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) 57305 (Completion Date 04/01/2025) and 52001 (Completion Date 01/09/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/01/2025 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-2210-2-a

The Department staff who did the on-site verification:
Krista Connelly, Community Nurse Consultant

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale College Place
Provider Type: Assisted Living Facility

License/Cert.#: 2322
Intake ID: 159528
Compliance Determination #: 52001
Region/Unit #: RCS Region 1 / Unit G
Investigator: Laurel Knight
Investigation Date(s): 12/19/2024 through 01/09/2025
Complainant Contact Date(s):

Allegation(s):
Identified resident's physician orders were not followed.

Investigation Methods:

Sample:	Total residents: 79 Resident sample size: 3 Closed records sample size: 0
Observations:	Residents Staff to resident interactions
Interviews:	Residents Nursing staff Family members
Record Reviews:	Medical records including negotiated service agreement, notes, physician orders

Investigation Summary:
Identified resident's representative stated that the resident did not get the appropriate medicated wash prior to surgery as ordered. Facility staff interviews confirmed the resident was not given a shower with special wash as ordered by the physician to occur twice prior to surgery. Facility documentation showed the facility did not enter the orders for the medicated wash on the Medication Administration Record or the Treatment Administration Record and the showers were missed. Deficient practice identified. Please refer to the Statement of Deficiency dated 01/06/2025 regarding Washington Administrative Code 388-78a-2210 (2)(a).

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

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2322	Compliance Determination # 52001
Plan of Correction	Brookdale College Place	Completion Date
Page 1 of 3	Licensee: EMERITUS CORPORATION	01/09/2025

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 12/19/2024 and 12/19/2024 of:

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

This document references the following complaint number(s): 159528, 158244

The following sample was selected for review during the unannounced on-site visit: 3 of 79 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
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.

Laura Williams-Davis
Residential Care Services

01/13/2025
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) 1-14-2025 Date

WAC 388-78A-2210 Medication services.

(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 observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure a safe medication system was implemented for 1 of 3 residents (Resident 1) These failures resulted in Resident 1 not receiving their ordered treatments prior to surgery as prescribed.

Findings included...

Review of the facility's policy titled, "Medication and Treatment-Storage, Handling, Distribution, Disposition and Payment-WV-5," revised on 03/31/2022, showed that new physician/healthcare provider orders would be obtained by the facility and accepted into the community using a consistent procedure. The accepted medication would be immediately stored in accordance with their storage directions and by route of administration in the medication cart in preparation for medication delivery to the resident. The policy also showed that medication assistance and administration would be in accordance with the prescriber's order. Staff would perform the checks to ensure that the right medication, and right dosage was given at the right time to the right resident by the right method prior to giving the medication.

Review of Resident 1's Negotiated Service Agreement (NSA) dated 08/27/2024 showed that the facility managed and assisted Resident 1 with all their medications based on assessment. Resident 1 required a one-person assist with showers to reduce the number of recurrent fungal infections Resident 1's diagnoses included [redacted] and [redacted].

Review of a Physician's Order dated 12/09/2024 showed an order to shower the evening before surgery and the morning of surgery with a skin cleansing wash that would be mailed to the patient prior to surgery. The order stated that hygiene was instrumental in avoiding post-operative infections. Review of the December 2024 Treatment Administration Record (TAR) and the Medication Administration (MAR) did not show the order for the skin cleansing wash showers.

Administrator (or Representative) Date

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Review of Resident 1's Negotiated Service Agreement (NSA) dated 06/27/2024 showed that the facility managed and assisted Resident 1 with all their medications based on assessment. Resident 1 required a one-person assist with showers to reduce the number of recurrent fungal infections. Resident 1's diagnoses included [redacted] and [redacted].

Review of a Physician's Order dated 12/09/2024 showed an order to shower the evening before surgery and the morning of surgery with a skin cleansing wash that would be mailed to the patient prior to surgery. The order stated that hygiene was instrumental in avoiding post-operative infections. Review of the December 2024 Treatment Administration Record (TAR) and the Medication Administration (MAR) did not show the order for the skin cleansing wash showers.

During an interview on 12/19/2024 at 10:52 AM, Staff A, Health and Wellness Director and Registered Nurse stated that the Physician's pre-operative orders arrived at the facility two days prior to the scheduled double mastectomy (surgical removal of breast tissue) surgery. Staff A stated that the medicated wash had been delivered to the facility and taken to Resident 1's room. They stated they had talked to the Medication Technician (MT) at shift change about the wash. Staff A stated they were not sure why the wash was not added to the or entered in the computer system as a task to be completed. Staff A stated that the nightshift MT did not discuss the wash or alert the care staff that the special showers were needed, and the showers were not completed as ordered

During an interview with Resident 1's Collateral Contact 1 (CC1), Representative on 01/06/2025 at 4:01 PM they stated that the medicated wash was delivered to the facility, and they were assured by staff that the shower would be done. CC1 stated that they and the hospital staff were very upset the medicated wash had not been done as the surgeon ordered as it increased the risk of infection.

This is a recurring deficiency previously cited on 09/15/2022.

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) 1-23-25 .

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

Malissa Granillo — 1-23-2025

Administrator (or Representative) — Date

During an interview on 12/19/2024 at 10:52 AM, Staff A, Health and Wellness Director and Registered Nurse stated that the Physician's pre-operative orders arrived at the facility two days prior to the scheduled double mastectomy (surgical removal of breast tissue) surgery. Staff A stated that the medicated wash had been delivered to the facility and taken to Resident 1's room. They stated they had talked to the Medication Technician (MT) at shift change about the wash. Staff A stated they were not sure why the wash was not added to the or entered in the computer system as a task to be completed. Staff A stated that the nightshift MT did not discuss the wash or alert the care staff that the special showers were needed, and the showers were not completed as ordered.

During an interview with Resident 1's Collateral Contact 1 (CC1), Representative on 01/06/2025 at 4:01 PM they stated that the medicated wash was delivered to the facility, and they were assured by staff that the shower would be done. CC1 stated that they and the hospital staff were very upset the medicated wash had not been done as the surgeon ordered as it increased the risk of infection.

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

Administrator (or Representative) Date

Laura Williams-Davis

Region 1, Unit G

Residential Services

1200 Alder Street

Union Gap, WA 98903

The following is the Plan of Correction for Brookdale College Place regarding the Statement of Deficiencies dated 1/09/25. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

Deficiency #1: WAC 388-7A-2210 Medication Services

Element 1. What corrective actions will be taken for those residents found to have been affected by the alleged deficient practice?

An audit of Resident 1's medication orders were cross referenced with the most current orders to orders initiated in the e-Mar system. (Point Click Care)

Element 2. How the Community will identify other residents with the potential of being affected by the alleged deficient practice and what corrective action will be taken;

As the quarterly orders are signed by physician all medications will be cross referenced with the current orders in e-Mar (Point Click Care).

Element 3. Who is responsible for the corrective action?

HWD, ED or Designee

Element 4. How the corrective measures will be monitored to prevent the recurrence of the alleged deficiency (Quality Assurance)

All medication orders, and treatment orders will be added to a resident's MAR, TAR, to ensure the treatment is followed through and given per physician's orders. The orders will follow a 3 check system with the RN being the last check to ensure all new orders are in the Resident's orders properly.

Training will be provided on policy CS-40-8: Medication & Treatment Medication Administration Record.

Element 5. Date by which the correction will be made. 1/23/25