Melatonin 3 mg for sleep; Memantine 10 mg for Alzheimer's Disease; Polyethylene Glycol 17-gram packet daily for constipation; Rosuvastatin 10 mg at bedtime for cholesterol; Vitamin C 500 mg daily for

immune health; Xarelto 15 mg daily for blood health; Cranberry Tabs 450 mg taken twice daily for urinary health; Docusate Sodium 100 mg taken twice daily for constipation; Acetaminophen 500 mg three times a day for pain; and Timolol Mal 0.5 % eye drops twice daily to lower the pressure in the eyes.

Review of Resident 4's December 2025 MAR showed Losartan 50 mg was not given nine times; Metoprolol SUCC ER was not given two times; Melatonin 3 mg was not given 11 times; Memantine 10 mg was not given one time; Polyethylene Glycol 17-gram packet was not given one time; Rosuvastatin 10 mg was not given 4 times; Vitamin C 500 mg was not given 3 times; Xarelto 15 mg was not given eight times; Cranberry Tabs 450 mg was not given 25 times; Docusate Sodium 100 mg was not given three times; Timolol Mal 0.5 % was not given one time; and Acetaminophen 500 mg was not given one time. The MAR notes stated the medications were on order from the pharmacy.

Review of Resident 4's January 2026 MAR showed medication orders for Melatonin 3 mg; Losartan 50 mg daily; Metoprolol SUCC ER 50 mg daily; and Vitamin D3 5,000 units (U) daily for bone health. The MAR showed Melatonin was not given five times; Losartan 50 mg was not given eight times; Metoprolol SUCC ER was not given three times; and Vitamin D3 5,000 U was not given four times. The MAR notes stated the medications were on order from the pharmacy.

RESIDENT 5
Review of Resident 5's December 2025 and January 2026 MARs showed medication orders for Lisinopril 2.5 mg for high blood pressure at bedtime; Lumigan 0.01% eye drops one drop in each eye at bedtime; Prazosin 1 mg for high blood pressure at bedtime; and Rosuvastatin 40 mg at bedtime for high cholesterol.

Review of the December 2025 MAR showed the medications were not documented as given on 12/09/2025 at 8:00 PM. The MAR did not show a reason for the medications not being given.

Review of the January 2026 MAR showed the medications were not documented as given on 01/07/2026 at 8:00 PM. The MAR did not show a reason for the medications not being given.

During an interview on 01/09/2025 at 3:00 PM, Staff E (Executive Director) said the facility recently started using a new pharmacy and that several Residents medications were not delivered in a timely manner.

This is an uncorrected deficiency cited on 10/13/2025 for subsection (1)(a)(b) and (2)(a)(b) and a recurring deficiency previously cited on 02/26/2025 for subsection (1)(b) and (2)(b) and on 10/27/2022 for subsection (1)(b).

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) 2/28/26.

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

Cristal Ordeosa 1-27-26

Administrator (or Representative) Date

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program materials, or trainers. No test is required for this orientation.

WAC 388-112A-0700 What is CPR training? Cardiopulmonary resuscitation training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests.

WAC 388-76A-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:

(a) Orientation and safety;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 3 sampled staff (Staff B and Staff D) met all the training requirements for long-term care workers. This failure placed all 54 residents at risk of harm and receiving care from untrained staff.

Findings included...

Review of the facility personnel files showed the facility hired Staff B (caregiver) on

Plan/Attestation Statement

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(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

WAC 388-112A-0700 What is CPR training? Cardiopulmonary resuscitation training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests.

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This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 3 sampled staff (Staff B and Staff D) met all the training requirements for long-term care workers. This failure placed all 54 residents at risk of harm and receiving care from untrained staff.

Findings included...

Review of the facility personnel files showed the facility hired Staff B (caregiver) on

12/10/2025, and Staff D (medication technician) on 12/09/2024. The files showed no documentation that Staff B maintained a current Cardiopulmonary Resuscitation/First Aid (CPR/FA) card. The files showed Staff D completed CPR/FA training on 04/03/2025. The document showed the training was on-line (computer based) only. There was no documentation that showed Staff D completed a skills demonstration test, as required.

