



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

EMERITUS CORPORATION
Brookdale Monroe
15465 179TH AVE SE
MONROE, WA 98272

RE: Brookdale Monroe License # 2284

Dear Administrator:

This letter addresses Compliance Determination(s) 28895 (Completion Date 09/12/2023) and 25959 (Completion Date 07/12/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/12/2023 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-2320-2-b

The Department staff who did the off-site verification:
Keiko Kitano, Licensors

If you have any questions, please contact me at (425)670-6070.

Sincerely,

Jamie Singer

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

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

RECEIVED

JUL 25 2023

DSHS/ALTSA/RCS

Statement of Deficiencies	License #: 2284	Compliance Determination # 25959
Plan of Correction	Brookdale Monroe	Completion Date
Page 1 of 4	Licensee: EMERITUS CORPORATION	07/12/2023

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 off-site follow-up on 06/28/2023 and 06/28/2023 of:

Brookdale Monroe
15465 179TH AVE SE
MONROE, WA 98272

This document references the following SOD dated: 07/12/2023

The following sample was selected for review during the unannounced off-site verification: 2 of 60 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Keiko Kitano, Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the off-site verification(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

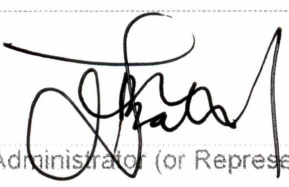
07/17/2023

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

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

Statement of Deficiencies	License #: 2284	Compliance Determination # 25959
Plan of Correction	Brookdale Monroe	Completion Date
Page 2 of 4	Licensee: EMERITUS CORPORATION	07/12/2023


 Administrator (or Representative)

Date 7/19/2023

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:
 - (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 follow the criteria for nurse delegation (ND) for 1 of 2 sample residents (Resident 1) who required staff to check blood sugar (BS) levels and administer insulin (a medication used to lower BS). This resulted in unqualified staff members performing delegated nursing tasks before having the proper the credentials or completing ND trainings and placed Resident 1 at risk for a compromised health condition.

Findings included...

NOTE: The Nurse Delegation Program, under Washington State law, allowed nursing assistants (NA), Medication Technicians (MT), and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administering insulin and BS testing--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition.

NOTE: Washington Administrative Code (WAC) 246-840-930 - Criteria for delegation, included the following subsections: (8) Verify that the nursing assistant or home care aide: (a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction; (b) Has completed both the basic caregiver training and core delegation training before performing any delegated task; (c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training; (d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; (18) The registered nurse delegator ensures safe and effective services are provided. Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment. (19) The registered nurse must supervise and evaluate the performance of the nursing

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assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Review of the ALF's undated Disclosure of Services showed the ALF used NAs (as MTs) under the delegation of a RN to provide some authorized nursing services.

Review of the Residents' Characteristics Roster (RCR), dated 06/28/2023, showed the ALF admitted Resident 1 on [REDACTED]/2022 and received ND services. Review of Resident 1's records showed they had multiple medical diagnoses including [REDACTED] and [REDACTED].

[REDACTED] Resident 1's Personal Service Plan (PSP – equivalent to a Negotiated Service Agreement), dated 03/31/2023, showed that staff would perform Resident 1's BS checks and insulin injections.

In a telephone interview, on 07/11/2023 at 10:40 AM, Staff F (Assisted Living Director) stated that Resident 1 needed the ALF staff to check his BS twice a day and administer insulin injections in the morning. Staff F stated that Nurses and MTs had been checking Resident 1's BS and administering insulin.

Review of the June 2023 electronic Medication Administration Records (eMARs) showed Resident 1 had physician's orders for BS to be checked twice a day (at 8:00 AM and 4:30 PM) and Lantus (a long-acting insulin) injections daily (at 8:00 AM). The June 2023 eMARs showed Staff C (MT) had documented that she checked Resident 1's BS on 06/16/2023 and 06/17/2023 at 4:30 PM, and checked his BS and administered the Lantus injection on 06/18/2023 at 8:00 AM. The June 2023 eMARs showed Staff B (MT) had documented she checked Resident 1's BS at 4:30 PM on 8 occasions.

In a telephone interview, on 07/05/2023 at 10:43 AM, Staff A (Registered Nurse Delegator ((RND)) stated that Resident 1 required ND services for his BS check and insulin injections by MTs, and she delegated these nursing tasks to Staff C and Staff B.

Review of a ND Nursing Visit form, dated 06/15/2023, showed Staff A delegated to Staff C and Staff B the nursing tasks of checking BS and administering insulin for Resident 1.

Record review showed Staff C received certificates for ND Core training on 06/19/2023 and ND Diabetic Focus training on 06/23/2023. Resident 1's eMAR showed Staff C checked BS's and administered insulin prior to obtaining certification to do so.

