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) 33655 (Completion Date 09/26/2024) and 30371 (Completion Date 10/18/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/26/2024 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-2040, WAC 388-78A-2040-1, WAC 388-78A-2040-2, WAC 388-78A-2930-1-a-ii

The Department staff who did the on-site verification:
Michelle Mcglon, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Monroe
Provider Type: Assisted Living Facility
License/Cert.#: 2284
Compliance Determination #: 30371
Intake ID: 96895
Investigator: Michelle Mcglon
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 10/02/2023 through 10/18/2023
Complainant Contact Date(s):

Allegation(s):

1.The Assisted Living Facility (ALF) charged the Named Resident (NR) for care that was not being done.
2.The ALF caused the NR to feel harassed and intimidated by increasing care charges.
3.The emergency pull cords are battery operated not always properly functioning.

Investigation Methods:

Sample:	Total residents: 58 Resident sample size: 4 Closed records sample size:
Observations:	Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Nursing staff Family members
Record Reviews:	Resident Records

Investigation Summary:

1. Interview and record showed the facility re-assessed the resident to include chronic illness monitoring which increased care costs. In and interview, the NR's family representative stated the facility lowered the rent cost to balance out the newer care and services charges. Record record review and interview showed the NRs Negotiated Service Agreement was appropriate to care needs and the facility was providing the care and interventions.
2. In an interview, the Executive Director stated that she was not aware of a resident feeling harassed or intimidated by increased care cost. Record review showed the ALF had charged sampled residents with similar diagnoses an additional cost. In interview, sampled residents denied the ALF had been harassing or intimidating them.
3. Observation, interview, and record review showed the ALF failed to ensure all battery operated call lights were properly functioning.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Monroe
Provider Type: Assisted Living Facility
License/Cert.#: 2284
Compliance Determination #: 30371
Intake ID: 99836
Investigator: Michelle Mcglon
Region/Unit #: RCS Region 2 / Unit J
Investigation Date(s): 10/02/2023 through 10/18/2023
Complainant Contact Date(s):

Allegation(s):
1. The Assisted Living Facility (ALF) had a failed Fire Marshal re-inspection.

Investigation Methods:

Sample:	Total residents: 58 Resident sample size: 4 Closed records sample size:
Observations:	Resident rooms Residents
Interviews:	Executive Direcotr
Record Reviews:	Fire Marshall Report

Investigation Summary:
1. Record review of Washington State Patrol Fire Inspection report, dated 09/21/2023, showed the ALF had not corrected five violations from a previous inspection. In interview, the Executive Director (ED) stated that she was unaware the facility had a failed Fire Marshall re-inspection, and they were working to correct the violations.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 10/02/2023, 10/02/2023 and 10/02/2023 of:

Brookdale Monroe
15465 179TH AVE SE
MONROE, WA 98272

This document references the following complaint number(s): 96895, 99836

The following sample was selected for review during the unannounced on-site visit: 4 of 58 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Michelle Mcglon, 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

10/26/2023
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.

Administrator (or Representative) 10/31/23 Date

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.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure compliance with the Washington State Fire Marshal Office (OSFM) when the ALF failed their second follow-up Fire and Life Safety Inspection (LSI). This placed 58 residents, staff, and visitors' safety at risk.

Findings included...

Review of the Department's Secure Tracking and Reporting System, on 10/09/2023, showed the ALF was licensed for 82 beds. Review of a Resident Characteristic Roster showed the ALF was providing care and services for 58 residents.

Review of records from the OSFM, showed the ALF failed their initial LSI on 06/28/2023. Record review showed the ALF failed the OSFM the first follow-up visit on 08/14/2023. The second follow-up visit on 09/21/2023 showed the ALF failed to comply with following International Fire Codes (IFC):

IFC 604.1 2018- Throughout the building, there were a number of electrical outlets with broken, grounding sockets. There needs to be an assessment of how many broken units there were, and a plan to replace and repair the outlets need to be implemented.
IFC 701.6 2018 WAC 51-54A- The facility was unable to provide documentation that the annual fire wall inspections were completed.
IFC 904.12 2015,02018- The Main in the kitchen commercial hood required a sign listing kitchen lineup. The Cascade kitchen hood needs a sign noting kitchen lineup.
IFC 904.12.5 2018- The facility was unable to provide documentation for the semi-annual kitchen suppression system servicing for the cascade kitchen system. The facility was unable to provide documentation for the semi-annual hood cleaning for the cascade kitchen hood.
IFC 907.8- The facility was unable to provide documentation for the monthly single station smoke alarm testing. The facility was unable to provide documentation for the required smoke detector sensitivity testing.

