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

Emerichip Walla Walla LLC
Brookdale Walla Walla
1460 DALLES MILITARY RD
WALLA WALLA, WA 99362

RE: Brookdale Walla Walla License # 2498

Dear Administrator:

This letter addresses Compliance Determination(s) 58916 (Completion Date 05/07/2025) and 55963 (Completion Date 03/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/07/2025 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-2160, WAC 388-78A-2210-1-b, WAC 388-78A-2210-2-b, WAC 388-78A-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2240, WAC 388-78A-2300-1-c-i, WAC 388-78A-2300-2-a-i, WAC 388-78A-2305-1, WAC 246-215-03300-1, WAC 246-215-03300-2, WAC 388-78A-2450-2-b, WAC 388-78A-2466-1-a, WAC 388-78A-2466-1-b, WAC 388-78A-2466-1, WAC 388-78A-24701-1, WAC 388-78A-2480-1, WAC 388-78A-2100-2-b-iii

The Department staff who did the on-site verification:
Elizabeth Hall, AFH/ALF Licensor
Robin Barnes, Assisted Living Facility Licensor

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

This document was prepared by Residential Care Services for the Locator website.

Residential Care Services

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 on 03/03/2025, 03/04/2025 and 03/06/2025 of:

Brookdale Walla Walla
1460 DALLES MILITARY RD
WALLA WALLA, WA 99362

The following sample was selected for review during the unannounced on-site visit: 7 of 48 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Anna Cairns, ALF Long Term Care Surveyor
Tracy Ramirez, Assisted Living Facility Licensor
Elizabeth Hall, AFH/ALF Licensor

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

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Statement of Deficiencies	License #: 2498	Compliance Determination # 55963
Plan of Correction	Brookdale Walla Walla	Completion Date
Page 2 of 18	Licensee: Emerichip Walla Walla LLC	03/10/2025

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

03/24/2025
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)

3/27/25
4/24/25
Date

WAC 388-78A-2160 Implementation of negotiated service agreement. The assisted living facility must provide the care and services as agreed upon in the negotiated service agreement to each resident unless a deviation from the negotiated service agreement is mutually agreed upon between the assisted living facility and the resident or the resident's representative at the time the care or services are scheduled.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to provide care as agreed upon in the Negotiated Service Agreement for 1 of 1 resident (Resident 6). This failure resulted in the resident being injured and needing to be medically assessed at the emergency department.

Findings included...

Review of Resident 6's Negotiated Service Agreement (NSA), dated 10/04/2024, showed that the resident had diagnoses of [redacted], and [redacted]. Additionally, the NSA showed that the resident required two-person assistance for all transfers from one surface to another for safety.

Review of Resident 6's progress note, dated 01/11/2025, showed that the resident was being assisted with transferring by one caregiver and when they transferred them to their wheelchair, the resident lost their balance, went forward, and hit the left side of their forehead on the floor.

Review of Resident 6's hospital discharge summary, dated [redacted]2025, showed that the

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Residential Care Services

03/24/2025
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Findings included...

Review of Resident 6's Negotiated Service Agreement (NSA), dated 10/04/2024, showed that the resident had diagnoses of [redacted], and [redacted]. Additionally, the NSA showed that the resident required two-person assistance for all transfers from one surface to another for safety.

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Statement of Deficiencies	License #: 2498	Compliance Determination # 55963
Plan of Correction	Brookdale Walla Walla	Completion Date
Page 3 of 18	Licensee: Emerichip Walla Walla LLC	03/10/2025

resident was seen for a fall and that they had swelling to their head and left shoulder.

In an interview on 03/04/2025 at 8:35 AM, Staff B, Registered Nurse, was not aware that Resident 6 was a two-person assist for physical transfers.

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date) 4/24/25 .

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

Administrator (or Representative) 3/27/25 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

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure medication was given as instructed and ensured a safe medication systems were in place for a resident who required injectable medication for 1 of 4 residents (Resident 4). This failure resulted in medication being administered by unqualified staff and staff signing for medications they were not giving, putting the residents at risk for medication errors.

Findings included...

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Findings included...

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Review of Resident 4's full facility assessment and Negotiated Service Agreement (NSA), dated 12/12/2024, showed that the resident had a diagnosis of [redacted]) Additionally, the NSA showed that the resident required assistance with the administration of medication and that staff were to "See Medication Administration Record (MAR) for medication instructions."

