STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

EMERITUS CORPORATION
Brookdale College Place
550 E WHITMAN DRIVE
COLLEGE PLACE, WA 99324

RE: Brookdale College Place License # 2322

Dear Administrator:

This letter addresses Compliance Determination(s) 49761 (Completion Date 11/12/2024) and 46796 (Completion Date 09/17/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/12/2024 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-2300-2-a-ii, WAC 388-78A-2474-2-c, WAC 388-78A-2480-1, WAC 388-78A-2730-1-b, WAC 388-78A-2850-1-b-i, WAC 388-78A-3000-3, WAC 388-78A-3090-1-a, WAC 388-78A-3090-1-b, WAC 388-78A-3090-1-c

The Department staff who did the on-site verification:
Jessica Clapp, Assisted Living Facility Licensor
Anna Cairns, ALF Long Term Care Surveyor

If you have any questions, please contact me at (509)225-2823.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, Field Manager
Region 1, Unit Z
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

EMERITUS CORPORATION
Brookdale College Place
550 E WHITMAN DRIVE
COLLEGE PLACE, WA 99324

RE: Brookdale College Place # 2322

Dear Administrator:

This document references the following complaint numbers 143791, 143602, 143090, 142935.

The Department completed a full inspection of your Assisted Living Facility on 09/17/2024 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:

Stephanie Jenks, Field Manager

Residential Care Services
Region 1, Unit Z
1200 Alder Street
Union Gap, WA 98903

• 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 246-215-03330 Preventing contamination from equipment, utensils, and linens Food contact with equipment and utensils (FDA Food Code 3-304.11). food must only contact surfaces of:

(2) single-service articles and single-use articles; or

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;

The Assisted Living Facility (ALF) failed to ensure that staff whose gloved hands touched potentially contaminated surfaces did not then touch ready to eat food. The ALF acknowledged the risk.

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 (509)993-7821.

Sincerely,

Stephanie Jenks, Field Manager
Region 1, Unit Z
Residential Care Services

Enclosure

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2322	Compliance Determination # 46796
Plan of Correction	Brookdale College Place	Completion Date
Page 4 of 16	Licensee: EMERITUS CORPORATION	09/17/2024

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 09/03/2024, 09/04/2024, 09/05/2024 and 09/06/2024 of:

Brookdale College Place
550 E WHITMAN DRIVE
COLLEGE PLACE, WA 99324

This document references the following complaint numbers: 143791, 143602, 143090, 142935.

The following sample was selected for review during the unannounced on-site visit: 10 of 79 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Jessica Clapp, Assisted Living Facility Licensor
Elizabeth Hall, AFH/ALF Licensor
Elaine Lopez, Licensor
Robin Rainville, Assisted Living Facility Licensor
Jessica Clapp, Assisted Living Facility Licensor
Elaine Lopez, Licensor
Robin Rainville, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit Z
1200 Alder Street
Union Gap, WA 98903

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

Residential Care Services — 09/24/2024 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.

Administrator (or Representative) — 9-27-24 Date

WAC 388-78A-2300 Food and nutrition services.

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(ii) Approved by a dietitian; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to provide general diabetic diets as per their disclosure of services and the residents' doctor's orders for 2 of 2 residents (Residents 1 and 9). This failure placed the residents at risk of complications from their diabetes (a disease in which the body does not regulate blood sugar properly).

Findings included...

Review of the ALF's disclosure of services, undated, showed that the ALF provided a general diabetic diet

Observation on 09/04/2024 at 11:00 AM showed a white board in the ALF's kitchen with residents' diets listed on it. The board listed carbohydrate controlled (diabetic) diets for Residents 1 and 9.

<Resident 1>

Review of Resident 1's demographics sheet showed that the resident had a diagnosis of

[redacted].

Review of Resident 1's quarterly doctor's orders, dated 09/06/2024, showed that the resident was prescribed a carbohydrate-controlled diet.

Review of Resident 1's Negotiated Service Agreement (NSA), dated 04/18/2024, showed that the resident required a carbohydrate-controlled diet.

<Resident 9>

Review of Resident 9's demographic sheet showed that they had a diagnosis of [redacted].

Review of Resident 9's quarterly doctor's orders, dated 08/26/2024, showed that the resident was prescribed a carbohydrate-controlled diet.

