



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

06/06/2025

BROOKDALE SENIOR LIVING COMMUNITIES INC
Brookdale Puyallup South
8811 176TH ST EAST
PUYALLUP, WA 98375

RE: Brookdale Puyallup South # 1702

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 60734 (Completion Date 06/06/2025) and 56610 (Completion Date 04/11/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/06/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

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 :
- (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.

The Department staff who did the On Site verification:

Melisa Moran, Assisted Living Facility Nursing Consultant Institutional

If you have any questions, please contact me at (360)397-9556.

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

Sincerely,

Jody Just

Jody Just, Field Services Administrator
Region 3, Unit D
Residential Care Services



Residential Care Services Investigation Summary Report

Provider/Facility: Brookdale Puyallup South **Provider Type:** Assisted Living Facility

License/Cert. #: 1702

Intake ID: 170399

Compliance Determination #: 56610

Region/Unit #: RCS Region 3 / Unit D

Investigator: Nareet Bajwa

Investigation Date(s): 03/19/2025 through 04/11/2025

Complainant Contact Date(s):

Allegation(s):

Medication error

Investigation Methods:

Sample:	Total residents: 45 Resident sample size: 1 Closed records sample size:
Observations:	General environment Residents in their rooms Staff-to-resident interactions Resident-to-resident interactions Resident behaviors Care equipment Medication administration
Interviews:	staff ED
Record Reviews:	Resident Characteristic Roster Medication administration records (MAR) Staff records Staff progress notes Medical records (lab reports, H & P summary) Incident log / reports, Facility P & P care plan In-service training

Investigation Summary:

Per record review, interviews with staff, the Assisted Living Facility (ALF) failed to ensure that resident received their medication at the prescribed time and failed to ensure correct documentation of the administration. Failed facility practice identified. See Statement of Deficiency dated 04/11/2025.

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 #: 1702	Compliance Determination # 56610
Plan of Correction	Brookdale Puyallup South	Completion Date
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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 an unannounced on-site complaint investigation on 03/19/2025 of:

Brookdale Puyallup South
8811 176TH ST EAST
PUYALLUP, WA 98375

This document references the following complaint number(s): 170399

The following sample was selected for review during the unannounced on-site visit: 1 of 45 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Nareet Bajwa, NCI-ALF Complaint Investigator

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

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Statement of Deficiencies	License #: 1702	Compliance Determination # 56610
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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.

Cory Cisneros for Manfay Chan
Residential Care Services

04/15/2025
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.

Hattie Russell
Administrator (or Representative)

4-16-25
Date

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 :
- (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 record review and interviews, the Assisted Living Facility (ALF) failed to ensure that 1 of 1 resident (Resident 1 [R1]) received their medication at the prescribed time and failed to ensure correct documentation of the administration. This failure placed Resident 1 and all other 45 residents in the ALF at risk for poor health outcomes.

Findings included...

Record review of "Medication & Treatment-Administration/Assistance- CS-40-2," Effective Date: 8/2010 stated, that "medication administration/assistance and or treatment shall be provided in a safe and timely manner, and as prescribed by the resident's physician/healthcare provider. (3) Medication assistance and administration should be in accordance with the prescriber's orders. (5) The individual assisting and or administering the medication should check the label three (3) times to verify the right

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medication, right dosage, right time and right method of administration before giving the medication.”

Review of R1’s Info sheet showed that R1 was admitted to the ALF on [REDACTED] /2022 with the diagnosis to include [REDACTED].

Review of R1’s March 2025 Medication Administration Record (MAR) showed the following:
Oxybutynin (dementia medication) 5mg scheduled once daily at 8:00pm. Record showed it was administered at 7:06pm on 03/06/2025.
Quetiapine (sleep medication) 100mg scheduled once daily at 8:00pm. Record showed administered at 7:06pm on 03/06/2025.
Acetaminophen (pain medication) 1000mg scheduled three times a day at 8:00am, 2:00pm, 8:00pm. Record showed 8:00pm dose administered at 7:06pm on 03/06/2025.
Methocarbamol (pain medication) 500mg scheduled three times a day at 8:00am, 2:00pm, 8:00pm. Record showed 8:00pm dose administered at 7:06pm on 03/06/2025.
NitrofurMono Macro (Urinary tract infection treatment) scheduled twice daily at 8:00am, 8:00pm. Record showed 8:00pm dose administered at 7:06pm on 03/06/2025.

Review of R1’s Incident investigation dated 03/07/2025 showed that the medications scheduled for 8:00pm, were administered at 4:40pm along with the medications scheduled at 5:00pm but documented as given at 7:06pm.

During an interview on 03/17/2025 at 1:06pm, Staff A, Administrator, stated that the medication was administered as prescribed by the physician. Staff A stated that on 03/06/2025, Staff D, Medication Technician administered 8:00pm medications to R1 along with 5:00pm medications and documented as given at 7:30pm in MAR. Staff A stated that later that evening R1 was extremely drowsy and was sent out to the hospital. Staff A stated that Staff B, Health and Wellness Director, was notified of the incident that evening. Staff A stated that she was notified of the incident the next morning on 03/07/2025. Staff A stated that during the investigation it was found that the MAR was incorrect. Staff A stated that R1 was sent out to the hospital around 4:30pm and the MAR showed that 8pm medications were administered at 7:30pm but R1 was in the hospital at that time. Staff A stated that Staff C, Medication Technician, was interviewed on 03/07/2025. Staff A stated that Staff C agreed that she administered 8pm medications early and realize that was wrong. Staff A stated that the system we use for MAR does not allow to sign if the medication was not due at that time. Staff A stated that the interview with other medication technicians was done, if they had seen anything like that before, and they said no. Staff A stated that Staff B did an in-service training with medication technicians on medication services. Staff A stated that investigation findings were that Staff C did administer all the medications together and did not follow the policy. Staff A stated that Staff C was terminated.

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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 Puyallup South is or will be in compliance with this law and / or regulation on (Date) 4-16-25

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

Hattie Russell
Administrator (or Representative)

4-16-25
Date

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