<Dupixent>

Review of Resident 4's physician orders, dated 11/04/2024, showed an order for Dupixent (an injectable medication to control asthma symptoms) one time a day every 14 days for asthma.

Review of Resident 4's Department of Social and Health Services full assessment dated 11/19/2024 showed that the resident required their medications were to be administered. The assessment showed that Resident 4 had "fluctuating ability", they could not use a syringe, and they had poor coordination.

Review of Resident 4's MAR for January 2025 through March 2025, showed an order for Dupixent injection. The instructions on the MAR read "Call [Registered Nurse (RN)] for administration. Unable to delegate."

Review of Resident 4's MAR dated January 2025, showed that on 01/07/2025, Resident 4's Dupixent injection was administered by Staff J, Medication Technician (MT), and not an RN.

Review of Resident 4's MAR dated February 2025, showed that on 02/02/2025 and 02/18/2025, Resident 4's Dupixent injection was administered by Staff I, MT, and not an RN.

Review of Resident 4's MAR dated March 2025, showed that on 03/04/2025, Resident 4's Dupixent injection was scheduled to be administered by an RN.

In an interview on 03/04/2025 at 9:45 AM, Staff I, stated that they had just returned from giving the Dupixent injection to Resident 4.

In an interview on 03/04/2025 at 9:56 AM, Resident 4 stated that the MT had just given them their Dupixent injection. Resident 4 pointed to their upper left arm and stated that that was the location where the MT "poked me."

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<Budesonide>

Review of Resident 4's physician order, dated 01/15/2025, showed that the resident had an order for budesonide (a medication used to prevent asthma attacks) to be given twice daily for asthma.

Review of Resident 4's MAR, dated February 2025, showed that the resident had received 36 doses of budesonide between 02/01/2025 through 02/18/2025. The MAR showed that between 02/19/2025 through 02/28/2025, the following administration discrepancies occurred:

- 02/19/2025 8:00 AM signed by MT as given
- 02/19/2025 5:00 PM signed that medication was not available
- 02/20/2025 8:00 AM signed by MT as given
- 02/20/2025 5:00 PM signed by MT as given
- 02/21/2025 8:00 AM signed by MT as given
- 02/21/2025 5:00 PM signed that medication was not available
- 02/22/2025 8:00 AM signed by MT as given
- 02/22/2025 5:00 PM signed that medication was not available
- 02/23/2025 8:00 AM signed by MT as given
- 02/23/2025 5:00 PM signed that medication was not available
- 02/24/2025 8:00 AM signed by MT as given
- 02/24/2025 5:00 PM signed that medication was not available
- 02/25/2025 8:00 AM signed by MT as given
- 02/25/2025 5:00 PM signed by MT as given
- 02/26/2025 8:00 AM signed by MT as given
- 02/26/2025 5:00 PM signed that medication was not available
- 02/27/2025 8:00 AM signed by MT as given
- 02/27/2025 5:00 PM signed that medication was not available
- 02/28/2025 8:00 AM signed by MT as given
- 02/28/2025 5:00 PM signed that medication was not available

Review of Resident 4's progress notes, dated 02/19/2025 through 02/28/2025, showed that the budesonide was not available.

In an interview on 03/06/2025 at 9:42 AM, Staff B, RN, acknowledged that Resident 4 had been without their budesonide since 02/19/2025.

In an interview on 03/10/2025 at 9:46 AM, Staff B, stated that they were not aware that between 02/19/2025 and 02/28/2025, several MTs had been periodically signing that Resident 4 had received their budesonide.

In an interview on 03/11/2025 at 3:56 PM, Staff B stated that the Resident 4 had not received their budesonide during the 02/19/2025 through 02/28/2025 time frame. Staff B stated that the MT's had been giving Resident 4 albuterol (a medication used to treat

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Statement of Deficiencies	License #: 2498	Compliance Determination # 55963
Plan of Correction	Brookdale Walla Walla	Completion Date
Page 6 of 18	Licensee: Emeritchip Walla Walla LLC	03/10/2025

asthma attacks) by mistake and signing off the budesonide.

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) 3/27/25 Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based interview and record review, the Assisted Living Facility failed to ensure that resident medications were obtained when staff were responsible to order medications, for 2 of 7 residents (Residents 4 and 6). This failure placed the residents at risk for a decline in their chronic health conditions.