Review of Resident 9's NSA, dated 08/19/2024, showed that the resident required a carbohydrate-controlled diet.

In an interview on 09/05/2024 at 9:41 AM, Resident 9 stated that the facility did not provide them a diabetic diet. Resident 9 stated that it was their own responsibility to make food choices for their diabetes.

In an interview on 09/05/2024 at 11:35 AM, Staff A, Administrator, stated that the ALF did not provide diabetic diets to the residents. Staff A stated that Staff J, Dietary Manager, did not use the ALF's corporate diet manual to create the facility menus and diabetic diets.

In an interview on 09/05/2024 at 11:57 AM, Staff A stated that they had reviewed the ALF's menus and realized the food choices on the menus were heavy in carbohydrates and not appropriate for diabetics.

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 College Place is or will be in compliance with this law and / or regulation on (Date) Nov 1st 2024

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

Malthia Lienallen 9-27-2024
Administrator (or Representative) Date

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

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(c) Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that staff, caring for residents with [redacted] and [redacted] diagnosis, had completed specialty training for mental health and dementia for 2 of 4 staff (Staff B and C). This failure placed residents at risk of receiving care from untrained staff.

Findings included...

Review of the facility's Characteristic Roster showed there were residents admitted to the facility with [redacted] and [redacted] diagnoses.

In an interview on 09/03/2024 at 10:36 AM, Staff A, Administrator, stated that the facility provided services to residents with [redacted] and [redacted] diagnoses.

Review of the personnel file for Staff B, Registered Nurse (RN)/Health and Wellness Director, showed that they were hired on 08/07/2023. Staff B's file did not show that they had completed the specialty training for mental health and dementia.

Review of the personnel file for Staff C, Medication Technician, showed that they were hired on 05/24/2023. Staff C's file did not show that they had completed the specialty training for dementia.

In an interview on 09/04/2024 at 3:25 PM, Staff I, Business Office Manager, acknowledged that the specialty training for mental health and dementia was not completed for Staff B. Staff I stated that the specialty training for dementia was not completed for Staff C.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2322	Compliance Determination # 46796
Plan of Correction	Brookdale College Place	Completion Date
Page 8 of 16	Licensee: EMERITUS CORPORATION	09/17/2024

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 College Place is or will be in compliance with this law and / or regulation on (Date) Nov 1st 2024

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

Malkia Brewallen — Administrator (or Representative)

9-27-24 — Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure screening for tuberculosis was completed within three days of hire for 4 of 4 staff (Staff A, B, C, and D). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included...

Review of the personnel file for Staff A, Administrator, showed that their first day of work at the facility was on 06/24/2024. Staff A's file showed that they were not screened or tested for tuberculosis (TB) until 08/13/2024.

Review of the personnel file for Staff B, Registered Nurse (RN)/Health and Wellness Director, showed that their first day of work at the facility was on 08/17/2023. Staff B's file showed that they were not screened or tested for TB until 03/20/2024.

Review of the personnel file for Staff C, Medication Technician, showed that their first day of work at the facility was on 05/24/2024. Staff C's file showed that they were not screened or tested for TB until 06/19/2023.

Review of the personnel file for Staff D, Housekeeper/Caregiver, showed that their first day of work at the facility was 02/22/2023. Staff D's file showed that they were not screened or tested for TB until 03/13/2023.

In an interview on 09/04/2024 at 3:54 PM, Staff I, Business Manager, stated that they did not know why the TB tests were not completed within three days of the hire date.

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 College Place is or will be in compliance with this law and / or regulation on (Date) Nov 1st 2024

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

Malkia Brewallen 9-27-2024
Administrator (or Representative) Date

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

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

(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 a Respiratory Protection Program by not conducting respirator mask fit-testing for staff prior to providing care and services to residents by 3 of 3 staff (Staff B, C, and D). This failure placed residents at risk for exposure to a respiratory infection.

Findings included...

Review of Washington Administrative Code (WAC) 296-842-12005 showed that all long-term care facilities are required to identify respiratory hazards in the workplace, provide appropriate respiratory protection equipment, and follow regulations pertaining to respiratory protection.

Review of a Department of Social and Health Services provider letter, dated 09/14/2023, showed that employers in Long Term Care settings are responsible to "follow regulations pertaining to respiratory protection." Employers would be responsible for having their staff be medically cleared and fit tested.