During a telephone interview on 01/13/2026 at 9:20 AM, Staff E, Executive Director, said that the facility did not have any other CPR/FA documents for Staff B or Staff D.

This is an uncorrected deficiency previously cited on 10/13/2025 for subsections (1)(2)(d).

Plan/Attestation Statement

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Cinta Anderson 1-27-26

Administrator (or Representative) Date

12/10/2025, and Staff D (medication technician) on 12/09/2024. The files showed no documentation that Staff B maintained a current Cardiopulmonary Resuscitation/First Aid (CPR/FA) card. The files showed Staff D completed CPR/FA training on 04/03/2025. The document showed the training was on-line (computer based) only. There was no documentation that showed Staff D completed a skills demonstration test, as required.

During a telephone interview on 01/13/2026 at 9:20 AM, Staff E, Executive Director, said that the facility did not have any other CPR/FA documents for Staff B or Staff D.

This is an uncorrected deficiency previously cited on 10/13/2025 for subsections (1)(2)(d).

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Administrator (or Representative) Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Allenmore AL (WA)
Provider Type: Assisted Living Facility
License/Cert.#: 1701
Intake ID: 197152
Compliance Determination #: 66535
Region/Unit #: RCS Region 3 / Unit D
Investigator: Susan Carmichael
Investigation Date(s): 10/02/2025 through 10/13/2025
Complainant Contact Date(s):

Allegation(s):

1. The facility could not administer Named Resident's medications.
2. The facility ran out of the special and did not have multiple alternates available.
3. Facility staff are unresponsive to concerns.

Investigation Methods:

Sample:	Total residents: 53 Resident sample size: 10 Closed records sample size:
Observations:	Residents Dining Staff to resident interactions Resident rooms Kitchen
Interviews:	Nursing staff Residents Family members Business office manager Kitchen staff
Record Reviews:	Medical records Personnel files Staff patterns care plans

Investigation Summary:

Based on observation, record review and interview, citations were written for: 1. Failing to ensure a safe medication system (WAC 388-78A-2210) and, 2. Failing to follow the Food Code (WAC 388-78A-2305). 3. There was not enough evidence to support allegation.

Conclusion / Action:

[X]

Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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

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 and complaint investigation on 10/02/2025, 10/03/2025, 10/06/2025 and 10/07/2025 of:

Brookdale Allenmore AL (WA)
3615 S. 23RD STREET
TACOMA, WA 98405

This document references the following complaint numbers: 197152.

The following sample was selected for review during the unannounced on-site visit: 10 of 53 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Susan Carmichael, Nursing Consultant Institutional
Kathy Heinz, Long Term Care Surveyor

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.

Laurie Anderson
Residential Care Services

10/21/2025
Date

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Administrator (or Representative)

10/28/25
Date

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(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure two of three sampled staff (Staff D and Staff I) were delegated by a Registered Nurse (RN) to administer oral medications, insulin injections, and/or perform blood sugar checks for 3 of 10 sample residents (Resident 1, Resident 2, and Resident 7). This failure placed the residents at risk of medical complications from receiving medications and/or blood sugar checks incorrectly by staff not delegated by an RN as required.

Findings included ..

RESIDENT 1
Review of facility records showed the facility admitted Resident 1 on [redacted] 2025.

Review of Resident 1's August 2025 and September 2025 Medication Administration Records (MARs) showed Resident 1 was prescribed Lisinopril (medication used to treat

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.

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Review of facility records showed the facility admitted Resident 1 on [redacted]2025.

Review of Resident 1's August 2025 and September 2025 Medication Administration Records (MARs) showed Resident 1 was prescribed Lisinopril (medication used to treat

high blood pressure), Prednisone (medication used to treat lung disease), and Divalproex (medication used to treat seizures). The MARs showed Staff D and Staff I administered oral medications between 08/29/2025 and 9/09/2025, prior to being delegated.

Review of the undated Nurse Delegation: Nursing Visit form showed Staff H (RN), delegated Staff D (Medication Technician) and Staff I (Medication Technician) on 09/10/2025 to administer oral medications.