Findings Included...

<Resident 4>

Review of Resident 4's full facility Assessment and Negotiated Services Agreement (NSA), updated 12/12/2024, showed that the resident had a diagnosis of [redacted]) Resident 4's full assessment showed that the resident required staff to provide medication assistance with administration and that the resident required the facility to order their medication through the facility's preferred pharmacy.

Review of Resident 4's physician order, dated 01/15/2025, showed that the resident had an order for budesonide (a medication used to prevent asthma attacks) to be given twice daily.

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asthma attacks) by mistake and signing off the budesonide.

Plan/Attestation Statement

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Findings included...

<Resident 4>

Review of Resident 4's full facility Assessment and Negotiated Services Agreement (NSA), updated 12/12/2024, showed that the resident had a diagnosis of [redacted].) Resident 4's full assessment showed that the resident required staff to provide medication assistance with administration and that the resident required the facility to order their medication through the facility's preferred pharmacy.

Review of Resident 4's physician order, dated 01/15/2025, showed that the resident had an order for budesonide (a medication used to prevent asthma attacks) to be given twice daily.

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Review of Resident 4's Medication Administration Record (MAR), dated February 2025, showed that between 02/19/2025 and 02/28/2025, the resident did not receive 17 doses of the budesonide. 11 doses showed as given were charted in error.

In an interview on 03/11/2025 at 3:56 PM, Staff B, Registered Nurse, stated that Resident 4 did not receive their budesonide medication from 02/19/2025 through 02/28/2025. Staff B stated that the doses documented as given in the February 2025 MAR, were documented in error.

Review of Resident 4's MAR, dated March 2025, showed that between 03/01/2025 and 03/03/2025, the resident did not receive 5 doses of the budesonide.

Review of Resident 4's progress notes, dated 02/19/2025 to 02/28/2025, showed that the residents budesonide was not available.

Review of Resident 4's physician order, dated 01/15/2025, showed that the resident had an order for albuterol sulfate (a medication used to treat asthma attacks) to be every 4-6 hours as needed for wheezing and shortness of breath related to asthma.

Review of Resident 4's February 2025 MAR showed that the resident received 1 dose of albuterol sulfate between 02/01/2025 and 02/17/2025, and between 02/19/2025 to 02/28/2025, Resident 4 received 6 doses of albuterol sulfate.

Observation on 03/04/2025 at 9:56 AM showed Resident 4 seated in their wheelchair, breathing appeared labored with their mouth open and gasping when inhaling. Resident 4 grimaced while speaking.

In an interview on 03/06/2025 at 9:42 AM, Staff B, Registered Nurse, stated that Resident 4's budesonide had been out for a couple weeks.

<Resident 6>

Review of Resident 6's full facility Assessment and NSA, dated 10/04/2025, showed that the resident had diagnoses of [redacted] ([redacted]), [redacted], and [redacted]. Resident 6's NSA showed that the resident's medications included atorvastatin (medication for high cholesterol) and metformin (medication for diabetes). Additionally, the NSA showed that Resident 6 required staff to provide medication assistance with administration, that the resident required the facility to order their medications, and to "Allow 7-10 days for delivery," for their medication delivery by mail.

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Statement of Deficiencies	License #: 2498	Compliance Determination # 55963
Plan of Correction	Brookdale Walla Walla	Completion Date
Page 6 of 18	Licensee: Emeritchip Walla Walla LLC	03/10/2025

Review of Resident 6's physician order, dated 12/17/2024, showed that the resident had an order for atorvastatin to be given daily and metformin to be given twice daily.

Review of Resident 6's MAR, dated February 2025-March 2025, showed that between 02/24/2025 and 03/02/2025, the resident did not receive 7 doses of atorvastatin. Additionally, the MAR showed that between 02/26/2025 and 03/03/2025, the resident did not receive 8 doses of their metformin.

Review of Resident 6's progress note, dated 03/02/2025, showed that the resident had an order for their atorvastatin that had not been received.

Review of Resident 6's progress note, dated 03/03/2025, showed that the resident was awaiting delivery of their prescribed metformin medication.

In an interview on 03/06/2025, Staff B, Registered Nurse, acknowledged that Resident 6 was out of their atorvastatin and metformin medications.