Record review showed that although Staff B had ND certification, they did not have an active Washington State license rendering the certificates invalid.

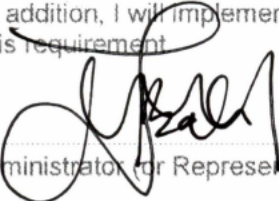
Statement of Deficiencies	License #: 2284	Compliance Determination # 25959
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In a telephone interview, on 07/05/2023 at 10:54 AM, Staff A stated that when she delegated nursing tasks to Staff C and Staff B on 06/15/2023, she did not verify Staff C's ND trainings or Staff B's HCA credentials. When asked how many visits she made to supervise and evaluate the performance of Staff C and Staff B with delegated insulin injections, Staff A stated she made only three visits instead of the four consecutive weekly visits required by regulation.

In a telephone interview, on 07/06/2023 at 2:54 PM, Staff E (Health and Wellness Director) stated that she was unable to find any additional ND Nursing Visit forms, beyond the single 06/15/2023 ND visit, to show that Staff A had conducted any other ND visits for Resident 1's BS checks or insulin injections in May or June 2023.

In a telephone interview, on 07/06/2023 at 2:54 PM, Staff D (Administrator) stated that he was not aware Staff A delegated nursing tasks to Staff C before they received ND training certificates. Staff D also stated that he was not aware that Staff B's Washington State license was still pending.

This is an uncorrected citation previously cited on 05/06/2023 and 03/02/2023.

Plan/Attestation Statement	
I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Brookdale Monroe is or will be in compliance with this law and / or regulation on (Date) <u>8/22/2023</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement	
	<u>7/19/2023</u>
Administrator (or Representative)	Date

RECEIVED

MAY 23 REC'D

DSHS/ALTSA/RCS



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2284	Compliance Determination # 23291
Plan of Correction	Brookdale Monroe	Completion Date
Page 1 of 4	Licensee: EMERITUS CORPORATION	05/08/2023

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 05/01/2023 and 05/01/2023 of:

Brookdale Monroe
15485 179TH AVE SE
MONROE, WA 98272

This document references the following SOD dated: 05/08/2023

The following sample was selected for review during the unannounced on-site visit: 6 of 45 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Alma Duran, Licenser
Keiko Kitano, Licenser

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

05/17/2023
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

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

Statement of Deficiencies

License #: 2284

Compliance Determination # 23291

Plan of Correction

Brookdale Monroe

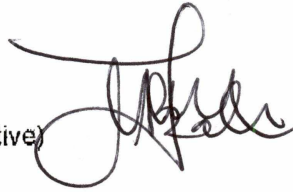
Completion Date

Page 2 of 4

Licensee: EMERITUS CORPORATION

05/08/2023

Administrator (or Representative)



Date 05/18/2023

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:

(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 that consent and Nurse Delegation (ND) services were in place for Medication Technicians (MT) to check 1 of 2 sampled resident's (Resident 6) blood sugar (BS). This placed Resident 6 at risk of harm from receiving nursing tasks from non-licensed and untrained staff.

Findings included...

NOTE: The Nurse Delegation Program, under Washington State law, allowed nursing assistants (NAs and MTs) and Home Care Aides (HCAs) working in certain settings to perform certain tasks--such as administering medications and BS testing--normally performed only by licensed nurses. A Registered Nurse (RN) must teach and supervise the nursing assistant, as well as provide nursing assessments of the patient's condition.

NOTE: Washington Administrative Code (WAC) 246-840-930 - Criteria for delegation, included the following subsections: (1) Before delegating a nursing task, the registered nurse delegator must determine that it is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. (9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision. (10) If the registered nurse delegator determines delegation is appropriate, the nurse: (b) Obtains written consent. The patient, or authorized representative, must give written consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process. (11) Document in the patient's record the rationale for delegating or not

Statement of Deficiencies

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Licensee: EMERITUS CORPORATION

05/08/2023

delegating nursing tasks.

Review of an Admission Record showed the ALF admitted Resident 6 on [REDACTED]/2020 with multiple diagnoses including [REDACTED]

[REDACTED] Review of Resident 6's Service Plan (SP - equivalent to Negotiated Service Agreement), dated 03/14/2023, showed that staff would perform BS monitoring three or more times per week, including equipment calibration, and record results.

Review of a Physician's Order Summary Report, dated 02/13/2023, showed Resident 6's physician had ordered for his BS to be checked three times a week starting on 12/19/2021.

Review of the April 2023 electronic Medication Administration Record (eMARs) showed that Resident 6 had an order for BS to be checked three times a week. The eMARS showed MTs had been taking Resident 6's BS and documenting the results.

