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

03/04/2025

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

RE: Brookdale College Place # 2322

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 55794 (Completion Date 03/04/2025) and 54637 (Completion Date 01/29/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/04/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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

The Department staff who did the On Site verification:
Krista Connelly, Community Nurse Consultant

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

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: 166947
Compliance Determination #: 54637
Region/Unit #: RCS Region 1 / Unit G
Investigator: Krista Connelly
Investigation Date(s): 01/17/2025 through 01/29/2025
Complainant Contact Date(s):

Allegation(s):
The facility failed to maintain in good repair the carpets in two common areas used frequently by residents and visitors.

Investigation Methods:

Sample:	Total residents: 55 Resident sample size: 2 Closed records sample size: 0
Observations:	Residents Meal service Front lobby common area and main dining room
Interviews:	Residents Identified staff
Record Reviews:	N/A

Investigation Summary:
Observation showed the facility's front lobby, common area and main dining room had carpet that was torn, frayed and not maintained in good condition. This failure left residents at risk of potential harm, failed practice identified WAC 388-78A-3090.

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2322	Compliance Determination # 54637
Plan of Correction	Brookdale College Place	Completion Date
Page 1 of 4	Licensee: EMERITUS CORPORATION	01/29/2025

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 01/17/2025 of:

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

This document references the following complaint number(s): 166947

The following sample was selected for review during the unannounced on-site visit: 2 of 55 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Krista Connelly, Community Nurse Consultant

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

2/12/25 — 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.

Malkia Kimathi — Administrator (or Representative)

2-27-25 — Date

WAC 388-78A-3090 Maintenance and housekeeping.

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This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to maintain high traffic areas for 2 of 2 common areas (dining room and lobby) used frequently by residents and visitors. This failure left residents at risk for an unsafe environment.

Findings included

On 01/17/2025 at 11:38 AM, 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 carpet tears, frayed areas and stains throughout the room.

On 01/17/2025 at 11:50 AM, observation included several residents coming into the main dining room for their noon meal. A resident was walking into the room using a

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Laura Williams-Davis
Residential Care Services

2/12/25
Date

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Administrator (or Representative)

Date

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On 01/17/2025 at 11:50 AM, observation included several residents coming into the main dining room for their noon meal. A resident was walking into the room using a

walker. The same resident crossed over the tiled area and then stopped as they got to the carpeted area where the tables were located. The resident crossed over the tiled area then stopped as they got to the carpeted area where the tables were located. They stopped walking, looked down, picked their walker up and carried it over an area where the carpet was torn and frayed. The same resident then slowly made their way into the dining room and was observed stopping at other torn carpet areas before making it to their table.

On 01/17/25 at 11:52 AM, Resident 1 stated they watched residents having difficulty with the torn carpeting and pointed out several other tears in the carpeting. Resident 1 stated they were told the carpeting was scheduled to be replaced by the previous administrator. They stated that had been over a year ago and when they questioned staff, they were told those decisions were made somewhere else and out of their control.

On 01/17/2025 at 11:54 AM, Resident 2 stated they no longer complained about anything because it didn't seem to do any good. Resident 2 said when they complained or when they attended scheduled meetings to discuss concerns, Staff A, Administrator, had the same answer, that she did not make those decisions at the facility level.

During an interview on 01/17/2025 at 3:22 PM, Staff A, stated they were in the process of finding a new vendor for the carpet replacements because the ones scheduled for November 2024 fell through. Staff A stated another vendor had tentatively scheduled replacement to be done on 02/10/2025, and they would be out to take measurements in the next two days. Staff A stated they would provide the department when measurements were taken and clarify dates of installation.

On 01/23/2025 at 12:21 PM, an email request was sent to Staff A requesting the follow up information on the carpet installation. On 01/28/2025 at 5:22 PM, Staff A responded to the request via email and reported the carpet installation was scheduled for 02/10/2025 and would take four weeks for completion.

This is a repeated deficiency previously cited on 9/17/2024.

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) 2-27-25 .

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

Malissa Linsdau
Administrator (or Representative)

2-27-25
Date

Plan/Attestation Statement

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

_____ _____

Administrator (or Representative) Date