STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Emeritol Hearthstone Inn LLC
Brookdale Hearthstone Moses Lake
905 S Pioneer Way
Moses Lake, WA 98837

RE: Brookdale Hearthstone Moses Lake License # 2524

Dear Administrator:

This letter addresses Compliance Determination(s) 25596 (Completion Date 06/22/2023) and 24119 (Completion Date 06/01/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/22/2023 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-2160

The Department staff who did the on-site verification:
Stephanie Jenks, Community Field Manager

If you have any questions, please contact me at (509)993-7821.

Sincerely,

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Statement of Deficiencies	License #: 2524	Compliance Determination # 24119
Plan of Correction	Brookdale Hearthstone Moses Lake	Completion Date
Page 1 of 3	Licensee: Emeritol Hearthstone Inn LLC	06/01/2023

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 follow-up on 05/18/2023 and 05/19/2023 of:
Brookdale Hearthstone Moses Lake
905 S Pioneer Way
Moses Lake, WA 98837

This document references the following SOD dated: 06/01/2023

The following sample was selected for review during the unannounced on-site visit: 6 of 41 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Stephanie Jenks, Community Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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

06/02/2023
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.

Statement of Deficiencies	License #: 2524	Compliance Determination # 24119
Plan of Correction	Brookdale Hearthstone Moses Lake	Completion Date
Page 2 of 3	Licensee: Emeritol Hearthstone Inn LLC	06/01/2023

Lisa Owen
Administrator (or Representative)

6.13.2023
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 facility failed to ensure residents received the care and services outlined in their Negotiated Service Agreement (NSA) regarding assistance with outside health care appointments for 2 of 6 residents (Resident 1 and 2). This failure resulted in missed medical appointments and placed the residents at risk for unmet medical care.

Findings included...

<Resident 1>

Review of Resident 1's Personal Service Plans (PSP, the facility's titled negotiated service agreement), dated 03/17/2023 and 04/28/2023 showed the facility arranged transportation with an appointment companion (escort) to outside medical services.

The facility's undated Disclosure of Services showed the facility arranged transportation with an escort to outside medical appointments.

In an interview on 05/25/2023, Staff A, Executive Director, stated they do not provide escort services and the Disclosure of Services was wrong.

In an interview on 06/01/2023, Collateral Contact 1 (CC1), Representative, stated that Resident 1 had a follow-up appointment for pneumonia on 05/17/2023. CC1 stated that the transport van dropped Resident 1 off in front of the hospital without an escort and the resident was unable to find the appointment location due to memory loss. CC1 further stated that the resident missed the appointment and did not get assessed for pneumonia.

<Resident 2>

Statement of Deficiencies	License #: 2524	Compliance Determination # 24119
Plan of Correction	Brookdale Hearthstone Moses Lake	Completion Date
Page 3 of 3	Licensee: Emeritol Hearthstone Inn LLC	06/01/2023

Review of Resident 2's PSP, dated 04/19/2023, showed the facility provided assistance with medical appointments.

Review of Resident 2's undated admission record showed the resident was diagnosed with [redacted].

Review of Resident 2's progress note, dated 04/06/2023, showed the resident suffered from poor circulation and left foot swelling as a result of their diabetes.

In an interview on 05/04/2023 at 9:40 AM, Collateral Contact 2 (CC2), Representative, stated that they had notified the facility staff the previous day that Resident 2 had a podiatry (foot and ankle) appointment on 05/04/2023 and requested that staff made sure the resident was ready for the appointment. CC2 stated that when they arrived to pick Resident 2 up for their appointment, the resident had not been dressed or showered by the staff. CC2 further stated that Resident 2 missed the appointment and could not be seen again until 05/15/2023.

In an interview on 05/04/2023 at 1:40 PM, Staff B, Business Office Manager, stated that they received a call from CC2 on 05/03/2023 requesting that the facility staff made sure that Resident 2 was ready for their appointment on 05/04/20223. Staff B stated that they notified Staff C, Resident Program Manager, about the appointment. Staff B further stated that they believed the miscommunication occurred due to having agency staff who were not familiar with their systems.

This is an uncorrected deficiency previously cited on 03/15/2023.

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 Hearthstone Moses Lake is or will be in compliance with this law and / or regulation on (Date) 6.19.2023 .

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

Lisa Owen — 6.13.2023

Administrator (or Representative) — Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Hearthstone Moses Lake
License/Cert.#: 2524
Compliance Determination #: 20266
Investigator: Janet Quirk
Investigation Date(s): 02/28/2023 through 03/15/2023
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 72101
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):
Alleged neglect

Investigation Methods:

Sample:	Total residents: 46 Resident sample size: 7 Closed records sample size: 0
Observations:	Environment for safety Residents hygiene, injuries, wounds, and well-being Ombudsman/CRU numbers posted Staff presence and availability Resident rooms
Interviews:	Facility staff Named and sampled residents
Record Reviews:	Characteristic roster Facility policies Named and sampled residents' medical records

Investigation Summary:
The named resident did not receive the needed care and services outlined in their care plan. This deficient practice placed the resident in harm due to not receiving grooming and showering, not being monitored, not having skin checks, and not receiving eating assistance. This placed the resident at risk of infection due to a lack of shower assistance and incontinent care. This failure is cited under WAC 388-78A-2160 Implementation of negotiated service agreement.