RESIDENT 2
Review of facility records showed the facility admitted Resident 2 on [redacted] 2025 with diagnoses that included [redacted] and [redacted].

Review of Resident 2's August 2025 and September 2025 MARs showed Resident 2 was prescribed Metoprolol (medication used to treat high blood pressure), Rosuvastatin (medication used to treat high cholesterol), Sertraline (medication used to treat depression), Metformin (medication used to treat diabetes), Olanzapine (medication used to treat mental health), and Pioglitazone (medication used to treat diabetes). The MARs showed Staff D and Staff I administered the oral medications between 08/07/2025 and 09/09/2025, prior to being delegated.

Review of the undated Nurse Delegation: Nursing Visit Form, showed Staff H delegated Staff D and Staff I on 09/10/2025 to administer oral medications.

RESIDENT 7
Review of facility records showed the facility admitted Resident 7 in [redacted] 2025 with a diagnosis of [redacted].

Review of Resident 7's records showed physician orders dated 05/14/2025 for: Lantus insulin, twice daily by injection; Lispro insulin four times a day as needed by injection; and blood sugar checks four times a day before meals, all for the treatment of diabetes.

Review of Resident 7's August 2025 MAR showed Staff D administered Lantus insulin 14 times, Lispro insulin 11 times, and checked Resident 7's blood sugar 34 times.

Review of Resident 7's September 2025 MAR showed Staff D administered Lantus insulin five times, Lispro insulin two times, and checked Resident 7's blood sugar five times from 09/01/2025 through 09/08/2025.

Review of a facility document titled "Nurse Delegation: Assumption of Delegation" showed the former facility Registered Nurse rescinded (canceled) Nurse Delegation for Resident 7's insulin and blood sugar checks on 07/28/2025. Review of a second facility document titled "Nurse Delegation: Assumption of Delegation" showed Staff H, area nurse manager, assumed delegation for Resident 7's insulin and blood sugar checks on

09/09/2025.

During an interview on 10/03/2025 at 11:30 AM, Staff H stated that the former RN delegator left their position on 07/28/2025. Staff H stated that they assumed the Nurse Delegation for Resident 1, Resident 2, and Resident 7 on 09/09/2025. Staff H acknowledged that Nurse Delegation was not in place from 07/26/2025 through 09/08/2025 for all residents who required Nurse Delegation services.

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) ~~11/20/25~~ 11/27/25

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

Administrator (or Representative) 10/29/25 Date

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.

This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 3 of 4 sampled staff (Staff B, Staff C, and Staff D) were screened for Tuberculosis (TB, a communicable disease) within three days of employment as required. This failure placed all 53 residents at risk of exposure to TB.

Findings included...

Review of the facility's personnel files showed the facility hired Staff B, Medication Technician, on 08/21/2025; Staff C, Licensed Nurse (LN) on 08/12/2025; and Staff D, Medication Technician, on 07/27/2026. There was no documentation in the files that showed Staff B, Staff C and Staff D were screened for TB.

During an interview on 10/07/2025 at 11:30 AM, Staff G, Business Office Manager, said that Staff B, Staff C, and Staff D were not screened for TB.

09/09/2025.

During an interview on 10/03/2025 at 11:30 AM, Staff H stated that the former RN delegator left their position on 07/28/2025. Staff H stated that they assumed the Nurse Delegation for Resident 1, Resident 2, and Resident 7 on 09/09/2025. Staff H acknowledged that Nurse Delegation was not in place from 07/28/2025 through 09/08/2025 for all residents who required Nurse Delegation services.

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 _____

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This requirement was not met as evidenced by:

Based on record review and interview, the Assisted Living Facility (ALF) failed to ensure 3 of 4 sampled staff (Staff B, Staff C, and Staff D) were screened for Tuberculosis (TB, a communicable disease) within three days of employment as required. This failure placed all 53 residents at risk of exposure to TB.

Findings included...

Review of the facility's personnel files showed the facility hired Staff B, Medication Technician, on 08/21/2025; Staff C, Licensed Nurse (LN) on 06/12/2025; and Staff D, Medication Technician, on 07/27/2025. There was no documentation in the files that showed Staff B, Staff C and Staff D were screened for TB.

