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 West Seattle
4611 35TH AVE SW
SEATTLE, WA 98126

RE: Brookdale West Seattle License # 2319

Dear Administrator:

This letter addresses Compliance Determination(s) 37462 (Completion Date 03/12/2024) and 34420 (Completion Date 01/23/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/12/2024 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-2130-3-a, WAC 388-78A-2130-3-b, WAC 388-78A-2130-3, WAC 388-78A-2140-5, 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-2210-2-a, WAC 388-78A-2210-1-b, WAC 388-78A-2730-1-a, WAC 388-78A-2730-1-b

The Department staff who did the on-site verification:
Alma Duran, Licensor
Keiko Kitano, Licensor

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

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

01/23/2024

EMERITUS CORPORATION
Brookdale West Seattle
4611 35TH AVE SW
SEATTLE, WA 98126

RE: Brookdale West Seattle # 2319

Dear Administrator:

This document references the following complaint numbers 111688.

The Department completed a full inspection of your Assisted Living Facility on 01/23/2024 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:

Jamie Singer, Field Manager
Residential Care Services

Region 2, Unit J
20311 52nd Ave W, Suite 100
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-2060 Preadmission assessment. The assisted living facility must conduct a preadmission assessment for each prospective resident that includes the following information, unless unavailable despite the best efforts of the assisted living facility:

(1) Medical history;

(2) Necessary and contraindicated medications;

(3) A licensed medical or health professional's diagnosis, unless the prospective resident objects for religious reasons;

(4) Significant known behaviors or symptoms that may cause concern or require special care;

(5) Mental illness diagnosis, except where protected by confidentiality laws;

(6) Level of personal care needs;

(7) Activities and service preferences; and

(8) Preferences regarding other issues important to the prospective resident, such as food and daily routine.

The Assisted Living Facility failed to ensure a system was in place to conduct preadmission assessments that included elements required by regulation for new residents. This placed new residents at risk due to lack of information to create appropriate plans of care.

WAC 388-78A-2474 Training and home care aide certification requirements.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

The Assisted Living Facility (ALF) failed to ensure a caregiver received the required First Aid training. This placed the residents at risk for not receiving proper care and services due to an inadequately trained caregiver.

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 (425)670-6070.

Sincerely,

Jamie Singer

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

Enclosure

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 #: 2319	Compliance Determination # 34420
Plan of Correction	Brookdale West Seattle	Completion Date
Page 4 of 13	Licensee: EMERITUS CORPORATION	01/23/2024

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

The department completed data collection for the unannounced on-site full inspection and complaint investigation on 12/20/2023 and 12/27/2023 of:
Brookdale West Seattle
4611 35TH AVE SW
SEATTLE, WA 98126

This document references the following complaint numbers: 111688.

The following sample was selected for review during the unannounced on-site visit: 8 of 31 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Keiko Kitano, Licensor
Alma Duran, Licensor

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.

Jennie Singer — Residential Care Services
1/23/2024 — 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.

Kelly Holm
Administrator (or Representative)

1-29-24
Date

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

(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.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to update the Negotiated Service Agreement (NSA) to accurately reflect the current needs of 2 of 8 sampled residents (Residents 3 and 5). This placed Residents 3 and 5 at risk for not receiving proper care and services and compromised health conditions.

Findings included...

Resident 3
Review of a Resident Information (RI) form, dated 10/03/2023, showed the ALF admitted Resident 3 on [redacted]/2023 with multiple disabling diagnoses. Review of the Personal Service Plan (PSP-equivalent to an NSA), dated 10/10/2023, showed Resident 3 was using supplemental oxygen (O2).

In observation and interview, on 12/22/2023 at 1:30 PM, Resident 3 stated she had not used supplemental O2 for almost two months. An area of dry scabbed/eschar-liked skin issue was observed on her right foot. Resident 3 stated, "The nurses at [my primary care provider] are keeping an eye on that."