In an interview, on 05/01/2023 at 2:55 PM, Resident 6 stated that staff had been checking his BS a couple times a week.

Review of ND documents showed the ALF's MTs had never been ND to perform BS checks for Resident 6. The ND binder did not include an ND Consent form showing Resident 6 had agreed to receive ND services.

In an interview, on 05/01/2023 at 10:35 AM, Staff L (Assisted Living Director) confirmed that MTs had been checking Resident 6's BS. When asked who was the ALF's Registered Nurse Delegator (RND) Staff L stated, "Staff K had been".

In an interview, on 05/01/2023 at 11:40 AM, Staff K stated she had not delegated the ALF's MT to perform BS checks on Resident 6.

This is an uncorrected citation previously cited on 03/02/2023.

Plan/Attestation Statement

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

Statement of Deficiencies

License #: 2284

Compliance Determination # 23291

Plan of Correction

Brookdale Monroe

Completion Date

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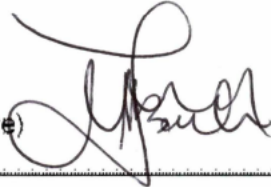
Licensee: EMERITUS CORPORATION

05/08/2023

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 Monroe is or will be in compliance with this law and / or regulation on (Date) June 15th, 2023

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

Administrator (or Representative)

Date 5/18/2023



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2284	Compliance Determination # 19661
Plan of Correction	Brookdale Monroe	Completion Date
Page 1 of 16	Licensee: EMERITUS CORPORATION	03/02/2023

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 02/06/2023 and 02/09/2023 of:

Brookdale Monroe
15465 179TH AVE SE
MONROE, WA 98272

The following sample was selected for review during the unannounced on-site visit: 11 of 56 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Erin Steinbrenner, Nursing Consultant Institutional
Alma Duran, Licenser
Keiko Kitano, Licenser
Erin Steinbrenner, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Jamie Singer
Residential Care Services

3/6/2023
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times

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

Statement of Deficiencies

License #: 2284

Compliance Determination # 19661

Plan of Correction

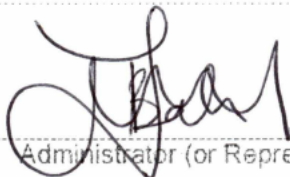
Brookdale Monroe

Completion Date

Page 2 of 16

Licensee: EMERITUS CORPORATION

03/02/2023



Administrator (or Representative)

3/7/2023
Date

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

- (1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record reviews, the Assisted Living Facility (ALF) failed to ensure the residents' or their representatives signed the Negotiated Service Agreement (NSA) at least annually for 1 of 11 sampled residents (Resident 6). This placed Resident 6 risk for receiving or not receiving care and services that had been agreed upon.

Findings included...

Review of an Admission Record showed the ALF admitted Resident 6 on [REDACTED]/2022 with multiple diagnoses. Review of Resident 6's Personal Service Plan (PSP - equivalent to NSA), dated 11/07/2022, showed no signature from the resident or the resident representative.

In an interview, on 02/07/2023 at 11:38 AM, Staff H (Wellness Nurse) stated signed PSP's were placed in a resident's chart and she did not have a signed PSP for Resident 6.

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 Monroe is or will be in compliance with this law and / or regulation on (Date) 04/16/2023

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

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

Statement of Deficiencies

License #: 2264

Compliance Determination # 10661

Plan of Correction

Brookdale Monroe

Completion Date

Page 3 of 16

Licensee: EMERITUS CORPORATION

03/02/2023

Administrator (or Representative)



Date 3/7/2023

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; and

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 6 sampled staff (Staff A, B, E and G) received facility orientation. This placed 56 residents at risk of harm from care staff unfamiliar with the ALF and their expected duties.

Findings included...

Review of an undated Resident Characteristic Roster showed the ALF provided care and services to 56 residents.

Record review showed the ALF hired Staff A (Caregiver) on 04/20/2022. Staff A's records did not show they received facility orientation.

Record review showed the ALF hired Staff B (Caregiver) on 11/22/2022. Staff B's records did not show they received facility orientation.

Record review showed the ALF hired Staff E (Maintenance Supervisor) on 09/23/2022. Staff E's records did not show they received facility orientation.

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

Record review showed the ALF hired Staff G (Executive Director) on 09/20/2021. Staff G's records did not show they received facility orientation.

During an interview, on 02/07/2023 at 12:02 PM, Staff F (Business Office Manager) acknowledged there were missing facility orientations for newly hired staff and stated the ALF is working on the issue.

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 Monroe is or will be in compliance with this law and / or regulation on (Date) 4/16/2023.

