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) 27509 (Completion Date 08/01/2023) and 25054 (Completion Date 06/26/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 08/01/2023 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-2600-2-l, WAC 388-78A-2600-2-m, WAC 388-78A-2600-1-b, WAC 388-78A-2600-2-p

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,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Walla Walla
Provider Type: Assisted Living Facility
License/Cert.#: 2498
Compliance Determination #: 25054
Intake ID: 83791
Investigator: Robin Rainville
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 06/07/2023 through 06/26/2023
Complainant Contact Date(s): 06/07/2023, 06/26/2023, 06/27/2023

Allegation(s):

1. A named resident did not get their medications for 24 hours upon returning to the Assisted Living Facility (ALF) from a Skilled Nursing Facility (SNF).
2. The ALF did not arrange for transportation for the named resident that would be billed through their insurance.

Investigation Methods:

Sample:	Total residents: 43 Resident sample size: 2 Closed records sample size: 0
Observations:	Identified resident Residents Dining Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Medical records Hospital records Incident investigation Facility policies Resident characteristic roster

Investigation Summary:

1. Interview and record review showed that the named resident had been assessed to need assistance with their medications when they returned from the SNF on 05/25/2023 at about 10:00 AM. The named resident did not receive their oral medications or their newly prescribed insulin (medication to regulate blood sugar) injections and blood sugar tests as ordered and assessed, until 4:00 PM on 05/26/2023. The ALF failed to follow their policy to communicate to the staff, the change in the named resident's needs. Failed practice identified in the statement of deficiencies dated 06/16/2023 under WAC 388-78A-2600 Policies and Procedures.

2. Interview and record review showed that the ALF did not receive confirmation of the Resident's state insurance coverage until 06/02/2023. The facility reimbursed any charges posted in error after the resident transitioned to Medicaid services. The ALF followed their policy and procedures for transportation. No failed provider practice identified.

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 #: 2498	Compliance Determination # 25054
Plan of Correction	Brookdale Walla Walla	Completion Date
Page 1 of 4	Licensee: Emerichip Walla Walla LLC	06/26/2023

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 06/07/2023 and 06/07/2023 of:

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

This document references the following complaint number(s): 83791

The following sample was selected for review during the unannounced on-site visit: 2 of 43 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Robin Rainville, Assisted Living Facility Licensor

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.

Gwin Kaercher
Residential Care Services

06/30/2023
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.

Juanita Mulbarr 7/7/23
Administrator (or Representative) Date

WAC 388-78A-2600 Policies and procedures.

(1) The assisted living facility must develop and implement policies and procedures in support of services that are provided and are necessary to:

(b) Provide the necessary care and services for residents, including those with special needs;

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(l) To manage residents' medications, consistent with WAC 388-78A-2210 through 388-78A-2290 ; sending medications with a resident when the resident leaves the premises;

(m) When services related to medications and treatments are provided under the delegation of a registered nurse consistent with chapter 246-840 WAC;

(p) To coordinate services and share resident information with outside resources, consistent with WAC 388-78A-2350 ;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to implement their policies to provide the care and services needed for 1 of 2 residents (Resident 1) who returned to the ALF with a change in condition and was assessed to need medication administration. This failure caused the resident to go without necessary medication and treatments, and placed the resident at risk of exacerbation of their health condition.

Findings included...

Record review of a facility policy titled, "Return from Hospitalization/Skilled Rehab Stay Policy," dated April 1997, showed that the nurse must determine if a resident was appropriate to return to the ALF, and document any changes in the resident's condition in their record. The nurse should also take appropriate steps to ensure the resident was cared for according to the discharge instructions. The policy also showed that the nurse or designee would update the resident's care plan upon the resident's return.

Record review of an additional facility policy titled, "Change of Condition," dated August 1997, showed that if a resident had a change in their medical condition, all medical care and treatments should be initiated and provided at the direction of the resident's doctor, and that the residents record and care plan would be updated.

On 06/07/2023 at 8:22 AM, a Collateral Contact for Resident 1 (CC 1) stated that the

resident returned to the ALF from a Skilled Nursing Facility (SNF) at or around 10:30 AM on 05/25/2023. CC 1 stated that Resident 1 called them on 05/26/2023 at 12:45 PM and told CC 1 that they had not received their oral or injectable medications and blood sugar tests since they had returned from the SNF.

CC 1 stated that they were told by Staff A, Administrator, that a manager had not entered the medication orders when Resident 1 returned from the SNF as they should have.

Record review of discharge orders from the SNF, dated 05/25/2026, showed that Resident 1 had orders for two different types of insulin (an injected medication that regulates the blood sugar) and capillary blood glucose (CBG) testing (to measure the level of sugar in the blood stream). The discharge orders showed that the SNF nurse had reviewed the orders with Staff A.

Review of a 05/26/2023 progress note written by an unidentified Medication Technician (MT) showed that Resident 1 had asked the MT if they would be giving them their medication that morning. The note showed that the resident's medications had not been entered into the Medication Administration Record, and the MT was not aware that Resident 1 needed assistance with them. The note also showed that one of the insulins was not in the facility and could not be obtained from the ALF pharmacy.

A subsequent progress note dated 05/26/2023, written by a different unidentified MT, showed that the second insulin was later delivered to the facility, but was in a vial to be drawn up with a needle, and the MT was not qualified to administer it. The note showed that Resident 1's family had to administer the insulin.

On 06/07/2023 at 11:09 AM, Staff B, Regional Nurse Specialist/Registered Nurse (RN) stated that they assessed Resident 1 on 05/10/2023, prior to the resident's return to the ALF. Resident 1 needed assistance with insulin and CBG. Staff B, RN, stated that the resident was independent with all medication before they had admitted at the SNF, but that insulin and CBG tests were new orders on the resident's discharge back to the ALF. Staff B also stated that upon Resident 1's return to the ALF it was decided that the ALF staff would assist with all oral medications as well.

On 06/07/2023 at 10:25 PM, Staff A stated that there was miscommunication from the nurse to the care staff when Resident 1 returned to the ALF from the SNF. The nurse did not implement a care plan update to direct the staff to assist Resident 1 with CBG testing and medications. Staff A also stated that the Resident Care Coordinator (RCC) should have entered the orders into the Medication Administration Record (MAR) when Resident 1 returned.

Additionally, Staff A stated that Resident 1's insulin and CBG tests were tasks that required delegation from a Registered Nurse, in order for a MT to be able to administer them. Resident 1's new orders had not been delegated to the ALF staff.

Statement of Deficiencies	License #: 2498	Compliance Determination # 25054
Plan of Correction	Brookdale Walla Walla	Completion Date
Page 4 of 4	Licensee: Emerichip Walla Walla LLC	06/26/2023

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) 8/1/23.

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

Juanita Mulkins — Administrator (or Representative)

7/7/23 — Date