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) 3/27/25 Date

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

(1) The assisted living facility must:

(c) Ensure all menus:

(i) Are written at least one week in advance and delivered to residents' rooms or posted where residents can see them, except as specified in (f) of this subsection;

(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:

(i) Available to and used by staff persons responsible for food preparation;

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Review of Resident 6's physician order, dated 12/17/2024, showed that the resident had an order for atorvastatin to be given daily and metformin to be given twice daily.

Review of Resident 6's MAR, dated February 2025-March 2025, showed that between 02/24/2025 and 03/02/2025, the resident did not receive 7 doses of atorvastatin. Additionally, the MAR showed that between 02/26/2025 and 03/03/2025, the resident did not receive 8 doses of their metformin.

Review of Resident 6's progress note, dated 03/02/2025, showed that the resident had an order for their atorvastatin that had not been received.

Review of Resident 6's progress note, dated 03/03/2025, showed that the resident was awaiting delivery of their prescribed metformin medication.

In an interview on 03/06/2025, Staff B, Registered Nurse, acknowledged that Resident 6 was out of their atorvastatin and metformin medications.

Plan/Attestation Statement

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Administrator (or Representative) Date

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(i) Available to and used by staff persons responsible for food preparation;

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This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility failed to serve prescribed diets that followed a diet manual used by staff persons who prepared the food for 5 of 5 residents (Resident 1, 2, 5, 6 and 7). Additionally, the facility failed to ensure a weekly menu was posted. These failures placed residents at risk of worsening health conditions by not having food prepared as prescribed, that staff followed from a diet manual and decreased quality of life from not knowing in advance, the meals of the week.

Findings included...

<Prescribed diets>

In an interview on 03/05/2025 at 11:53 AM, Staff H, Cook, stated that they were the person in charge of the kitchen that day. Staff H stated that they were not aware of any prescribed diets, were not providing prescribed diets for residents. Additionally, Staff H stated they were unaware if the facility had a diet manual for staff to follow.

Observation on 03/05/2025 at 11:30 AM, showed that the diet board in the kitchen listed prescribed diets for Resident 1, 5, and 7 of carbohydrate control, low fat, and low sodium diets. Resident 2's and Resident 6's prescribed diet of carbohydrate control was not listed on the diet board in the kitchen.

Review of the facility disclosure of services, undated, showed that the facility would provide prescribed general low sodium, carbohydrate control, no salt added, and low fat/low cholesterol diets.

<Resident 1>

Review of Resident 1's full facility assessment and NSA, dated 11/26/2024, showed that the resident had a diagnosis of [redacted] ([redacted]) and required a carbohydrate-controlled diet.

Review of Resident 1's physician's diet order, dated 09/18/2014, showed that the resident required a carbohydrate-controlled diet.

<Resident 2>

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Review of Resident 2's full facility assessment and NSA, dated 02/21/2025, showed that the resident had a diagnosis of [redacted], required a carbohydrate controlled and low-fat diet.

Review of Resident 2's physician's diet order, dated 10/16/2024, showed that the resident required a carbohydrate-controlled and low-fat diet.

<Resident 5>

Review of Resident 5's full facility assessment and NSA, dated 10/16/2024, showed that the resident had required a low fat, low cholesterol diet.

Review of Resident 5's physician's diet order, dated 12/20/2024, showed that the resident required a low fat, low cholesterol diet.

<Resident 6>

Review of Resident 6's full facility assessment and NSA, dated 10/04/2024, showed that the resident had diagnoses of [redacted] and required a carbohydrate-controlled diet.

Review of Resident 6's physician's diet order, dated 10/05/2022, showed that the resident required a carbohydrate-controlled diet.

<Resident 7>

Review of Resident 7's full facility assessment and NSA, dated 01/03/2025, showed that the resident had diagnoses of [redacted] and required a carbohydrate-controlled diet.

Review of Resident 7's physician's diet order, dated 11/17/2022, showed that the resident required a carbohydrate-controlled diet.

In an interview on 03/05/2025 at 4:40 PM, Staff A, Administrator, stated that the facility had seven specialty diets that they offered.

<Menus>

Observation on 03/05/2025 at 12:40 PM, showed a daily menu posted at the entry of the dining room. There was not a weekly menu posted.
On 03/04/2025 at 11:20 AM, Resident 7, stated that there were no weekly menus

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posted.

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

Administrator (or Representative) Date 3/27/25

WAC 246-215-03300 Preventing contamination by employees Preventing contamination from hands (FDA Food Code 3-301.11).