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

Administrator (or Representative)

03/7/2023
Date

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:

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

(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.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to complete an Assessment to address safety considerations for 2 of 2 sampled residents (Residents 2 and 11) who smoked. This posed a risk to the health and safety of all 56 residents in the facility.

Findings included...

Review of the ALF's Smoking Evaluation Policy, dated 07/2016 and revised date on 12/2022, stated, "Based on the clinical judgment of the Health and Wellness Director (HWD) or designee, an optional evaluation of a resident's ability to safely smoke may be completed upon move in to the community, on an annual basis, or as needed utilizing the Smoking Evaluation Tool." The policy included, "Residents who wish to smoke may be evaluated by the HWD or designee, using the Smoking Evaluation Tool, to determine if the resident is safe to smoke in the approved designated outdoor smoking areas at the community, based on their cognitive and physical ability."

Review of the Smoking Evaluation Tool showed: "Resident who desire to smoke at a Brookdale community, with or without supervision should be able to verbalize, demonstrate, and comply with the Smoke Free Environment."

Review of the Resident Characteristic Roster, dated 01/19/2023, showed Resident 2 and Resident 11 were identified as smokers.

Observation during an environmental tour of the ALF, on 02/06/2023 at 11:05 AM, Staff H (Wellness Nurse) identified a gazebo located outside the ALF as the designated smoking area.

RESIDENT 2

Review of an Admission Record (AR) showed the ALF admitted Resident 3 on [REDACTED]/2022.

In an interview, on 02/07/2023 at 1:25 PM, Staff L (Front Desk) stated she witnessed Resident 2 smoking outside her patio, not at the designated smoking area.

In an interview, on 02/09/2023 at 10:45 AM, Staff I (Medication Technician) stated she witnessed Resident 2 smoking outside her patio, not at the designated smoking area, on two separate occasions.

Review of Resident 2's record showed no Assessment or Smoking Evaluation Tool completed to evaluate Resident 2's ability to smoke safely. Resident 2's Personal Service Plan (PSP – equivalent to Assessment), dated 11/07/2022, showed no instructions on how staff would monitor Resident 2's smoking behavior.

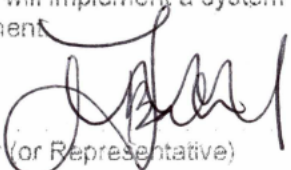
RESIDENT 11

Review of an AR showed, the ALF admitted Resident 11 on [REDACTED]/2022 with multiple medical diagnoses including [REDACTED].

Review of Resident 11's record showed no Assessment or Smoking Evaluation Tool completed to evaluate Resident 11's ability to smoke safely. Resident 11's PSP, dated 07/09/2022 showed, "Resident smokes 6-8 cigarettes a day." There were no instructions

on the PSP on how staff would monitor Resident 11's smoking behavior.

In an interview, on 02/09/2023 at 9:50 AM, Staff P (Health and Wellness Coordinator) stated, "It is my responsibility to do the Smoking Evaluation Tool, and it was not done. I will do those right away for both residents [Residents 2 and 11]."

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 Monroe is or will be in compliance with this law and / or regulation on (Date) <u>4/16/2023</u>	
In addition, I will implement a system to monitor and ensure continued compliance with this requirement.	
 Administrator (or Representative)	<u>3/7/2023</u> Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

- (1) The care and services necessary to meet the resident's needs, including:
 - (a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:
 - (iii) On-going assessments of the resident.
- (2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:
 - (a) Exclusively for the individual resident; or
 - (b) Based on standard policies and procedures in the assisted living facility provided that they are consistent with the reasonable accommodation requirements of state and federal law.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to develop and document in the Negotiated Service Agreement (NSA) the clearly defined the roles and responsibilities, including an alternate plan, for 1 of 1 sampled resident (Resident 7) who's blood sugar (BS) test strips were provided by a family member (FM), and failed to ensure the NSA for 1 of 1 sampled resident (Resident 9) reflected safety considerations with the use of a bed cane (a mobility device) attached to his bed. This placed Resident 7 at risk for compromised health if FMs were unable to fulfill their duties, and Resident 9 at risk of bodily harm from unsafe use of the bed cane.

Findings included...

RESIDENT 7

Review of an Admission Record (AR) showed the ALF admitted Resident 7 on [REDACTED]/2022 with multiple medically disabling conditions including Alzheimer's disease (a type of brain disorder that causes problems with memory, thinking and behavior) and insulin dependent diabetes (a disorder in which the body has high sugar levels for prolonged periods of time). Record showed Resident 7 was ordered to receive a daily injection of Lantus insulin (a long-acting insulin medication used to lower blood sugar).