Review of the facility's Resident Characteristic Roster showed that the ALF was providing care and services to 79 residents.

In an interview on 09/04/2024 at 2:25 PM, Staff I, Business Office Manager, and Staff A, Administrator, were asked whether the ALF had an Respiratory Protection Program (RPP), which included medical clearance and respirator fit testing for Health Care Workers (HCWs). Staff A stated that the ALF did not have staff fit tested and that the facility did not have a specific person to do the fit testing.

In an interview on 09/04/2024 at 2:40 PM, Staff I stated, "Nobody in this building is fit tested." Staff I further stated that staff had not been medically cleared.

Review of Staff B's personnel file showed that they were hired on 08/07/2023 as the Registered Nurse/Health and Wellness Director. Staff B's file did not include documentation to show that they had been medically cleared or a fit tested as required.

Review of Staff C's personnel file showed that they were hired on 05/24/2023 as a Medication Technician. Staff C's file did not include documentation to show that they had been medically cleared or fit tested as required.

Review of Staff D's personnel file showed that they were hired on 02/22/2023 as a Housekeeper/Caregiver. Staff D's file did not include documentation to show that they had been medically cleared or fit tested as required.

In an interview on 09/04/2024 at 5:00 PM, Staff A stated that if the ALF had a respiratory infection outbreak the staff would go into resident apartments wearing an N95 mask that they have not been fit tested for.

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 College Place is or will be in compliance with this law and / or regulation on (Date) Nov 1st 2024

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

Melissa Gonzalez — 9-27-24

Administrator (or Representative) — Date

WAC 388-78A-2850 Required reviews of building plans.

(1) A person or assisted living facility must notify construction review services of all planned construction regarding an assisted living facility prior to beginning work on any

of the following:

(b) An addition of, or modification or alteration to an existing assisted living facility, including, but not limited to, the assisted living facility's:

(i) Physical structure;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to notify Construction Review Services (CRS) of planned and implemented modifications to the physical apartment structure lived in by 1 of 1 resident (Resident 8). This failure precluded the department from having the ability to review and approve construction work before it was performed at the ALF.

Findings included...

Review of the Department of Health's CRS website on 09/03/2024 showed that the facility did not have a project or application submitted to CRS for physical alterations made in any apartments in the facility.

In the entrance interview on 09/03/2024 at 11:00 AM, Staff A, Administrator, stated that Resident 8's apartment had been altered when Resident 8 moved into the ALF with their spouse. Staff A stated that Resident 8 had a door installed in a wall, making two apartments into one. Staff A stated that they were not employed by the ALF at the time the alteration to the apartment wall had been done.

Review of Resident 8's demographics sheet showed that they moved into the ALF on [redacted]/2022.

In an interview on 09/04/2024 at 10:18 AM, Resident 8 stated that when they moved into the ALF with their spouse, they rented two apartments so they could have more space. Resident 8 stated that they wanted a door to adjoin the two apartments, and that the ALF management had told them that they could have a door installed if they paid for it themselves. Observation at that time showed a door was installed that connected the two apartments.

In an interview on 09/05/2024 at 3:00 PM, Staff A stated that they could not find documentation to show that the ALF had submitted plans for the construction done in Resident 8's apartment.

Review of an email received from a representative from the Department of Health CRS division on 09/09/2024 at 8:51 AM, showed that the facility had not submitted an application for a project to open up the apartment wall and install a door in 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 College Place is or will be in compliance with this law and / or regulation on (Date) Nov 1st 2024

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

Malkia Brunelle 9-23-2024

Administrator (or Representative) Date

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(3) Provide intact sixteen mesh screens on operable windows and openings used for ventilation; and

This requirement was not met as evidenced by:

Based on observation and interview, the Assisted Living Facility (ALF) failed to provide and maintain mesh screens on operable windows in 4 of 4 areas of the facility (north, south, east, and west). This failure placed residents at risk of having pests and bugs entering their apartments.

Findings included...

On 09/03/2024 at 11:40 AM, the exterior environmental tour of the facility was completed with Staff A, Administrator, and Staff H, Maintenance Manager. Observation at that time showed there were 64 window screens that were either missing, ripped, or bent, on the north, south, east, and west of the ALF. Further observation showed the following:

North: had two ripped window screens and six missing window screens. Observations showed that behind the ripped window screens, spiders and or bugs scattered throughout the window.