During an interview on 10/07/2025 at 11:30 AM, Staff G, Business Office Manager, said that Staff B, Staff C, and Staff D were not screened for TB.

This is a recurring deficiency previously cited on 04/11/2024 for subsections (1) and (2).

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) ~~11/30/25~~ 11/27/25

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

Administrator (or Representative) 10/29/25 Date

WAC 246-215-03510 Temperature and time control Thawing (FDA Food Code 3-501.13). Except as specified in subsection of this section, time/temperature control for safety food must be thawed:

(2) Completely submerged under running water;

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure staff in 1 of 1 kitchen (main kitchen) followed the health and safety guidelines to properly thaw frozen foods. This failure placed all 53 Residents at risk of food born illnesses from improperly prepared food.

Findings included...

Review of the facility's weekly menu, dated 10/05/2025 through 10/11/2025, showed BBQ (bar-b-que) brisket (meat) was scheduled to be served for dinner on 10/07/2025. The menus showed grilled turkey and cheese sandwiches were to be served for lunch on 10/07/2025..

Observation in the kitchen on 10/06/2025 at 3:00 PM showed two large pieces of brisket wrapped in plastic, placed in a large container of water. The large container sat in a sink. There was no cold water running over the top of the packaged brisket.

Observation in the kitchen on 10/07/2025 at 10:00 AM showed several packages of

This is a recurring deficiency previously cited on 04/11/2024 for subsections (1) and (2).

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)_____ .

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Administrator (or Representative) Date

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(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure staff in 1 of 1 kitchen (main kitchen) followed the health and safety guidelines to properly thaw frozen foods. This failure placed all 53 Residents at risk of food born illnesses from improperly prepared food.

Findings included...

Review of the facility's weekly menu, dated 10/05/2025 through 10/11/2025, showed BBQ (bar-b-que) brisket (meat) was scheduled to be served for dinner on 10/07/2025. The menus showed grilled turkey and cheese sandwiches were to be served for lunch on 10/07/2025.

Observation in the kitchen on 10/06/2025 at 3:00 PM showed two large pieces of brisket wrapped in plastic, placed in a large container of water. The large container sat in a sink. There was no cold water running over the top of the packaged brisket.

Observation in the kitchen on 10/07/2025 at 10:00 AM showed several packages of

turkey lunch meat placed in a large plastic container of water. The container was balanced on the edges of a sink. There was no cold water running over the top of the packages of turkey meat.

During an interview on 10/07/2025 at 10:00 AM, Staff F, Dietary Manager, stated that when they measured the temperature of the water in the container holding the turkey meat, the water temperature measured 70 degrees Fahrenheit. Staff F said that they would have to throw the turkey meat away.

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) 10/29/25 Date

WAC 388-78A-2290 Family assistance with medications and treatments.

(3) If the assisted living facility allows family assistance with or administration of medications and treatments, and the resident and a family member(s) agree a family member will provide medication or treatment assistance, or medication or treatment administration to the resident, the assisted living facility must request that the family member submit to the assisted living facility a written plan for such assistance or administration that includes at a minimum:

(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF)

turkey lunch meat placed in a large plastic container of water. The container was balanced on the edges of a sink. There was no cold water running over the top of the packages of turkey meat.

During an interview on 10/07/2025 at 10:00 AM, Staff F, Dietary Manager, stated that when they measured the temperature of the water in the container holding the turkey meat, the water temperature measured 70 degrees Fahrenheit. Staff F said that they would have to throw the turkey meat away.

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Administrator (or Representative) Date

WAC 388-78A-2290 Family assistance with medications and treatments.

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(a) By name, the family member who will provide the medication or treatment assistance or administration;

(b) A description of the medication or treatment assistance or administration that the family member will provide, to be referred to as the primary plan;

(c) An alternate plan if the family member is unable to fulfill his or her duties as specified in the primary plan;

(d) An emergency contact person and telephone number if the assisted living facility observes changes in the resident's overall functioning or condition that may relate to the medication or treatment plan; and

(e) Other information determined necessary by the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF)

failed to obtain a written medication assistance plan from 1 of 2 sampled resident's (Resident 4) family. This failure placed Resident 4 at potential risk of medication error or illness if medications were given incorrectly.