In an interview, on 02/07/2023 at 2:00 PM, Staff J (Medication Technician) stated Resident 7 required blood sugar (BS) checks twice a day. When asked where Resident 7's diabetic supplies came from, Staff J stated insulin and lancets for BS checks came from the ALF's pharmacy, but the BS test strips were provided by Resident 7's family member (FM).

Review of Resident 7's Personal Service Plan (PSP – equivalent to NSA), dated 12/09/2022, showed no information related to the family member (FM) providing BS test strips, and no alternate plan for when the FM was not able to provide the diabetic test strips for Resident 7.

RESIDENT 9

NOTE: On 05/15/2013, a "Dear Assisted Living Facility (ALF) Administrator" letter was issued to ALF providers related to the safety risks associated with the use of all medical devices, including transfer poles, Posey or lap belts, and side bed rails. "Potential risks of medical devices may include strangling, suffocating, bodily injury, skin bruising, cuts, scrapes, agitation, feeling isolated or unnecessarily restricted."

Review of the ALF's policy, "Bedside Mobility Aids-AL, Policy Detail 5", dated 03/20/2020, showed that specific instructions related to bedside mobility aids and their use should be documented on the resident's Service Plan (equivalent to an NSA), reviewed with the staff, and updated regularly per existing standards upon a resident's change in condition.

Review of an Admission Record showed the ALF admitted Resident 9 on [REDACTED]/2021 with multiple medical diagnoses.

Observation and interview, on 02/09/2023 at 10:30 AM, showed an up-side-down u-shaped medical device attached to the right side of the bed in Resident 9's apartment. Resident 9 stated that he had been using the device for getting in and out and re-positioning in the bed for awhile. Observation showed an open space/gap inside of the up-side-down u-shaped device (the hand grip area) measuring nine inches in length and nine inches high. Observation showed a gap between the headboard of the bed and the device measuring nine inches.

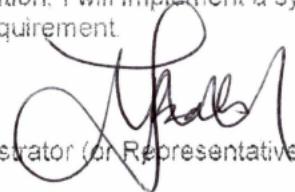
Review of a Negotiated Risk Agreement (NRA), dated 03/15/2022, showed Resident 9 would use a bed cane for mobility and repositioning in bed, and transfers to and from the bed. Review of the NRA showed that Resident 9 is at risk for falls, injuries while transferring, or entrapment between the bed and bed cane and mattress. The NRA showed that Resident 9 is at risk particularly when the bed cane may move from its original secured position, or when the mattress may have moved from its original position. The NRA showed that consequences of using the bed cane device may include, but are not limited to, injuries such as head injury and or death.

Resident 9's Personal Services Plan (PSP, equivalent to a Full Assessment and Negotiated Service Agreement), dated 01/28/2023, showed no information as to whether Resident 9 required the use of the bed cane for bed mobility and transfer. Review of Resident 9's PSP showed no plan to address risk and safety considerations with the use of the bed cane, including issues discussed in the NRA such as entrapment between the bed and the bed cane and bed mattress. There was no intervention to lower the risk of body harm due to the use of the bed cane.

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 Monroe is or will be in compliance with this law and / or regulation on (Date) 4/16/2023.

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


Administrator (or Representative)

Date

3/7/2023

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;

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure that 3 of 3 sampled staff members (Staff K, N, and O), who served food to the residents, had obtained their food worker card within 14 days from their beginning of employment, and failed to ensure food served in the Memory Care Unit (MCU) (Clare Bridge) were maintained at the proper hot and cold holding temperatures and materials to sanitize food surfaces were available. This placed 56 of 56 residents at risk for foodborne illness.

Findings included:

FOOD TEMPERATURE and SANITIZER

NOTE: WAC 246-215-03525 Temperature and time control—Time/temperature control for safety food, hot and cold holding (FDA Food Code 3-501.16). (1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530, and except as specified in subsections (2) and (3) of this section, time/temperature control for safety food must be maintained: (a) At 135°F (57°C) or above, except that roasts cooked to a temperature and for a time specified under WAC 246-215-03400(2) or reheated as specified under WAC 246-215-03440 may be held at a temperature of 130°F (54°C) or above; or (b) At 41°F (5°C) or less.

NOTE: WAC 246-215-04700 Objective-Food-contact surfaces and utensils (2009 FDA Food Code 4-701.10). EQUIPMENT, FOOD-CONTACT SURFACES, and UTENSILS must be SANITIZED.

In interview, on 02/06/2023 at 9:50 AM, Staff G (Executive Director) stated there was a Medication Technician (MT), 1 caregiver, and an activity staff assigned to MCU (Clare Bridge).

