STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

EMERITUS CORPORATION
Brookdale Fishers Landing
17171 SE 22ND DR
VANCOUVER, WA 98683

RE: Brookdale Fishers Landing License # 2261

Dear Administrator:

This letter addresses Compliance Determination(s) 50645 (Completion Date 11/21/2024) and 48727 (Completion Date 10/18/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/21/2024 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-3100, WAC 388-78A-3100-1, WAC 388-78A-3100-2, WAC 388-78A-3100-3, WAC 388-78A-3100-4, WAC 388-78A-2210-1-b, WAC 388-78A-2484, WAC 388-78A-2484-1, WAC 388-78A-2484-2, WAC 388-78A-2090, WAC 388-78A-2090-1, WAC 388-78A-2090-1-a, WAC 388-78A-2090-1-b, WAC 388-78A-2090-1-c, WAC 388-78A-2090-2, WAC 388-78A-2090-2-a, WAC 388-78A-2090-2-b, WAC 388-78A-2090-2-c, WAC 388-78A-2090-3, WAC 388-78A-2090-4, WAC 388-78A-2090-4-a, WAC 388-78A-2090-4-b, WAC 388-78A-2090-5, WAC 388-78A-2090-5-a, WAC 388-78A-2090-5-b, WAC 388-78A-2090-5-c, WAC 388-78A-2090-6, WAC 388-78A-2090-6-a, WAC 388-78A-2090-6-b, WAC 388-78A-2090-6-c, WAC 388-78A-2090-6-d, WAC 388-78A-2090-6-e, WAC 388-78A-2090-7, WAC 388-78A-2090-7-a, WAC 388-78A-2090-7-b, WAC 388-78A-2090-7-c, WAC 388-78A-2090-7-c-i, WAC 388-78A-2090-7-c-ii, WAC 388-78A-2090-7-d, WAC 388-78A-2090-8, WAC 388-78A-2090-8-a, WAC 388-78A-2090-8-b, WAC 388-78A-2090-8-b-i, WAC 388-78A-2090-8-b-ii, WAC 388-78A-2090-9, WAC 388-78A-2090-10, WAC 388-78A-2090-11, WAC 388-78A-2090-11-a, WAC 388-78A-2090-11-b, WAC 388-78A-2090-11-c, WAC 388-78A-2130, WAC 388-78A-2130-1, WAC 388-78A-2130-1-a, WAC 388-78A-2130-1-b, WAC 388-78A-2130-1-c, WAC 388-78A-2130-2, WAC 388-78A-2130-3, WAC 388-78A-2130-3-a, WAC 388-78A-2130-3-b, WAC 388-78A-2130-4, WAC 388-78A-2130-5, WAC 388-78A-2130-5-a, WAC 388-78A-2130-5-b, WAC 388-78A-2130-5-c, WAC 388-78A-2130-5-d, WAC 388-78A-2130-5-e, WAC 388-78A-2130-6, WAC 388-78A-2130-6-a, WAC 388-78A-2130-6-a-i, WAC 388-78A-2130-6-a-ii, WAC 388-78A-2130-6-b, WAC 388-78A-2390, WAC 388-78A-2390-1, WAC 388-78A-2390-2, WAC 388-78A-2120-1, WAC 388-78A-2950-6

The Department staff who did the on-site verification:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

800 NE 136th Ave Ste 200, Vancouver, WA 98684

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 10/15/2024 and 10/18/2024 of:

Brookdale Fishers Landing
17171 SE 22ND DR
VANCOUVER, WA 98683

The following sample was selected for review during the unannounced on-site visit: 12 of 83 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Yvonne Chitekwe

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit I
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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

10.22.2024
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.

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Administrator (or Representative)

10/25/2024
~~11/01/2024~~
Date

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

(1) The residents' characteristics and needs;

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

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

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

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure 3 of 4 observed facility laundry rooms and janitor closets storing hazardous chemicals were secured and always locked. This failure placed all residents at risk of harm due to access to hazardous chemicals.

Findings included...

During an unannounced licensing inspection on 10/15/2024 at 11:15 AM, the department completed a facility tour.

During the tour, the department observed both facility laundry rooms on the first and second floors to be unlocked and had chemicals unsecured. The department also observed a janitorial closet on the east side of the building on the first floor to be unlocked and storing hazardous chemicals.

During an exit interview on 10/18/2024 at 1:45 PM, Staff A, Executive Director, and Staff B, Health and Wellness Director, acknowledged that the facility's laundry rooms, and janitorial closet were unlocked during the facility tour.