(1) food employees shall wash their hands as specified under WAC 246-215-02305 .

(2) Except when washing fruits and vegetables as specified under WAC 246-215-03318 or as specified in subsection (4) of this section, food employees may not contact exposed, ready-to-eatfood with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment.

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;

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure cross contamination of hands on ready to eat foods was prevented for 1 of 1 kitchen. This failure placed the residents at risk of foodborne illnesses.

Findings included...

In an interview on 03/05/2025 at 11:24 AM, Staff H, Cook, stated that they were the person in charge of the kitchen.

Observation on 03/05/2025 at 12:04 PM, showed that Staff H did not perform hand hygiene prior to the start of meal service. Staff H opened a refrigerator door with a gloved hand and then handled a ready to eat sandwich with same gloved hand, without preforming hand hygiene.

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This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to ensure cross contamination of hands on ready to eat foods was prevented for 1 of 1 kitchen. This failure placed the residents at risk of foodborne illnesses.

Findings included...

In an interview on 03/05/2025 at 11:24 AM, Staff H, Cook, stated that they were the person in charge of the kitchen.

Observation on 03/05/2025 at 12:04 PM, showed that Staff H did not perform hand hygiene prior to the start of meal service. Staff H opened a refrigerator door with a gloved hand and then handled a ready to eat sandwich with same gloved hand, without preforming hand hygiene.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2498	Compliance Determination # 55963
Plan of Correction	Brookdale Walla Walla	Completion Date
Page 12 of 18	Licensee: Emerichip Walla Walla LLC	03/10/2025

Observation on 03/05/2025 at 12:06 PM, showed that Staff H touched the oven and stove top handles with gloved hands, returned to the serving line, and touched ready to eat foods with same gloved hands.

Observation on 03/05/2025 at 12:09 PM, showed that Staff H prepared a grilled cheese sandwich by removing three slices of bread from the bag with same gloved hands, returned one slice to the bag, opened the refrigerator door with gloved hands, removed several slices of cheese from the large package of sliced cheese, with same gloved hands.

Observation on 03/05/2025 at 12:10 PM, showed that Staff H touched the refrigerator door handles and touched the ready to eat sandwiches on the serve line, with the same gloved hands.

Observation on 03/05/2025 at 12:11 PM, showed that Staff K, Dishwasher, had scraped foods from the dishes and placed the dishes into the dishwasher racks. Staff K placed the dish rack into the dish machine and ran the dishes through the washing cycle. Staff K removed the dish rack and removed the clean dishes from the dish rack, with same gloved hands.

In an interview on 03/05/2025 at 12:18 PM, Staff A, Administrator, acknowledged that there had been no hand hygiene performed by kitchen staff during the lunch meal platting as the residents were being served.

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date) 4/24/25.

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

Administrator (or Representative) — 3/27/25 Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

This requirement was not met as evidenced by:

This document was prepared by Residential Care Services for the Locator website.

Observation on 03/05/2025 at 12:06 PM, showed that Staff H touched the oven and stove top handles with gloved hands, returned to the serving line, and touched ready to eat foods with same gloved hands.

Observation on 03/05/2025 at 12:09 PM, showed that Staff H prepared a grilled cheese sandwich by removing three slices of bread from the bag with same gloved hands, returned one slice to the bag, opened the refrigerator door with gloved hands, removed several slices of cheese from the large package of sliced cheese, with same gloved hands.

Observation on 03/05/2025 at 12:10 PM, showed that Staff H touched the refrigerator door handles and touched the ready to eat sandwiches on the serve line, with the same gloved hands.

Observation on 03/05/2025 at 12:11 PM, showed that Staff K, Dishwasher, had scraped foods from the dishes and placed the dishes into the dishwasher racks. Staff K placed the dish rack into the dish machine and ran the dishes through the washing cycle. Staff K removed the dish rack and removed the clean dishes from the dish rack, with same gloved hands.

In an interview on 03/05/2025 at 12:18 PM, Staff A, Administrator, acknowledged that there had been no hand hygiene performed by kitchen staff during the lunch meal platting as the residents were being served.