Observation, on 02/07/2023 at 11:35 AM during lunch in the MCU kitchen, showed a cart with food in a rectangular metal shaped containers. The cart contained chicken pot pie, green cabbage with apples, brussels sprouts, soup, broccoli raisin salad and rice pudding. The MCU kitchen had steam table ready to hold food from the cart that needed to stay hot.

In interview, on 02/07/2023 at 11:38 AM, Staff J (Medication Technician) stated she retrieved the cart of prepared food from the main kitchen and delivered it to the MCU kitchen 11:15 AM.

Observation, on 02/07/2023 at 12:02 PM, Staff K (Caregiver) donned gloves and moved the hot food from the cart into the steam table (over 45 minutes since the cart was brought to the MCU from the main kitchen. Staff K was observed checking the [hot] food temperatures at 12:05 PM with the following results: the chicken pot pie was 138 degrees Fahrenheit (°F), green cabbage and apple were 110°F, brussels sprouts were 110°F, and the [cold] broccoli raisin salad measured at 42°F.

In interview, on 02/07/2023 at 12:10 PM, when asked if these were acceptable food temperatures, Staff K and Staff J were unable to answer.

In interview, on 02/07/2023 at 12:15 PM, when asked about the temperatures of the hot and cold food in the MCU Staff M (Dining Services Director) stated, "This is on me, for lack of oversight here [MCU]. I will replace all these [referring to the foods that were out of temperature range]."

Review of the food temperature logbook showed food temperatures had not been logged on 02/06/2023 or 02/04/2023.

Observation showed no materials to sanitize kitchen counter and surfaces in the MCU. In interview on 02/07/2023 at 12:35 PM, Staff M stated, "We have sanitizers to sanitize kitchen counters and surfaces."

FOOD WORKER CARD

NOTE: Washington Administrative Code 246-217-015 Applicability. (1) All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment, except as provided in subsection (4) of this section.

In an interview, on 02/07/2023 at 11:35 AM, Staff J (Medication Technician) in the Memory Care Unit (MCU) stated that Staff K (Caregiver) would dish up the residents' food at lunch on that day.

Observation and interview, on 02/07/2023 at 12:02 PM, showed Staff K moving food from a holding cart into the steam table, removing plastic covers from the food containers and beginning to take food temperatures. Staff K stated she handled food duties, such as dishing up food onto plates for residents. When asked if she had a food worker card, Staff K stated she did not have the card yet.

In an interview, on 02/07/2023 at 2:45 PM, Staff M (Food Services Director) stated that in the MCU, caregivers and activity staff members had been serving food, including dishing up food from steam tables.

Review of staff records showed that the ALF hired Staff K on 01/19/2023 as a caregiver. Review of Staff K's record showed no food worker card.

Review of staff records showed that the ALF hired Staff O on 07/20/2021 as a caregiver. Review of a schedule of caregivers showed Staff O had been working as a caregiver in the MCU. Review of Staff O's record showed no food worker card.

In interviews, on 02/09/2023 at 9:13 AM, two Dining Room (DR) servers stated that DR servers had been scooping ice cream and soup for residents in the main DR.

Review of staff records showed that the ALF hired Staff N on 01/20/2023 as a DR server. Review of Staff N's record showed no food worker card.

In an interview, on 02/07/2023 at 1:30 PM, Staff F (Business Office Manager) stated that she noted that Staff O did not have a food worker card. Staff F stated that Staff K and Staff N were new hired employees, and they had not gotten their food cards yet.

Both Staff K and N had been employed for over 14 days.

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 Monroe is or will be in compliance with this law and / or regulation on (Date) 4/16/2023

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

Administrator (or Representative)

Date

3/7/2023

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:

(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 that Nurse Delegation (ND) services were provided for blood sugar (BS) checks and administration of oral medications by non-licensed staff members, and that consent was received for ND, for 2 of 2 sampled residents (Residents 3 and 7). This placed Residents 3 and 7 at risk of harm from receiving nursing tasks from untrained staff.

Findings included...

NOTE: Washington Administrative Code (WAC) 246-840-930 - Criteria for delegation, included the following subsections: (1) Before delegating a nursing task, the registered nurse delegator must determine that it is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE. (10) If the registered nurse delegator determines delegation is appropriate, the nurse: (b) Obtains written consent. The patient, or authorized representative, must give written consent to the delegation process under chapter 7.70 RCW. (m) Supervision shall occur at least every ninety days. With delegation of insulin injections, the supervision occurs at least weekly for the first four weeks, and may be more frequent.

Review of the ALF's Disclosure of Services, showed the ALF used Nursing Assistants under the delegation of a Registered Nurse to provide some authorized nursing services including blood glucose monitoring and insulin; administering drops, oral and topical medications.