Plan/Attestation Statement

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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Brookdale Fishers Landing is or will be in compliance with this law and / or regulation on (Date) 11/01/2024 .

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

Administrator (or Representative) Date 10/25/2024

WAC 388-78A-2210 Medication services.

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

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the facility failed to develop and implement systems that support and promote safe medication service when 4 of 10 residents (Resident 13, 14, 15, and 16) had expired medications not removed from the medication cart. Also, 1 of those 4 residents (Resident 13) was administered an expired medication. This failure placed these residents at risk of harm from adverse reactions due to medications being expired.

Findings Included...

During an unannounced licensing full inspection on 10/18/2024 at 11:30 AM, the department completed a medication cart audit. Review of the first-floor medication cart showed four expired medications.

Resident 13 (R13)

Review of the locked narcotics drawer showed a medication card for oxycodone 5 milligram(mg) tablets for R13 with an expiration date of 08/20/2024. This card was labeled #17. Record review of the narcotics logbook documented that R13 was administered medications from this card on 09/27/2024, 09/30/2024, 10/01/2024, and twice on 10/03/2024. Review of the narcotics drawer showed six extra medication cards for oxycodone 5 mgs for R13 that were also expired. Two of these extra cards had an expiration date of 08/20/2024, two had an expiration date of 09/01/2024, and two had an expiration date of 09/19/2024.

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Resident 14 (R14)

Review of the locked narcotics drawer showed a medication card for oxycodone 5 mg tablets for R14 with an expiration date of 10/08/2024.

Resident 15 (R15)

Review of the medication cart showed a medication card for acetaminophen 325 mg tablets for R15 with an expiration date of 09/30/2023.

Resident 16 (R16)

Review of the medication cart showed a medication card for aspirin 81 mg tablets for R16 with a dispense date of 10/07/2022 and a discard date of 12/07/2023.

During an exit interview on 10/18/2024 at 1:45 PM, Staff A, Executive Director, and Staff B, Health and Wellness Director, acknowledged that there were expired medications for R13, 14, 15, and 16 and that R13 had been administered expired medications.

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: 10/25/2024

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

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Based on interview and record review, the facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing on 1 of 3 sampled staff (Staff D) per regulations. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

During an unannounced licensing full inspection on 10/16/2024 at 9:10 AM, the department received the requested staff records.

Staff D

- Record review for Staff D, Caregiver, showed Staff D was hired on 06/06/2024. Review of Staff D's TB records showed that Staff D had a history of a positive TB skin test. The facility had documentation of a negative chest x-ray dated 03/2023. No other documentation was found to show that a two-step TB test was completed withing the required timeframe.

During an exit interview on 10/18/2024 at 1:45 PM, Staff A, Executive Director, and Staff B, Health and Wellness Director, acknowledged that the two step TB test for Staff D was not completed.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Brookdale Fishers Landing is or will be in compliance with this law and / or regulation on (Date) 11/01/2024.

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

Administrator (or Representative)  Date 10/25/2024

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for

religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within 14 days of the resident's admission to the facility for 4 of 5 sampled residents (Residents 2, 3, 11, and 12) and failed to complete an assessment for other safety considerations that may pose a danger to the resident, such as medical devices, for 3 of 3 sampled resident (Residents 4, 10, and 12). These failures placed these residents at risk of their care needs not being met.

Findings included...

Resident 2 (R2)

During an unannounced full inspection on 10/16/2024 at 9:55 AM, R2's records showed that R2 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R2's assessments showed a preadmission assessment dated 07/02/2024 and a 14-day assessment date 07/23/2024; which was 15 days after R2's admission to the facility.

Resident 3 (R3)

On 10/16/2024 at 10:45 AM, R3's records showed that R3 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R3's assessments showed a preadmission assessment dated [redacted]/2024 and a 14-day assessment date 09/13/2024; which was 20 days after R3's admission to the facility.

Resident 4 (R4)

On 10/16/2024 at 11:35 AM, R4's records showed that R4 admitted to the facility on [redacted]/2004 with various diagnoses including [redacted], and [redacted].

Record review of R4's negotiated service agreement (NSA) dated 05/01/2024 documented that R4 utilizes a transfer pole.

Record review of R4's assessments showed no documentation that a transfer pole assessment was completed.