Administrator (or Representative) Date

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(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.

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IFC 907.8- The facility was unable to provide documentation for the monthly single station smoke alarm testing. The facility was unable to provide documentation for the required smoke detector sensitivity testing.

In an interview, on 10/02/2023 at 11:50 AM, Staff A (Executive Director) stated that the ALF was working on the violations and updating the Fire Marshal, as the issues were completed.

This is recurring deficiency previously cited on 10/01/2021 and 11/01/2022.

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) ~~12/12/2023~~ 12/2/2023

MM confirmed new poc date with provier on 11/7/2023.

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

Administrator (or Representative) 10/31/23 Date

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(ii) Resident living rooms and resident sleeping rooms; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed have a system in place to ensure call lights/pull cord systems were functioning on the Memory Care Unit (MCU) for 1 of 2 sampled residents (Resident 1). This failure placed Resident 1 at risk for harm by not receiving staff assistance when needed.

Findings included...

Record review of the facility's policy titled, "Resident Call System and Door Alarm Response", revised on 05/2023, showed that in the event of a resident's call system failure the ALF were to inform the Executive Director, Maintenance Technician, Regional Maintenance Technician, Health and Wellness Director, and District Director of Operations (DDO) as soon as possible.

In an interview, on 10/02/2023 at 11:50 AM, Staff A (Executive Director) stated that the ALF was working on the violations and updating the Fire Marshal, as the issues were completed.

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Observation, on 10/02/2023 at 12:30 PM, escorted by Staff B (Regional Maintenance Technician) and Staff C (Maintenance Technician), showed the battery-operated call light/pull cord system was not working in Resident 1's bedroom.

Observation and interview, on 10/02/2023 at 12:40 PM, Staff B stated that residents' call lights were linked to a computer system. At a computer terminal at the front desk, Staff B looked up Resident 1's call light and found the computer system showed it was not functioning. Staff B stated the computer showed Resident 1's call light was listed in the system as "missing" since 09/29/2023. Staff B explained this meant the batteries had not been functioning for three days and had been alerted through the computer system. Observation showed that Resident 1's non-functioning call light had alerted in red.

In an interview, on 10/17/2023 at 10:15 AM, Staff A (Executive Director) stated that the computer system would continue to beep, when a battery-operated call light was not functioning. Staff A stated that in the MCU the beeping computer system was next to medication cart and could be heard by the care staff. Staff A stated that it was not safe to have a non-functional call light. Staff A stated that non-functioning call light should be reported to her. Staff A stated that the staff needed to be re-trained on monitoring the call light computer system.

Plan/Attestation Statement

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Administrator (or Representative) — Date: 10/31/23

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Observation and interview, on 10/02/2023 at 12:40 PM, Staff B stated that residents' call lights were linked to a computer system. At a computer terminal at the front desk, Staff B looked up Resident 1's call light and found the computer system showed it was not functioning. Staff B stated the computer showed Resident 1's call light was listed in the system as "missing" since 09/29/2023. Staff B explained this meant the batteries had not been functioning for three days and had been alerted through the computer system. Observation showed that Resident 1's non-functioning call light had alerted in red.

In an interview, on 10/17/2023 at 10:15 AM, Staff A (Executive Director) stated that the computer system would continue to beep, when a battery-operated call light was not functioning. Staff A stated that in the MCU the beeping computer system was next to medication cart and could be heard by the care staff. Staff A stated that it was not safe to have a non-functional call light. Staff A stated that non-functioning call light should be reported to her. Staff A stated that the staff needed to be re-trained on monitoring the call light computer system.

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