Findings included...

Review of the ALF resident characteristic roster showed the facility admitted Resident 4 on [redacted] 2024. The roster showed Resident 4 received family assistance with medications.

Review of Resident 4's records contained a form titled, "Personal Service Assessment – Medications", dated 10/14/2024. The form showed "family will manage pill box." The records showed there was no family assistance with medications agreement that indicated the name of the family member helping the resident, a description of the assistance provided, an alternate plan in case the family member was unable to provide the assistance, and an emergency contact person and phone number.

During an interview on 10/02/2025 at 1:30 PM, Staff H, Area Nurse Manager, stated that the ALF did not have any family assistance with medications agreement for Resident 4.

During an interview on 10/03/2025 at 1:00 PM, Resident 4 stated that a family member put their pills in a medication organizer. Observation showed two medication organizers in Resident 4's room on the counter in the kitchen.

Review of an email received on 10/09/2025 at 4:33 PM from Staff H included a signed family medication agreement for Resident 4, more than 11 months after the facility admitted Resident 4 and had received family assistance with their medications since the date of admission.

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) ~~11/30/25~~ 11/27/25

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

Administrator (or Representative) — Date: 10/29/25

failed to obtain a written medication assistance plan from 1 of 2 sampled resident's (Resident 4) family. This failure placed Resident 4 at potential risk of medication error or illness if medications were given incorrectly.

Findings included...

Review of the ALF resident characteristic roster showed the facility admitted Resident 4 on [redacted]2024. The roster showed Resident 4 received family assistance with medications.

Review of Resident 4's records contained a form titled, "Personal Service Assessment – Medications", dated 10/14/2024. The form showed "family will manage pill box." The records showed there was no family assistance with medications agreement that indicated the name of the family member helping the resident, a description of the assistance provided, an alternate plan in case the family member was unable to provide the assistance, and an emergency contact person and phone number.

During an interview on 10/02/2025 at 1:30 PM, Staff H, Area Nurse Manager, stated that the ALF did not have any family assistance with medications agreement for Resident 4.

During an interview on 10/03/2025 at 1:00 PM, Resident 4 stated that a family member put their pills in a medication organizer. Observation showed two medication organizers in Resident 4's room on the counter in the kitchen.

Review of an email received on 10/09/2025 at 4:33 PM from Staff H included a signed family medication agreement for Resident 4, more than 11 months after the facility admitted Resident 4 and had received family assistance with their medications since the date of admission.

Plan/Attestation Statement

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_____ _____

Administrator (or Representative) Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(a) Meet the requirements of chapter 69.41 RCW Legend drugs Prescription drugs, and other applicable statutes and administrative rules; and

(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 medication services for 3 of 10 residents (Resident 4, Resident 5, and Resident 9) that were safe and supported the needs of each resident. This failure resulted in Resident 4 and Resident 5 receiving medications against physician's orders and Resident 9 receiving medications without any physician's orders. This failure placed the residents at risk for illness and a decline in health if medications were not given as prescribed.

Findings included...

RESIDENT 4
Review of facility records showed the facility admitted Resident 4 on [redacted]/2024 with a diagnosis that included [redacted].

Review of Resident 4's "Personal Service Assessment – Medications", dated 10/14/2024, showed Resident 4 did not take any medications which required blood pressure or pulse monitoring before taking the medication.

Review of Resident 4's September 2025 and October 2025 Medication Administration Record (MAR) showed a medication order dated 10/22/2024 for Metoprolol (medication used to treat high blood pressure) 50 milligrams (mg), one tablet two times per day. The order instructed to hold (not give) the medication if Resident 4's pulse was less than 55 beats per minute, or the systolic (top number) blood pressure was less than 110.

During an interview on 10/03/2025 at 1:00 PM, Resident 4 stated that a family member filled their medication organizer and that they took their pills at the "right time" every day. Resident 4 stated that they did not check their blood pressure or pulse before taking their blood pressure pill twice a day. Observation showed there were two medication organizers in Resident 4's room on the counter in the kitchen.