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(b) Verify staff persons' work references prior to hiring;

This requirement was not met as evidenced by:

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2498	Compliance Determination # 55983
Plan of Correction	Brookdale Walla Walla	Completion Date
Page 13 of 18	Licensee: Emerichip Walla Walla LLC	03/10/2025

Based on interview and record review the Assisted Living Facility failed to verify work references for 4 of 4 new staff members who were hired in the last two years to work with residents living in the facility for (Staff A, B, C, and D). This failed practice placed residents at risk of being provided care and services from unqualified staff.

Review of the personnel file for Staff A, Administrator, showed that they were hired on 03/04/2024. Staff A's file did not show the facility had verified work references prior to hiring, which was not completed for a total of 367 days from date of hire.

Review of the personnel file for Staff B, Registered Nurse, showed that they were hired on 02/02/2025. Staff B's file did not show the facility had verified work references prior to hiring, which was not completed for a total of 31 days from date of hire.

Review of the personnel file for Staff C, Resident Care Coordinator, showed that they were hired on 06/24/2024. Staff C's file did not show the facility had verified work references prior to hiring, which was not completed for a total of 255 days from date of hire.

Review of the personnel file for Staff D, Medication Technician, showed that they were hired on 12/02/2024. Staff D's file did not show the facility had verified work references prior to hiring, which was not completed for a total of 94 days from date of hire.

In an interview on 03/05/2025 at 11:02 AM, Staff A, stated that there were no work references on file for Staff A, B, C and D.

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date) 4/29/25.

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

Administrator (or Representative) Date 3/27/25

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

This document was prepared by Residential Care Services for the Locator website.

Based on interview and record review the Assisted Living Facility failed to verify work references for 4 of 4 new staff members who were hired in the last two years to work with residents living in the facility for (Staff A, B, C, and D). This failed practice placed residents at risk of being provided care and services from unqualified staff.

Review of the personnel file for Staff A, Administrator, showed that they were hired on 03/04/2024. Staff A's file did not show the facility had verified work references prior to hiring, which was not completed for a total of 367 days from date of hire.

Review of the personnel file for Staff B, Registered Nurse, showed that they were hired on 02/02/2025. Staff B's file did not show the facility had verified work references prior to hiring, which was not completed for a total of 31 days from date of hire.

Review of the personnel file for Staff C, Resident Care Coordinator, showed that they were hired on 06/24/2024. Staff C's file did not show the facility had verified work references prior to hiring, which was not completed for a total of 255 days from date of hire.

Review of the personnel file for Staff D, Medication Technician, showed that they were hired on 12/02/2024. Staff D's file did not show the facility had verified work references prior to hiring, which was not completed for a total of 94 days from date of hire.

In an interview on 03/05/2025 at 11:02 AM, Staff A, stated that there were no work references on file for Staff A, B, C and D.

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Administrator (or Representative) Date

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2498	Compliance Determination # 55963
Plan of Correction	Brookdale Walla Walla	Completion Date
Page 14 of 18	Licensee: Emeritchip Walla Walla LLC	03/10/2025

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to maintain a valid Washington state name and date of birth background check for staff that were employed at the facility for more than two years for 2 of 2 staff (Staff E and F). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Review of the personnel file for Staff E, Medication Technician, showed that they had been hired on 02/15/2022. Staff E's file showed that their initial background check was completed on 02/14/2022 and had expired on 02/14/2024. Staff E's file showed that a new background check was completed on 02/06/2025, 358 days after their initial background check had expired.

Review of the personnel file for Staff F, Medication Technician, showed that they had been hired on 06/03/2024. Staff F's file showed that their previous background check was completed on 04/10/2020 and had expired on 04/10/2022. Staff E's file showed that a new background check was completed on 12/14/2023, 613 days after their previous background check had expired.

In an interview on 03/06/2025 at 9:32 AM, Staff A, Administrator, acknowledged that there were gaps in the two-year background checks for Staff E and F.

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date) 4/24/25 .

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

Administrator (or Representative) 3/27/25 Date

This document was prepared by Residential Care Services for the Locator website.

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to maintain a valid Washington state name and date of birth background check for staff that were employed at the facility for more than two years for 2 of 2 staff (Staff E and F). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Review of the personnel file for Staff E, Medication Technician, showed that they had been hired on 02/15/2022. Staff E's file showed that their initial background check was completed on 02/14/2022 and had expired on 02/14/2024. Staff E's file showed that a new background check was completed on 02/06/2025, 358 days after their initial background check had expired.