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 #: 2524	Compliance Determination # 20266
Plan of Correction	Brookdale Hearthstone Moses Lake	Completion Date
Page 1 of 4	Licensee: Emeritol Hearthstone Inn LLC	03/15/2023

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 02/28/2023 and 03/01/2023 of:

Brookdale Hearthstone Moses Lake
905 S Pioneer Way
Moses Lake, WA 98837

This document references the following complaint number(s): 71352, 71086, 72101

The following sample was selected for review during the unannounced on-site visit: 7 of 46 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Janet Quirk, Long Term Care Surveyor
Antonietta Lettieri-Parkin, Long Term Care Surveyor
Stephanie Jenks, NCI Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit B
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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.

J Salquist
Residential Care Services

03/28/2023
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.

Administrator (or Representative)

4/5/23
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 observation, interview, and record review, the facility failed to ensure resident received the care and services outlined in their Negotiated Service Agreement (NSA) regarding diet, hygiene, skin care, weight monitoring for 1 of 7 residents (Resident 3). This failure placed residents at risk for health complications.

Findings included...

Review of Resident 3's Personal Service Plan (PSP, the facility's titled negotiated service agreement), dated 11/08/2023, showed that the resident was to be showered twice a week, needed assistance with eye glass cleaning and repair, needed assistance with oral care, required skin integrity checks, was to eat upright and remain upright for 30 minutes after eating, was to use adaptive utensils to eat, required frequent brief changes and toileting every two to four hours, was to receive housekeeping twice a week, needed assistance with nail care, and required monthly weights and vital sign checks.

<Showers>

Review of the facility's shower records showed that Resident 3 was offered shower assistance five times in February 2023, but only received showers three times that month.

<Eye glass cleaning and repair>

Observation on 02/27/2023 at 2:57 PM showed Resident 3's eyeglasses were dirty and in poor condition. Further observation showed that Resident 3's eyeglasses had a dirty, bloody bandage that was wrapped around the bridge of the glasses.

<Oral care>

Review of a home health note, dated 10/21/2022, stated that Resident 3's teeth were hanging out, several teeth were barely attached, and the teeth appeared to be rotting.

Observation on 02/27/2023 at 2:42 PM showed that Resident 3's teeth were dirty and food debris spilled out of their mouth.

<Skin integrity>

In an interview on 02/27/2023 at 2:14 PM, Staff H, Clinical Specialist, stated that they checked Resident 3's skin every couple of weeks, and that Resident 3's wounds had all healed.

Observation on 02/27/2023 at 2:42 PM showed that Resident 3 had seven open and bleeding wounds.

<Adaptive utensils, eating and remaining in an upright position>

Observation on 02/27/2023 at 2:28 PM showed Resident 3 was given plastic disposable utensils to use to eat their lunch meal. Further observation showed that the resident ate their meal while slouched down and laid back in their recliner.

In an interview on 02/28/2023 at 3:20 PM, Staff H stated, "My guess is that [Resident 3] doesn't get adaptive utensils."

<Toileting>

Review of fax sent to Resident 3's health care provider, dated 07/02/2022, stated that Resident 3 had not had a brief change in a full 24 hours.

Review of a home health note, dated 10/21/2022, stated that Resident 3's brief had been marked with a date and time of 10/20/2022 at 9:00 PM, noting that the resident had not received a brief change since the previous evening.

Review of a home health note, dated 10/24/2023, stated that Resident 3's brief had been marked with a date and time of 10/23/2023 at 8:33 PM, noting that the Resident 3 had not received a brief change since the previous evening.

<Housekeeping>

Review of a home health note, dated 10/24/2022, stated that Resident 3's room smelled strongly of urine, and the provider had to leave the door ajar. The note further stated that there were food crumbs all over the floor.

Observation on 02/27/2023 at 2:28 PM, showed that Resident 3's room smelled strongly of urine and was unkept. Further observation showed Resident 3's floor was sticky and covered in food debris and spilled liquid. Resident 3's recliner was observed to be stained with dried liquid and food spills.

<Nail care>

Observation on 02/27/2023 at 2:42 PM, showed Resident 3's toenails were deformed (long and curling) and overgrown. In an interview at that time, Resident 3 stated their toes hurt.

<Weights and vitals>

Review of the facility's undated monthly weight report showed documentation that Resident 3 was not weighed in September 2022, December 2022, January 2023, or February 2023.

Review of the facility's undated weights and vitals summary report showed documentation that Resident 3's blood pressure and pulse had not been measured since 11/04/2022.

In an interview on 03/01/2023 at 10:42 PM, Staff H stated that if the vitals and weights were not recorded on the vitals log, they probably did not get done.

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 Hearthstone Moses Lake is or will be in compliance with this law and / or regulation on (Date) 4/29/2023 .

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

SS

Administrator (or Representative)

4/5/23

Date