South: had four missing window screens.

East: 20 ripped window screens and five missing window screens.

West: 20 ripped window screens, five missing window screens, and two damaged window screen frames.

On 09/03/2024 at 11:40 AM, Staff A and H stated that they were unsure why there were so many window screens that were missing or damaged.

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 College Place is or will be in compliance with this law and / or regulation on (Date) Nov 1st 2024

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

Malkia Lemuallen — Administrator (or Representative)

9.27.2024 — Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to maintain their interior and exterior environment in clean and good repair for 6 of 6 areas (North Hall, East Hall, West Hall, dining room, lobby, and exterior). This failure placed residents at risk of decreased quality of life and dignity.

Findings included...

On 09/03/2024 at 10:34 AM, during the full inspection entrance, observation of the ALF's main lobby carpet showed the carpet to have a carpet tear that was seven feet in length and another carpet tear to the right that was two feet in length. In addition, the main dining room carpet was observed to have multiple stains, carpet tears, and food debris throughout the room. Further observation showed the dining room carpet, on the

right corner, had dirt under the table.

In an interview on 09/03/2024 at 2:30 PM Staff H, Maintenance Manager, stated that staff only vacuum the dining room at nighttime and not after every meal. Staff H acknowledged the two long tears in the main lobby and stated that the facility was waiting for corporate to replace the carpet.

The exterior tour of the ALF started on 09/03/2024 at 11:40 AM with Staff A, Administrator, and Staff H. Observations showed the following:

Exterior

Northeast exterior: The weather stripping was missing on the double doors that exit to the outside from the dining room. There was a wasp nest on the northeast roof line. There were bugs and cobwebs throughout the northeast exterior of the facility. The ALF's white painted wood trim was chipped. The dining room window had a broken window seal.

Southeast exterior: The weather stripping was missing on the double doors that exit from the dining room. Five wasp nests were observed on the roofline. There were bugs and cobwebs throughout the southeast exterior of the facility.

South exterior: Five wasp nests were observed on the south roofline. There were bugs and cobwebs that clung to the exterior walls of the facility.

North: A bird nest was resting under the eave of the north entrance covering. The north exterior porch area had bugs and cobwebs on the walls. The rain gutters were observed to be full and had leaves and debris visible filling the gutter from the top. Two wasp nests on the north side of the roofline were observed.

Northwest: One wasp nest was on the roofline. The facility's wall siding was eroded beneath the gutter seam on the second-floor roof line on both sides of the tower that was to the left of the main entrance.

East: There were four wasp nests were on the roofline. There were bugs and cobwebs on the exterior walls of the facility.

In an interview on 09/03/2024 at 11:40, Staff A stated that they were unsure of the last time the ALF had been pressure washed. Staff A stated that they and Staff H had recently done a walk through of the building and knew there were concerns.

Interior

Observation on 09/03/2024 at 12:30 PM, the showed that on the first floor, the carpet behind the double fire doors was dusty. The first-floor resident laundry room ceiling vent was covered with lint and there was lint behind the dryers.

Observation on 09/03/2024 at 12:40 PM, showed the large vent on the wall near the dining room had a layer of dust. In the first-floor hall near apartment 130 the carpet was stained throughout. Two green benches had multiple stains on them. The handrail near room 131 and 129 had splintered wood.

Observation on 09/03/2024 at 2:12 PM, showed the carpet on first-floor hall, starting at apartment 101, was stained throughout.

Observation n 09/03/2024 at 2:16 PM, showed the ALF's walls in the lobby had chipped paint. Both armchairs in the lobby had stains on them. The sofa had stains on the arm rests and on the front edge of the cushions.

Observation on 09/03/2024 at 2:36 PM, showed the second-floor resident ceiling vent was covered with lint and there was lint behind the dryers.

Observation on 09/03/2024 at 2:40 PM, showed there were cobwebs and bugs on the second floor, southwest corner on the windowsill and above the window coming down from the ceiling.

In an interview on 09/03/2024 at 3:15 PM, Staff A stated that the corporate office had authorized the replacement of the dining room carpet although they had not received the go ahead to get the carpet.

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 College Place is or will be in compliance with this law and / or regulation on (Date) Nov 1st 2024

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

Mathia Sueallen — Administrator (or Representative)

9-27-24 — Date