Review of the personnel file for Staff F, Medication Technician, showed that they had been hired on 06/03/2024. Staff F's file showed that their previous background check was completed on 04/10/2020 and had expired on 04/10/2022. Staff E's file showed that a new background check was completed on 12/14/2023, 613 days after their previous background check had expired.

In an interview on 03/06/2025 at 9:32 AM, Staff A, Administrator, acknowledged that there were gaps in the two-year background checks for Staff E and F.

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

This document was prepared by Residential Care Services for the Locator website.

WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to complete a Character, Competency, and Suitability review for a staff with a non-disqualifying background check result for 2 of 2 staff (Staff C and F). This failure placed residents at risk of harm from being cared for by staff members were not reviewed to be safe to work with vulnerable adults.

Findings included...

Review of the personnel file for Staff C, Resident Care Coordinator, showed that they were hired on 06/24/2024. The file showed that Staff C had a fingerprint background check result dated 07/10/2024, which indicated that a Character, Competency and Suitability (CCS) review was required. Staff C's file showed that a CCS review had not been completed.

Review of the personnel file for Staff F, Medication Technician, showed that they were hired on 06/03/2014. The file showed that Staff F had a Washington state name and date of birth background check result dated 12/14/2023, which indicated that a CCS review was required. Staff F's file showed that a CCS review had not been completed.

In an interview on 03/06/2025 at 8:50 AM, Staff A, Administrator, stated that they had not completed a CCS review for the most recent background checks for Staff C and Staff F.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2498	Compliance Determination # 66080
Plan of Correction	Brookdale Walla Walla	Completion Date
Page 16 of 18	Licensee: Emerichip Walla Walla LLC	03/10/2025

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date) 4/24/25.

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

Administrator (or Representative) — Date 3/27/25

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

Findings included...

Review of the personnel file for Staff A, Administrator, showed that they were hired on 03/04/2024. Staff A's file showed that they were tested for Tuberculosis (TB) on 03/20/2025, which was not completed for a total of 17 days from their date of hire.

Review of the personnel file for Staff B, Registered Nurse, showed that they were hired on 02/02/2025. Staff B's file showed that they were not screened or tested for TB upon hire and as of 03/05/2025, was not completed for a total of 32 days from their date of hire.

Review of the personnel file for Staff C, Resident Care Coordinator, showed that they were hired on 06/24/2024. Staff C's file showed that they were tested for TB on 09/11/2024, which was not completed for a total of 80 days from their date of hire.

Review of the personnel file for Staff D, Medication Technician, showed that they were hired on 12/02/2024. Staff D's file showed that they were tested for TB on 02/17/2025, which was not completed for a total of 78 days from their date of hire.

This document was prepared by Residential Care Services for the Locator website.

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Administrator (or Representative) 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 interviews and record review, the Assisted Living Facility failed to ensure a screening for Tuberculosis was completed within three days of hire for 4 of 4 staff (Staff A, B, C and D). This failed practice placed residents at risk of potential exposure of a communicable disease.

Findings included...

Review of the personnel file for Staff A, Administrator, showed that they were hired on 03/04/2024. Staff A's file showed that they were tested for Tuberculosis (TB) on 03/20/2025, which was not completed for a total of 17 days from their date of hire.

Review of the personnel file for Staff B, Registered Nurse, showed that they were hired on 02/02/2025. Staff B's file showed that they were not screened or tested for TB upon hire and as of 03/05/2025, was not completed for a total of 32 days from their date of hire.

Review of the personnel file for Staff C, Resident Care Coordinator, showed that they were hired on 06/24/2024. Staff C's file showed that they were tested for TB on 09/11/2024, which was not completed for a total of 80 days from their date of hire.

Review of the personnel file for Staff D, Medication Technician, showed that they were hired on 12/02/2024. Staff D's file showed that they were tested for TB on 02/17/2025, which was not completed for a total of 78 days from their date of hire.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2498	Compliance Determination # 55983
Plan of Correction	Brookdale Walla Walla	Completion Date
Page 17 of 18	Licensee: Emerichip Walla Walla LLC	03/10/2025

In an interview on 03/05/2025 at 2:24 PM, Staff A, acknowledged that the facility was out of compliance with TB screening and or testing for Staff A, B, C and D. Additionally, Staff A stated that Staff A, B, C and D were working on the schedule with residents on the date of hire.

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date) 4/24/25.