During an interview on 10/03/2025 at 1:30 PM, Staff H, Area Nurse Manager stated that they were unaware of the medication order instructions to monitor Resident 4's blood pressure and pulse before staff provided any medication administration.

RESIDENT 5
Review of facility records showed the facility admitted Resident 5 on [redacted]/2025 with diagnoses that included [redacted] and [redacted].

BLOOD PRESSURE MEDICATION
Review of Resident 5's September 2025 and October 2025 MARs showed an order dated 09/29/2025 for Metoprolol 25 mg, 0.5 tablet, for high blood pressure two times per day. The order instructed to hold the medication if Resident 5's pulse was less than 50 beats per minute, or the systolic blood pressure was less than 110.

Review of the September 2025 MAR showed Resident 5's blood pressure and pulse were not taken prior to medication administration on 09/29/2025 and 09/30/2025.

Review of the October 2025 MAR showed Resident 5's blood pressure and pulse were not taken prior to medication administration on 10/01/2025 through 10/08/2025.

During an interview on 10/07/2025 at 3:30 PM, Staff I, Medication Technician, said that staff might take Resident 5's blood pressure and pulse and just not document the results on the MAR.

LUNG MEDICATION
Review of Resident 5's September 2025 and October 2025 MARs showed an order dated 09/29/2025 for Ipratropium/Albuterol 0.5-2.5 mg for lung disease. The order instructed Resident 5 to inhale one vial via nebulizer (machine for producing a fine mist to breathe in medication) every six hours.

During an interview on 10/03/2025 at 3:00 PM, Resident 5 stated that they had not received the medication since they were admitted to the ALF on [redacted]2025. Resident 5 stated that the ALF staff informed them that the facility did not have a nebulizer machine for Resident 5 to use. Resident 5 stated "I really need it, I'm short of breath."

During an interview on 10/06/2025 at 10:00 AM, Resident 5 stated they had still not

received the medication and stated, “my breathing is getting so bad.”

Review of Resident 5’s September 2025 and October 2025 MARs showed ALF staff documented Resident 5 received the medication beginning 09/29/2025 through 10/06/2025, even when the facility did not have a nebulizer for Resident 5 to use.

During an interview on 10/06/2025 at 10:15 AM, Staff H stated that they were unaware ALF staff documented the medication was given when it was not available. Staff H stated the staff were working on obtaining a nebulizer machine for Resident 5.

PAIN MEDICATION
Review of Resident 5’s September 2025 and October 2025 MARs showed an order for Morphine Sulfate (medication used to treat pain), 30 mg tablets, with instructions to give 7.5 mg to Resident 5 every six hours as needed for pain. Morphine Sulfate, narcotic medication (a controlled substance), required ALF staff to document the medication was given on a Narcotic Log in addition to the MAR.

Review of Resident 5’s 2025 Narcotic Log showed Resident 5 received the Morphine Sulfate a total of 32 times from 09/26/2025 to 10/06/2025. Review of Resident 5’s September 2025 and October 2025 MARs showed the medication was only given to Resident 5 a total of 15 times between 09/26/2025 and 10/06/2025.

During an interview on 10/07/2025 at 11:15 AM, Staff H stated that they were unaware staff failed to document on Resident 5’s MARs and Narcotic Log, that the medication was given, as required.

Review of an email dated 10/13/2025 showed that per Staff H, the facility received the signed medication orders for Resident 5 on [redacted]/2025, four days after the facility admitted Resident 5 to the ALF.

RESIDENT 9
Review of facility records showed the facility admitted Resident 9 on [redacted]/2025. Review of Resident 9’s September 2025 MAR showed on 09/29/2025, facility staff assisted Resident 9 with the following medications: Aspirin (medication used for heart condition) 81 mg tablet, Atorvastatin 80 mg tablet (medication used to treat cholesterol), Escitalopram (medication used to treat depression) 20 mg tablet, Farxiga (medication used to treat diabetes) 10 mg tablet, Folic Acid (medication used to treat anemia) 400 mg tablet, Oxybutynin (medication used to treat bladder disorders) 5 mg tablet, and Vitamin B12 1,000 micrograms (medication used to treat vitamin deficiency).