Resident 10 (R10)

On 10/17/2024 at 12:00 PM, R10's records showed that R10 admitted to the facility on [redacted]/2004 with various diagnoses including [redacted].

Record review of R10's NSA dated 11/06/2023 documented that R10 utilizes a transfer pole.

Record review of R10's assessments showed no documentation that a transfer pole assessment was completed.

Resident 11 (R11)

On 10/17/2024 at 11:25 AM, R11's records showed that R11 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R11's assessments showed a preadmission assessment dated 06/20/2024. No other assessments were found.

Resident 12 (R12)

On 10/17/2024 at 11:10 AM, R12's records showed that R12 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R12's NSA dated 08/27/2024 documented that R12 utilizes a transfer pole.

Record review of R12's assessments showed a preadmission assessment dated 03/22/2024. No 14-day or transfer pole assessments were found for R12.

On 10/18/2024 at 12:10 PM, Staff B, Health and Wellness Director, stated that the facility does not have a medical device assessment form.

During an exit interview on 10/18/2024 at 1:45 PM, Staff A, Executive Director, and Staff B, acknowledged the department's findings.

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I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Brookdale Fishers Landing is or will be in compliance with this law and / or regulation on (Date) 11/01/2024 .

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

Administrator (or Representative) Date 10/25/2024

WAC 388-78A-2130 Service agreement planning. The assisted living facility must: . .

(1) Develop an initial resident service plan, based upon discussions with the resident and the resident's representative if the resident has one, and the preadmission assessment of a qualified assessor, upon admitting a resident into an assisted living facility. The assisted living facility must ensure the initial resident service plan:

(a) Integrates the assessment information provided by the department's case manager for each resident whose care is partially or wholly funded by the department or the health care authority;

(b) Identifies the resident's immediate needs; and

(c) Provides direction to staff and caregivers relating to the resident's immediate needs, capabilities, and preferences.

(2) Complete the negotiated service agreement for each resident using the resident's preadmission assessment, initial resident service plan, and full assessment information, within thirty days of the resident moving in;

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

(4) Review and update each resident's negotiated service agreement as necessary following an annual full assessment;

(5) Involve the following persons in the process of developing and updating a negotiated service agreement:

(a) The resident;

(b) The resident's representative to the extent he or she is willing and capable, if the resident has one;

(c) Other individuals the resident wants included;

(d) The department's case manager, if the resident is a recipient of medicaid assistance,

or any private case manager, if available; and

(e) Staff designated by the assisted living facility.

(6) Ensure:

(a) Individuals participating in developing the resident's negotiated service agreement:

(i) Discuss the resident's assessed needs, capabilities, and preferences; and

(ii) Negotiate and agree upon the care and services to be provided to support the resident; and

(b) Staff persons document in the resident's record the agreed upon plan for services.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Negotiated Service Agreement (NSA) was agreed to and signed, upon admission to the facility for 3 of 5 sampled residents (Resident 3, 11, and 12). This failure placed these residents at risk for proper care needs not being met.

Findings included...

Resident 3 (R3)

During an unannounced full inspection on 10/16/2024 at 10:45 AM, R3's records showed that R3 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R3's NSA dated [redacted]/2024 showed that it was not signed by R3 or their representative and the facility's representative until 09/13/2024; the same day that the 30-day NSA was created.

Resident 11 (R11)

On 10/17/2024 at 11:25 AM, R11's records showed that R11 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R11's NSA dated 07/05/2024 showed that it was not signed by R11 or their representative and the facility's representative until 07/18/2024; the same day

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that the 30-day NSA was created.

Resident 12 (R12)

On 10/17/2024 at 11:10 AM, R12's records showed that R12 admitted to the facility on [redacted]2024 with various diagnoses including [redacted] and [redacted].

Record review of R12's NSA dated [redacted]2024 showed that it was not signed by R12 or their representative and the facility's representative until 05/09/2024; the same day that the 30-day NSA was created.

During an exit interview on 10/18/2024 at 1:45 PM, Staff B, Health and Wellness Director, acknowledged that the initial NSAs for R3, 11, and 12 were agreed to and signed late.

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 Fishers Landing is or will be in compliance with this law and / or regulation on (Date) 11/01/2024.

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

Administrator (or Representative) 10/25/2024 Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain a current characteristic roster accurately documenting resident care needs and services for 5 of 12 sampled residents (Resident 1, 2, 3, 8, and 12). This failure placed these residents at risk for proper care needs not being met.

Findings included...