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

Administrator (or Representative) 3/27/25 Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(iii) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility failed to complete an assessment when a resident had an injury requiring the intervention of a practitioner who had access to and/or used systems or device that posed a safety risk to the resident for 1 of 1 resident (Residents 6). This failure placed the residents at risk of a requiring significant injury.

Findings included...

Review of Resident 6's full facility Assessment and Negotiated Service Agreement (NSA), dated 10/04/2025, showed that the resident had diagnoses of [redacted], and [redacted].

Review of Resident 6's progress notes, dated 01/03/2025, showed that the resident was found lying on their stomach, face towards the ground, with their mechanical recliner on top of them.

This document was prepared by Residential Care Services for the Locator website.

In an interview on 03/05/2025 at 2:24 PM, Staff A, acknowledged that the facility was out of compliance with TB screening and or testing for Staff A, B, C and D. Additionally, Staff A stated that Staff A, B, C and D were working on the schedule with residents on the date of hire.

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Administrator (or Representative) Date

WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(iii) When the resident has an injury requiring the intervention of a practitioner.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility failed to complete an assessment when a resident had an injury requiring the intervention of a practitioner who had access to and/or used systems or device that posed a safety risk to the resident for 1 of 1 resident (Residents 6). This failure placed the residents at risk of a requiring significant injury.

Findings included...

Review of Resident 6's full facility Assessment and Negotiated Service Agreement (NSA), dated 10/04/2025, showed that the resident had diagnoses of [redacted] ([redacted]), [redacted], [redacted], and [redacted].

Review of Resident 6's progress notes, dated 01/03/2025, showed that the resident was found lying on their stomach, face towards the ground, with their mechanical recliner on top of them.

This document was prepared by Residential Care Services for the Locator website.

Statement of Deficiencies	License #: 2498	Compliance Determination # 55963
Plan of Correction	Brookdale Walla Walla	Completion Date
Page 18 of 18	Licensee: Emeritchip Walla Walla LLC	03/10/2025

Review of Resident 6's hospital discharge summary, dated [redacted]/2025, showed that the resident was admitted to the hospital on [redacted]2025 and was discharged on [redacted]/2025. Resident 6's summary showed that they were admitted for a urinary tract infection and for facial injury that included fractures to their nose, eyes, and jaw.

In an interview on 03/04/2025 at 2:42 PM, Resident 6 stated that there was a recliner incident and that when Resident 6 was bringing the chair up with the button that controlled the chair, it fell on top of them. Resident 6 stated that the chair, that they were sitting in, that had an electronic cord attached from the chair to the wall, was the chair from the incident.

As of 03/04/2025, the residents complete record showed no assessment focused on the safety or related injury that occurred when Resident 6 had bruising, fracture, and head injury to their eye, jaw, and nose from their electric recliner falling on them.

Interview on 03/04/2025 at 4:40 PM, Staff A, Administrator, stated that there was not an assessment done for Resident 6's mechanical lift chair for safety after the incident on [redacted]/2025. Additionally, Staff A stated that the resident recalled that Resident 6 stood up, raised their electric chair higher, and the chair tipped over them.

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date) 4/24/25.

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

Administrator (or Representative) — 3/27/25 Date

This document was prepared by Residential Care Services for the Locator website.

Review of Resident 6's hospital discharge summary, dated [redacted]/2025, showed that the resident was admitted to the hospital on [redacted]/2025 and was discharged on [redacted]/2025. Resident 6's summary showed that they were admitted for a urinary tract infection and for facial injury that included fractures to their nose, eyes, and jaw.

In an interview on 03/04/2025 at 2:42 PM, Resident 6 stated that there was a recliner incident and that when Resident 6 was bringing the chair up with the button that controlled the chair, it fell on top of them. Resident 6 stated that the chair, that they were sitting in, that had an electronic cord attached from the chair to the wall, was the chair from the incident.

As of 03/04/2025, the residents complete record showed no assessment focused on the safety or related injury that occurred when Resident 6 had bruising, fracture, and head injury to their eye, jaw, and nose from their electric recliner falling on them.

Interview on 03/04/2025 at 4:40 PM, Staff A, Administrator, stated that there was not an assessment done for Resident 6's mechanical lift chair for safety after the incident on [redacted]/2025. Additionally, Staff A stated that the resident recalled that Resident 6 stood up, raised their electric chair higher, and the chair tipped over them.

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 Walla Walla is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

This document was prepared by Residential Care Services for the Locator website.