Review of Resident 3's PSP, was not updated to reflect she no longer used supplemental O2. The PSP did not mention Resident 3's skin issue, who was monitoring it and any interventions related to skin breakdown.

Interview, on 12/27/2023 at 10:45 AM, Staff A (Health and Wellness Director) stated she was unaware Resident 3 was no longer using supplemental O2 in her room and was unaware of any skin breakdown. Staff A stated Resident 3's PSP needed to be updated.

RESIDENT 5

Review of an RI form, dated [redacted]2022, showed the ALF admitted Resident 5 on [redacted]2022 with multiple disabling diagnoses. Review of an PSP, dated 08/15/2023, showed Resident 5 showed Resident 5 had a bed mobility device in place.

Interview, on 12/20/2023 at 10:00 AM, Staff A identified Resident 5 as having a Halo device (a bed mobility device designed to ensure the mattress stays put and decreases gap space in the most critical zones) as a mobility enabler.

Observation and interview, on 12/22/2023 at 12:15 PM, showed there was no Halo device attached to Resident 5's bed. Resident 5 stated, "I do not need it. It was broken anyway, so my daughter took it out." Resident 5 stated that the Halo device was removed over a month ago.

The PSP was not updated to reflect Resident 5 no longer had a Halo device or their current care needs related to not having a mobility device.

Interview, on 12/27/2023 at 11:15 AM, Staff A was unaware Resident 5's bed Halo device was removed.

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 West Seattle is or will be in compliance with this law and / or regulation on (Date) 2-12-24

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

Kelly Holm
Administrator (or Representative)

1-29-24
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:

(5) Appropriate behavioral interventions, if needed;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to develop and document in the Negotiated Service Agreement (NSA) behavior interventions appropriate to the care needs of 5 of 5 sampled residents (Residents 1, 2, 3, 5, and 7). This placed Residents 1, 2, 3, 5, and 7 health and safety at risk.

Findings included...

RESIDENT 1
Review of a Resident Information (RI) form, dated 10/04/2021, showed the ALF admitted Resident 1 on [redacted]/2021 with multiple disabling conditions including a diagnosis of [redacted] Review of the Department of Social and Health Services' (DSHS) Annual CARE Assessment, dated 09/28/2023, showed Resident 1 had current behaviors of easily irritated/agitated requiring intervention, yelling/screaming, unrealistic fears and suspicions, verbally abusive towards wife and facility staff. Review of medication orders showed Resident 1 received two prescribed routine medications to treat bipolar disorder.

Review of the ALF's Personal Service Plan (PSP - equivalent to an NSA), dated 10/26/2023, under the Behavior Management section, did not identify his assessed behavior problems. There were no approaches or crisis interventions in the PSP for staff to follow should Resident 1 exhibit behavior issues.

Interview, on 12/27/2023 at 10:30 AM, Staff A (Health and Wellness Director) agreed Resident 1's assessed behaviors issues should be in the PSP.

RESIDENT 2
Review of a RI form showed that the ALF admitted Resident 2 on [redacted]2023 with multiple diagnoses, including [redacted]

Review of a Progress Note (PN), dated 11/24/2023, showed that Resident 2 had shown some fluctuation in their short-term memory loss and mood, including going to breakfast twice. The PN stated Resident 2's family stated it was a long-standing complication. Review of a PN, dated 12/12/2023, showed Resident 2 was resistive to care, repeatedly spoke about feeling afraid to fall and die, repeated actions such as hand washing and hair washing. The PN stated Resident 2 was occasionally paranoid and Resident 2's family stated there was a "psychiatric history" that occasionally "flairs up." Review of a PN, dated 12/13/2023, showed Resident 2 refused medication services to eat a third breakfast and did not receive important pre-meal treatments.

Review of Resident 2's Personal Service Plan (PSP, equivalent to an NSA), dated 11/13/2023, showed no identified behavior issues. The PSP showed no interventions for identified and displayed behaviors. Review of the PSP showed no plan to instruct care staff what to do when Resident 2 exhibited behaviors or showed mental decompensation (worsening condition of mental illness).