Review of Resident 9’s records showed the physician orders were signed on [redacted]/2025, three days after the facility admitted Resident 9 to the ALF.

Statement of Deficiencies	License #: 1701	Compliance Determination #:66535
Plan of Correction	Brookdale Allenmore AL (WA)	Completion Date
Page 11 of 12	Licensee: BROOKDALE SENIOR LIVING COMMUNITIES INC	10/13/2025

During an interview on 10/03/2025 at 10:00 AM, Collateral Contact 1 (CC1) said that they moved Resident 9 into the ALF on [redacted]2025. CC1 said that Resident 9's medications were in pill boxes when CC1 turned the medications over to facility staff.

This is a recurring deficiency previously cited on 02/26/2025 for subsection (1)(b) and (2)(b) and on 10/27/2022 for subsection (1)(b).

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: 10/29/25

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

WAC 388-112A-0700 What is CPR training? Cardiopulmonary resuscitation training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstration tests.

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:

(a) Orientation and safety;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

During an interview on 10/03/2025 at 10:00 AM, Collateral Contact 1 (CC1) said that they moved Resident 9 into the ALF on [redacted]/2025. CC1 said that Resident 9's medications were in pill boxes when CC1 turned the medications over to facility staff.

This is a recurring deficiency previously cited on 02/26/2025 for subsection (1)(b) and (2)(b) and on 10/27/2022 for subsection (1)(b).

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 _____

WAC 388-112A-0200 What is orientation training, who should complete it, and when should it be completed? There are two types of orientation training: Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification as described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

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(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:

(a) Orientation and safety;

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 4 sampled staff (Staff A, Staff B, and Staff D) met all the training requirements for long-term care workers. This failure placed all 53 residents at risk of harm from untrained staff.

Findings included...

FACILITY ORIENTATION
Review of the facility's personnel files showed the facility hired Staff A, Care Partner, on 01/31/2023; Staff B, Medication Technician on 08/21/2025; and Staff D, Medication Technician, on 07/27/2025

Review of the facility personnel files showed no documentation that Staff A, Staff B, and Staff D completed any facility orientation

During an interview on 10/07/2025 at 11:30 AM, Staff G, Business Office Manager, said that the personnel files did not contain any documentation that showed Staff A, Staff B, and Staff D completed the facility orientation.

CARDIOPULMONARY RESUSITATION (CPR)/FIRST AID (FA)
Review of the facility's personnel files showed no documentation that Staff A maintained a current CPR/FA card. The files showed Staff B completed CPR/FA training on 04/02/2025. The document showed the training was on-line (computer based) only. There was no documentation that showed Staff B completed a skills demonstration test, as required.

During an e-mail interview on 10/09/2025 at 4:33 PM, Staff H, Area Nurse Manager, said that the facility provided CPR/FA training.

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) 10/29/25 Date

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 3 of 4 sampled staff (Staff A, Staff B, and Staff D) met all the training requirements for long-term care workers. This failure placed all 53 residents at risk of harm from untrained staff.

Findings included...

FACILITY ORIENTATION
Review of the facility's personnel files showed the facility hired Staff A, Care Partner, on 01/31/2023; Staff B, Medication Technician on 08/21/2025; and Staff D, Medication Technician, on 07/27/2025.

Review of the facility personnel files showed no documentation that Staff A, Staff B, and Staff D completed any facility orientation.

During an interview on 10/07/2025 at 11:30 AM, Staff G, Business Office Manager, said that the personnel files did not contain any documentation that showed Staff A, Staff B, and Staff D completed the facility orientation.

CARDIOPULMONARY RESUSITATION (CPR)/FIRST AID (FA)
Review of the facility's personnel files showed no documentation that Staff A maintained a current CPR/FA card. The files showed Staff B completed CPR/FA training on 04/02/2025. The document showed the training was on-line (computer based) only. There was no documentation that showed Staff B completed a skills demonstration test, as required.

During an e-mail interview on 10/09/2025 at 4:33 PM, Staff H, Area Nurse Manager, said that the facility provided CPR/FA training.

Plan/Attestation Statement

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

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Administrator (or Representative) Date