RESIDENT 7

In interview, on 02/06/2023 at 9:50 AM, Staff G (Executive Director) stated the ALF provided ND services to residents. Staff G stated that Staff Q had been the Registered Nurse Delegator (RND) of the ALF since 03/09/2022. When asked what sort of nursing tasks were delegated to Medication Technicians (MTs), Staff G stated that there were multiple tasks including blood sugar checks and insulin injections.

Review of an Admission Record (AR) showed that the ALF admitted Resident 7 on [REDACTED] /2022 to the Memory Care Unit (Clare Bridge), with multiple medical diagnoses including [REDACTED]

[REDACTED] and [REDACTED]

Review of Resident 7's active records showed a Physician's order for BS checks twice a day at 8:00 AM and 4:30 PM.

In an interview, on 02/07/2023 at 9:30 AM, Staff J (MT) stated she checked Resident 7's BS in the morning at 8:00 AM.

In an interview, on 02/09/2023 at 2:30 PM, Staff R (MT) stated she checked Resident 7's BS in the afternoon.

Review of the December 2022 and January and February 2023 electronic Medication Administration Records (eMARs) showed Staff S, Staff T, Staff J, and Staff R (all MTs) had initialed as performing Resident 7's BS checks.

Record review showed ND consent had been signed by Resident 7's representative, agreeing to receive ND services. However, the consent was not signed and dated by the RND.

In interview, on 02/09/2023 at 10:30 AM, when discussing ND records Staff P (Health & Wellness Coordinator) stated, "We have a lot of work to do."

RESIDENT 3

Review of an Admission Record showed that the ALF admitted Resident 3 on [REDACTED]/2021 with multiple medical diagnoses. Record review showed that Resident 3 had been receiving hospice (end of life care) services since 01/05/2023. Review of Resident 3's Personal Service Plan (PSP, equivalent to a Full Assessment and Negotiated Service Agreement), dated 01/30/2023, showed staff would manage medications, and that Resident 3 required Nursing Delegation (ND) services for medications.

Review of Resident 3's February 2023 electronic Medication Administration Records (eMARs) showed that Resident 3 was prescribed multiple medications, including morphine solution (narcotic liquid form, used to relieve moderate to severe pain) and a fentanyl patch (narcotic transdermal patch to apply to the skin, used to relieve severe pain in people who are expected to need pain medication around the clock for a long time and who cannot be treated with other medications).

In an interview, on 02/09/2023 at 11:29 AM, Staff I (Medication Technician (MT)) stated that MTs had been administering medications such as morphine solution into Resident 3's mouth. Staff I stated she had placed a fentanyl patch on Resident 3 every 72 hours.

Review of Resident 3's active record showed that on 01/31/2023, Resident 3's representative signed a consent form agreeing to receive ND services. Review of the 01/31/2023 ND consent showed no information as to who the Registered Nurse Delegator (RND) would be. There was no name or signature of the RND on the ND consent.

Review of the ALF's ND documents in a binder showed that on 01/25/2023, Staff Q (the ALF's RND) delegated caregivers and MTs to conduct Resident 3's mouth and skin care. There was no document indicating whether Staff Q had delegated MTs to administer medications to Resident 3.

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 Monroe is or will be in compliance with this law and / or regulation on (Date) 4/16/2023

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

Administrator (or Representative)

Date

3/7/2023

WAC 388-78A-2690 Electronic monitoring equipment Resident requested use.

(1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident or the residents' representative has requested and consents to the monitoring.

(2) Electronic monitoring equipment must be installed in a manner that is safe for residents.

(5) The release of audio or video monitoring recordings by the facility is prohibited. Each person or organization with access to the electronic monitoring must be identified in the resident's negotiated service agreement.

(6) If the resident requests the assisted living facility to conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(a) That the electronic monitoring does not violate chapter 9.73 RCW;

(c) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.

(7) The assisted living facility must:

(a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and

(b) Have each reevaluation in writing, signed and dated by the resident.

(12) If the assisted living facility determines that a resident, resident's family, or other third party is electronically monitoring a resident's room or apartment without complying with the requirements of this section, the assisted living facility must disconnect or remove

such equipment until the appropriate consent is obtained and notice given as required by this section.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to obtain signed consent, develop a plan in the Negotiated Service Agreement (NSA), and evaluate/reevaluate the need for an electronic monitoring device (EMD) for 2 of 3 sampled residents (Residents 9 and 10). This placed Residents 9 and 10 at risk for privacy concerns and violating their resident rights.

Findings included...