In an interview, on 12/27/2023 at 11:30 AM, Staff A confirmed that Resident 2's PSP did

not include any interventions for their behavior.

RESIDENT 3
Review of an RI form, dated 10/03/2023, showed the ALF admitted Resident 3 on [redacted]/2023 with multiple diagnoses including [redacted] Review of medication orders showed Resident 3 was prescribed a routine anti-depressant medication.

Review of Resident 3's PSP, dated 09/18/2023, under the Behavior Management section, showed no approaches or interventions for staff to follow should Resident 3 manifest signs and symptoms of severe depression to include any mood and behavioral changes.

RESIDENT 5
Review of an RI form, dated 02/15/2023, showed the ALF admitted Resident 5 on [redacted]/2022 with multiple medically disabling diagnoses including [redacted] and [redacted] Review of medication orders showed Resident 5 was prescribed a routine anti-depressant medication.

Review of Resident 5's PSP, dated 08/15/2023, under the Behavior Management section, showed no approaches or interventions for staff to follow, should Resident 5 manifest signs and symptoms of severe depression to include any mood and behavioral changes.

RESIDENT 7
Review of a RI form, dated 02/15/2023, showed the ALF admitted Resident 7 on [redacted]/2023 with multiple medical diagnoses including [redacted]

Review of a Progress Note, dated 11/16/2023, showed staff documented that Resident 7 made a comment that she was depressed and said, "I hope God calls my number." Records showed the ALF initiated a Temporary Care Plan, dated 11/16/2023, to monitor Resident 7 for, "Increased depression – made comment with suicidal ideation." The Temporary Care Plan was in place from 11/16/2023 through 11/18/2023.

Review of Resident 7's PSP, dated 07/24/2023, under the Behavior Management section, did not identify any behavior issues related to depression or suicidal ideation. There was no approaches or interventions for staff to follow should Resident 7 verbalized repeated suicidal ideation, or other signs and symptoms of severe depression, to include any mood and behavioral changes.

Statement of Deficiencies	License #: 2319	Compliance Determination # 34420
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Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Brookdale West Seattle is or will be in compliance with this law and / or regulation on (Date) 2-12-24

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

Kelly Holm — Administrator (or Representative)

1-29-24 — 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, interview, and record review, the Assisted Living Facility (ALF) failed to secure potentially hazardous supplies and equipment. This placed 8 of 8 ambulatory residents with cognitive impairment and mental health issues at risk for harm and injury.

Findings included...

Record review of sampled residents identified three residents with diagnosis of [redacted] and five residents with mental health issues. All sampled residents were ambulatory.

Observation, on 12/21/2023 at 10:53 AM, during an ALF walkthrough with Staff F (Administrator) and Staff I (Maintenance Supervisor), showed a housekeeping cart in the hallway, unattended. The housekeeping cart had an accordion-type opening that was unlocked with four disinfectant cleaning spray bottles and two spray cans of cleaner with precautionary warning labels to DO NOT DRINK, keep out of reach of children, contact poison control center, eye/skin irritant, and harmful if swallowed. Staff I was observed

contacting [via walkie talkie] Staff J (Housekeeper) who came out of a resident's room. Staff J stated she had the key to the housekeeping cart, attempted to lock it, but the lock was broken. Staff J stated that the lock had been broken the day before.

Observation, on 12/22/2023 at 9:42 AM, during an ALF walkthrough with Staff I showed an unlocked cabinet under the Activity Room sink. The cabinet contained odorless paint thinner, ecolab lemon-eze bathroom cleaner, odorless mineral spirits with precautionary warning labels: to keep out of reach of children, causes severe skin burn and eye damage, DANGER: harmful if swallowed, and combustible. The stove, when turned on, was ready for use.

In interview, on 12/22/2023 at 9:42 AM, Staff I stated that all of the chemicals needed to be locked up at all times and the stove disabled when not monitored.

Plan/Attestation Statement

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Kelly Helm — Administrator (or Representative)

1-29-24 — Date

WAC 388-78A-2210 Medication services.