Resident 1 (R1)

During an unannounced full inspection on 10/16/2024 at 9:55 AM, R1's records showed that R1 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R1's negotiated service agreement (NSA) dated 08/12/2024 documented R1 as an insulin dependent diabetic.

Review of the facility's resident characteristic roster (RCR) showed no documentation of R1 as a diabetic.

Resident 2 (R2)

On 10/16/2024 at 9:55 AM, R2's records showed that R2 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R2's NSA dated 07/23/2024 documented R2 as having incontinence of the bladder (inability of the body to control elimination).

Review of the facility's RCR showed no documentation of R2 having incontinence of the bladder.

Resident 3 (R3)

On 10/16/2024 at 10:45 AM, R3's records showed that R3 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R3's NSA dated 09/27/2024 documented that R3's family assists with medication management.

Review of R3's records showed a "family assistance with medications" plan was

completed on 09/13/2024.

Review of the facility's RCR documented that R3 is independent with medication management. No documentation was found to show that R3's family assists with medication management.

Resident 8 (R8)

On 10/16/2024 at 1:00 PM, R8's records showed that R8 admitted to the facility on [redacted]/2022 with various diagnoses including [redacted] and [redacted].

Record review of R8's NSA dated 08/02/2024 documented R8 was receiving home health services.

Record review of progress notes dated 08/01/2024 to 10/16/2024 for R8 documented that home health services were started on 08/27/2024.

Review of the facility's RCR showed no documentation of R8 receiving home health services.

Resident 12 (R12)

On 10/17/2024 at 11:10 AM, R12's records showed that R12 admitted to the facility on [redacted]/2024 with various diagnoses including [redacted] and [redacted].

Record review of R12's NSA dated 08/27/2024 documented that R12 utilizes a transfer pole for assistance with transfers, has a wound, and is receiving home health services.

Review of the facility's RCR showed no documentation that R12 utilizes a transfer pole, has a wound, and/or is receiving home health services.

During an exit interview on 10/18/2024 at 1:45 PM, Staff A, Executive Director, and Staff B, Health and Wellness Director, acknowledged the discrepancies on the facility's RCR.

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

Administrator (or Representative) [signature] Date 10/25/2024

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(1) Observe each resident consistent with his or her assessed needs and negotiated service agreement;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to monitor resident's vital signs for 1 of 9 sampled residents (Resident 4). This failure placed this resident at risk for their health decline due to care needs not being met.

Findings included...

Resident 4 (R4)

During an unannounced full inspection on 10/16/2024 at 11:35 AM, R4's records showed that R4 admitted to the facility on [redacted]2004 with various diagnoses including [redacted] and [redacted].

Record review of R4's medication administration record (MAR) dated 08/01/2024 to 10/16/2024 showed an order for monthly weights and vital signs (Measurement of Heart rate, blood pressure) with a start date of 12/02/2023. There was no documentation of vital signs found for the months of August, September, and October of 2024.

On 10/17/2024 at 1:00 PM, Staff B, Health and Wellness Director, stated that they would print out R4's vital sign report which would show the vital sign record if not completed on the day it was assigned for the month.

Record review of R4's vital sign report documented that the last set of vital signs were taken on 07/08/2024.

During an exit interview on 10/18/2024 at 1:45 PM, Staff B acknowledged that there was no documentation that R4's vital signs were taken for the months of August, September, and October of 2024.

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) 10/25/2024 Date

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure that the hot water temperature for the sinks used by residents were always between 105 degrees Fahrenheit (F) and 120 degrees F. This failure placed all residents at risk for injury due to water temperatures being too high.

Finding included...

During an unannounced licensing full inspection on 10/16/2024, the department measured hot water temperatures in resident rooms.

At 11:30 AM, the hot water in the bathroom sink for Resident 7 (R7) measured at 121.1 degrees F.

At 11:35 AM, the hot water in the bathroom sink for Resident 8 (R8) measured at 121.4 degrees F.

Statement of Deficiencies	License #: 2261	Compliance Determination # 48727
Plan of Correction	Brookdale Fishers Landing	Completion Date
Page of 17	Licensee: EMERITUS CORPORATION	10/18/2024

On 10/17/2024 at 1:00 PM, the department provided Staff A, Executive Director and Staff B, Health and Wellness Director with these findings.

On 10/18/2024, the department rechecked the hot water temperatures in resident rooms.

At 12:16 PM, the hot water in the bathroom sink for R8 measured at 122.1 degrees F.