Review of the ALF policy, "Electronic Monitoring, Policy Detail 1, 2, and 4", dated 10/2019, showed that permission from the Executive Director (ED) for the use of monitoring equipment must be obtained prior to installation. If a resident and/or Legal Representative (LR) would like to have "Authorized Electronic Monitoring" take place in his/her room, the resident and/or LR should complete the Request for Authorized Electronic Monitoring Form (AEMF), which may be provided by the ED. Once the ED has reviewed the Requested for AEMF, and permission has been granted, the ED will execute the resident's request for AEMF and place the approved request in the active portion of the resident's record.

RESIDENT 9

Review of an Admission Record (AR) showed that the ALF admitted Resident 9 on [REDACTED]/2021 with multiple medical diagnoses.

Observation and interview, on 02/09/2023 at 10:01 AM, showed an EMD sitting on a windowsill facing toward the living area in Resident 9's apartment. Resident 9 stated that he had fallen before, and his family member installed a camera to monitor whether he fell in his apartment. When asked when the family member installed the camera, Resident 9 stated he was not sure exactly, but about one year ago.

In an interview, on 02/09/2023 at 10:52 AM, Staff I (Medication Technician) stated that she had noticed Resident 9's room had a camera about 3 months ago.

Review of a Personal Service Plan (PSP, equivalent to a Full Assessment and Negotiated Service Agreement), dated 01/28/2023, showed no evaluation or plan addressing the need and use of video monitoring in Resident 9's apartment by his family. There was no signed consent to use the video camera.

In an interview, on 02/09/2023 at 1:05 PM, Staff G (Administrator/Executive Director) stated that she was not aware that Resident 9 had a camera in his apartment. Staff G stated that staff should have reported it to her whenever they found a video camera in any resident's room.

RESIDENT 10

Review of an AR, dated 04/13/2022, showed that the ALF admitted Resident 10 on [REDACTED]/2020 with multiple medical diagnoses.

During an interview, on 02/09/2023 at 11:15 AM, Staff I identified Resident 10 as having a camera in her room. Staff I stated she first noticed the camera on top of a shelf in Resident 10's living room a few weeks ago.

Observation and interview, on 02/09/2023 at 11:30 AM, showed two small cameras on a shelf in the living room; one was directly focused where Resident 10 was seated, and the other one was facing toward the bedroom door. Resident 10 stated, "Yes, it is working (she pointed at an electric cord plugged into an outlet). My son placed it a long time ago, I cannot remember when."

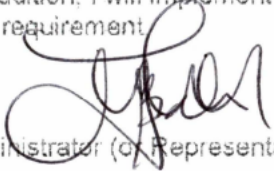
Review of a PSP, dated 06/06/2022, showed no evaluation or plan addressing the need and use of video monitoring in Resident 10's apartment. There was no signed consent to use the a video camera.

In an interview, on 02/09/2023 at 1:10 PM, Staff G stated she was unaware that Resident 10 had cameras in their apartment. Staff G stated she would turn off the camera, talk to Resident 10's family, and obtain proper consent.

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 Monroe is or will be in compliance with this law and / or regulation on (Date) 4/16/2023.

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


Administrator (or Representative)

3/7/2023
Date



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

RECEIVED

MAR 16 REC'D

DSHS/ALTSARCS

03/06/2023

EMERITUS CORPORATION
Brookdale Monroe
15465 179TH AVE SE
MONROE, WA 98272

RE: Brookdale Monroe # 2284

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 03/02/2023 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:

Jamie Singer, Field Manager
Residential Care Services
Region 2, Unit J
20311 52nd Ave W, Suite 100

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

Brookdale Monroe # 2284

03/02/2023

Page 2 of 3

Lynnwood, WA 98036

- 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-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(iv) Alternative resident accommodations;

The Assisted Living Facility failed to ensure alternate resident accommodations were in place in the event of an emergency evacuation. This failure placed 65 residents at risk of displacement in the event of an emergency.

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

NOTE: NFPA Code 99 – Healthcare Facility Guidance for fire protection. Chapter 9 Gas Equipment. OXYGEN – USE NO OIL.

9.6.3.2.1 In health care facilities where smoking is not prohibited, precautionary signs readable from a distance of 1.5 meters (5 feet) shall be conspicuously displayed wherever supplemental oxygen is in use and in aisles and walkways leading to that area; they shall be attached to adjacent doorways or to building walls or be supported by other appropriate means.

The Assisted Living Facility failed to post the required signage to warn of stored oxygen in a storage room. This placed all residents, staff, and visitors at risk of an unsafe environment.

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.

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

Brookdale Monroe # 2284

03/02/2023

Page 3 of 3

You May:

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

In Addition, You May:

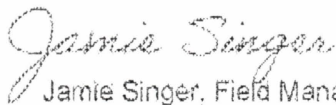
- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, 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 (425)670-6070.

Sincerely,


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

Enclosure

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