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

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

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement systems to promote safe medication services for 1 of 5 sampled residents (Resident 6) who required staff assistance with medications. This resulted in Resident 6 taking an anti-diuretic medication for more than two months after the Primary Care Practitioner (PCP) discontinued the medication, and placed Resident 6 at risk for a deteriorated health condition.

Findings included...

Review of a Resident Information form showed that the ALF admitted Resident 6 on [redacted]/2021 with multiple diagnoses. Review of a Personal Service Plan (PSP - equivalent to a Negotiated Service Agreement), dated 12/12/2023, showed that Resident 6 required staff assistance with medications.

Review of the October 2023 electronic Medication Administration Records (eMARs) showed that Resident 6 had been prescribed to receive furosemide (a medication that reduces fluid build-up in the body by increasing the flow of urine) routinely at 8:00 AM and a second dose at 12:00 PM as needed for weight gain of two pounds or more in a day.

Review of an After Visit Summary (AVS), dated 10/03/2023, showed that Resident 6's PCP ordered to discontinue the furosemide.

Review of the October 2023 eMARs showed that the furosemide was not discontinued as ordered. Review of the October, November, and December 2023 eMARs showed the ALF had continued giving Resident 6 the 8:00 AM dose of furosemide daily until 12/08/2023. The eMARs showed the ALF had given Resident 6 the as-needed 12:00 PM dose of furosemide nine times in October 2023, nine times in November 2023, and five times in December 2023.

In an interview, on 12/27/2023 at 10:30 AM, Staff A (Health and Wellness Director) stated they were responsible for reviewing PCPs' orders for the ALF residents and filed them in the individual resident's chart. Staff A stated that they were not aware of the 10/03/2023 PCP order to discontinue furosemide for Resident 6. Staff A confirmed they did not review discontinue orders on the 10/03/2023 AVS but had filed it in the chart. Staff A confirmed that this was a medication error.

This is a recurring deficiency previously cited on 12/03/2021.

Plan/Attestation Statement

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

Statement of Deficiencies	License #: 2319	Compliance Determination # 34420
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Kelly Helm 1-29-24
Administrator (or Representative) Date

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

(a) The operation of the assisted living facility;

(b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement the Federal and State regulated standards of a Respiratory Protection Program (RPP) including implementation of respirator mask fit-testing for staff. This placed 31 of 31 residents, ALF staff, and visitors at increased risk for exposure to SARS-CoV-2, the virus responsible for COVID-19 (an infectious disease by a virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death).

Findings included...

NOTE: Washington Administrative Code (WAC) 296-842-12005 stated all long-term care facilities were required to develop and maintain a Respiratory Protection Program (RPP).

NOTE: In a "Dear Administrator" letter, dated 04/30/2021, the Department informed ALFs of their responsibility to develop and maintain an RPP. An RPP is described by Department of Health as a "federal and state OSHA (Occupational Safety and Health Administration) requirement to protect workers from exposure to respiratory hazards." The ALF were required to provide initial and annual fit-tests for each Health Care Worker (HCW) with the same model, style, and size respirator that the HCW would be required to wear for protection against COVID-19 and airborne hazards. An RPP included ensuring that all staff have respirator mask fit testing done on an annual basis.

Review of the Resident Characteristics Roster (RCR), dated 12/28/2023, showed the ALF had been providing care and services for 31 residents.

In an interview, on 12/22/2023 at 10:10 AM, Staff G (Resident Care Coordinator) stated that the ALF's HCWs had received respirator mask fit testing in 2022, but not in 2023.

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In an interview, on 12/22/2023 at 11:30 AM, Staff A (Health and Wellness Director) stated that they were responsible for conducting the RPP for the ALF staff but had not yet initiated the annual mask fit testing for any staff members.

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 West Seattle is or will be in compliance with this law and / or regulation on (Date) 2-12-24.

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

Kelly Holm — Administrator (or Representative)

1-29-24 — Date