At 12:20 PM, the hot water in the bathroom sink for R7 measured at 121.8 degrees F.

Record review of the facility's water temperature log documented 1 of 3 water tanks at 120 degrees F and no hot water temperatures over 120 degrees F.

During an exit interview at 1:45 PM, Staff C, Maintenance Technician, stated that their technique for checking the hot water temperature is to run the thermometer under the water for 30 seconds and document the measurement. Staff C stated that the water tank that was set to 120 degrees F had already been lowered because it was running hot. Staff A, Executive director, acknowledged the departments findings.

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 Fishers Landing is or will be in compliance with this law and / or regulation on (Date) 11/01/2024 .

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

Administrator (or Representative) 10/25/2024 Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

10/22/2024

EMERITUS CORPORATION
Brookdale Fishers Landing
17171 SE 22ND DR
VANCOUVER, WA 98683

RE: Brookdale Fishers Landing # 2261

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 10/18/2024 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit I
800 NE 136th Ave Ste 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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 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:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

(c) Initial and on-going assessments of the nursing needs of each resident;

(d) Development of, and necessary amendments to, the nursing component of the negotiated service agreement for each resident;

(e) Implementation of the nursing component of each resident's negotiated service agreement; and

(f) Availability of the supervisor, in person, by pager, or by telephone, to respond to residents' needs on the assisted living facility premises as necessary.

(3) The assisted living facility must ensure that all nursing services, including nursing supervision, assessments, and delegation, are provided in accordance with applicable statutes and rules, including, but not limited to:

(a) Chapter 18.79 RCW, Nursing care;

(b) Chapter 18.88A RCW, Nursing assistants;

(c) Chapter 246-840 WAC, Practical and registered nursing;

(d) Chapter 246-841 WAC, Nursing assistants; and

(e) Chapter 246-888 WAC, Medication assistance.

The facility failed to delegate eyedrops to medication technicians for residents who functionally could not self-administer but were cognitively aware. Staff B, Health and Wellness Director, provided a plan to delegate prior to the completion of the onsite

inspection.

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

(1) An assisted living facility may permit a resident's family member to administer medications or treatments or to provide medication or treatment assistance, including obtaining medications or treatment supplies, to the resident.

(2) The assisted living facility must disclose to the department, residents, the residents' legal representatives, if any, and if not the residents' representative if any, and to interested consumers upon request, information describing whether the assisted living facility permits such family administration or assistance and, if so, the extent of any limitations or conditions.

(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.

(4) The plan for family assistance with medications or treatments must be signed and dated by:

(a) The resident, if able;

(b) The resident's representative, if any;

(c) The resident's family member responsible for implementing the plan; and

(d) A representative of the assisted living facility authorized by the assisted living facility to sign on its behalf.

(5) The assisted living facility may, through policy or procedure, require the resident's family member to immediately notify the assisted living facility of any changes in the medication or treatment plans for family assistance or administration.

(6) The assisted living facility must require that whenever a resident's family provides medication assistance or medication administration services, the resident's significant medications remain on the assisted living facility premises whenever the resident is on the assisted living facility premises.

(7) The assisted living facility's duty of care shall be limited to: Observation of the resident for changes in overall functioning consistent with RCW 18.20.280 ; notification to the person or persons identified in RCW 70.129.030 when there are observed changes in the resident's overall functioning or condition, or when the assisted living facility is aware that both the primary and alternate plan are not implemented; and appropriately responding to obtain needed assistance when there are observable or reported changes in the resident's physical or mental functioning.

The facility failed to include pertinent information on the family assistance with medications plan for 3 of 3 sampled residents. The facility had updated the family assistance with medications plans for these three residents to include the missing information prior to the completion of the onsite inspection.

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(1) Clearly state the circumstances under which the assisted living facility provides care for medicaid eligible residents and for residents who become eligible for medicaid after admission;

(2) Be provided both orally and in writing in a language that the resident understands;

(3) Be provided to prospective residents, before they are admitted to the home;

(4) Be provided to any current residents who were admitted before this requirement took effect or who did not receive copies prior to admission;

(5) Be written on a page that is separate from other documents and be written in a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and be kept in the resident record after signature.

The facility failed to ensure 1 of 9 sampled residents had a Medicaid policy signed and agreed upon admission to the facility. The facility had a Medicaid policy signed by the resident prior to the completion of the onsite inspection.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and

o Whether you want an IDR to occur in-person, by telephone or as a paper review.
o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:
• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

Enclosure