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) 58130 (Completion Date 04/17/2025) and 55162 (Completion Date 02/28/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/17/2025 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-2600-2-g

The Department staff who did the on-site verification:
Amy Wright, NCI Complain Investigator

If you have any questions, please contact me at (509)323-7315.

Sincerely,

J Salquist

Jessica Salquist, Regional Administrator
Region 1, Unit B
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Hearthstone Moses Lake
License/Cert.#: 2524
Compliance Determination #: 55162
Investigator: Amy Wright
Investigation Date(s): 02/21/2025 through 02/28/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 166576
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):
Broken pipe resulting in outage of fire system and relocation of three residents.

Investigation Methods:

Sample: Total residents: 43
Resident sample size: 3
Closed records sample size: 0

Observations: N/A

Interviews:
Maintenance Supervisor
Alleged Victims' Representatives
Executive Director
Caregivers
Medication Technician

Record Reviews:
*Disclosure of Services
*Characteristic roster
*Staff roster
*Resident face sheets
*Fire watch documentation
*Progress notes
*Fire Watch Policy
*Staff schedule

Investigation Summary:
Record review showed that the facility failed to follow their fire watch policy by not assigning designated staff to fire watch and by not completing fire watch hourly as required. Failed facility practice was identified and cited under WAC 388-78A-2600 Policies and procedures (2)(g).

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A

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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 02/21/2025 of:

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

This document references the following complaint number(s): 166576

The following sample was selected for review during the unannounced on-site visit: 3 of 43 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Amy Wright, NCI Complain Investigator

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

Statement of Deficiencies	License #: 2524	Compliance Determination #:55162
Plan of Correction	Brookdale Hearthstone Moses Lake	Completion Date
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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

03/04/2025
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)

3·10·2025
4/4/2025 R
Date

WAC 388-78A-2600 Policies and procedures.

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

(g) When there are urgent situations in the assisted living facility requiring additional staff support;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide additional staff support following an outage of their fire system requiring facility-wide fire watch and not following the fire watch policy for 4 of 4 staff (Staff B, Staff D, Staff E, and Staff F). This failed practice resulted in delays in resident care and placed residents at risk for an unsafe environment and lacked the ability for the facility to respond quickly to a fire.

Findings included...

The facility policy, titled "Fire Watch Policy," last revised in 02/2022, stated that a fire watch was usually required to be implemented when an outage or significant impairment of the automatic fire suppression system occurred. Review of the policy showed that the person(s) assigned to fire watch shall have no other duties. Further review of the policy showed that the fire watch was to include to entire community, with hourly checks for all areas.

Review of a facility fire watch log, dated 02/07/2025 through 02/24/2025, showed that Staff F did fire watch on 02/13/2025 and 02/14/2025. Further review of the facility fire watch log showed that the majority of the fire watch entries were greater than one hour apart, indicating that fire watch had not occurred hourly as required.

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 | 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) | Date

WAC 388-78A-2600 Policies and procedures.

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

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This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide additional staff support following an outage of their fire system requiring facility-wide fire watch and not following the fire watch policy for 4 of 4 staff (Staff B, Staff D, Staff E, and Staff F). This failed practice resulted in delays in resident care and placed residents at risk for an unsafe environment and lacked the ability for the facility to respond quickly to a fire.

Findings included…

The facility policy, titled “Fire Watch Policy,” last revised in 02/2022, stated that a fire watch was usually required to be implemented when an outage or significant impairment of the automatic fire suppression system occurred. Review of the policy showed that the person(s) assigned to fire watch shall have no other duties. Further review of the policy showed that the fire watch was to include to entire community, with hourly checks for all areas.

Review of a facility fire watch log, dated 02/07/2025 through 02/24/2025, showed that Staff F did fire watch on 02/13/2025 and 02/14/2025. Further review of the facility fire watch log showed that the majority of the fire watch entries were greater than one hour apart, indicating that fire watch had not occurred hourly as required.

Review of a facility as-worked scheduled for February of 2025 showed that Staff F had not worked on 02/13/2025 or 02/14/2025.

In an interview on 02/21/2025 at 9:47 AM, Staff A, Maintenance Supervisor, stated that breaks occurred in the facility's dry fire suppression system between 10:00 AM and 2:00 PM on 02/07/2025. Staff A stated that the entire building's fire system was affected. Staff A stated that different staff were assigned to cover fire watch around the clock.

In a voicemail recording left on 02/24/2025 at 3:30 PM, Staff C, Executive Director II, stated that the facility's fire system was still not fully functional because there was a smoke alarm that needed to be replaced.

In an interview on 02/27/2025 at 12:42 PM, Staff B, Caregiver, stated that they were assigned to do fire watch at the same time they were providing resident care. Staff B stated it was difficult to provide resident care and do fire watch at the same time. Staff B stated that it was almost impossible to do resident care and fire watch during the day shift. Staff B stated they did their resident care before completing fire watch.

In an interview on 02/27/2025 at 3:53 PM, Staff D, Caregiver, stated they were required to do fire watch and their regular caregiving duties at the same time. Staff D stated this occurred every night they worked during the recent fire watch. Staff D stated that having to do both fire watch and caregiving caused a delay in resident care. In the same interview, Staff E, Medication Technician, stated that having to do fire watch and pass medications at the same time caused delays in medication administration. Staff D and Staff E stated they were unable to effectively complete fire watch every hour because they were doing resident care. Staff D stated that half of the fire watch log was filled out by someone else. Staff D and Staff E stated that having to do fire watch at the same time as their regular duties placed residents at risk.

In an interview on 02/28/2025 at 10:29 AM, Staff C stated that medication technicians and caregivers were assigned to fire watch at the same time they were passing medications and providing resident care. Staff C stated they thought care staff would have time to do fire watch in addition to their regular jobs. Staff C stated the facility could have done better fire watch documentation. Staff C stated they were not initially aware that the facility's fire watch policy required a designated person for fire watch.

In an interview on 02/28/2025 at 10:50 AM, Staff F, Caregiver, stated they were recently required to do fire watch at the same time as their caregiving duties. Staff F stated there were instances where a resident was calling for staff but the resident had to wait for care until fire watch was completed. Staff F stated that another person wrote Staff F's initials down for fire watch on two days in February of 2025, even though Staff F was not in the building on those dates. Staff F stated that Staff G, Receptionist, asked staff to backlog the missing entries from the fire watch log because it was going to be audited by the fire marshal. Staff F stated that staff refused

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to backlog the entries so management decided to "take it into their own hands."

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) 4/4/2025 .

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

Laurie Ahmann
Administrator (or Representative)

3/10/2025
Date

to backlog the entries so management decided to “take it into their own hands.”

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)_____ .

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

_____ _____

Administrator (or Representative) Date