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) 61457 (Completion Date 06/24/2025) and 58927 (Completion Date 05/13/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/24/2025 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-2650-3, WAC 388-78A-2305-2, WAC 388-78A-2560-1, WAC 388-78A-2560-4

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

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

Sincerely,

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Hearthstone Moses Lake
License/Cert.#: 2524
Compliance Determination #: 58927
Investigator: Amy Wright
Investigation Date(s): 05/02/2025 through 05/13/2025
Complainant Contact Date(s):

Provider Type: Assisted Living Facility

Intake ID: 177536
Region/Unit #: RCS Region 1 / Unit B

Allegation(s):
Mold in kitchen resulting in no staff access to dishwasher or three compartment sinks.

Investigation Methods:

Sample:
Total residents: 38
Resident sample size: 38
Closed records sample size: 1

Observations:
Residents
Dining
Resident care equipment
Resident rooms
Staff to resident interactions
Resident to resident interactions
Kitchen
Food preparation

Interviews:
Dining Services Manager
Dishwasher
Health and Wellness Director
Executive Director
Resident
Volunteer
District Director of Operations
Resident Representatives

Record Reviews:
*Disclosure of Services
*Characteristic roster
*Staff roster
*Resident face sheets
*Resident care plan
*Progress notes
*Death of a Resident Policy
*Medication administration records
*Missing Resident Policy
*Incident investigations

*Industrial hygienist’s report
*Timeline of events
*Provider visit notes
*Washing & Sanitizing Dishes Policy
*Skin observation form
*Facility safety plan
*Food workers cards
*IPC tool
*Outbreak line listing
*Infection control policies

Investigation Summary:

Record review showed that the facility failed to report to the department an incident that affected food preparation and kitchen sanitization. Interview and record review showed that dietary staff had not obtained their required food worker cards prior to working in the facility's kitchen. Observation and interviews showed that the facility failed to follow their own policy relating to the manual washing and sanitizing of dishware. Failed practice was identified and cited under WAC 388-78A-2650 Reporting fires and incidents (3), WAC 388-78A-2305 Food Sanitation (2), and WAC 388-78A-2560 Administrator responsibilities (1)(4). Consultation provided under WAC 388-78A-3090 Maintenance and housekeeping (1)(a).

Conclusion / Action:

- [x] 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 05/02/2025 and 05/06/2025 of:

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

This document references the following complaint number(s): 176876, 177039, 177536, 178522

The following sample was selected for review during the unannounced on-site visit: 38 of 38 current residents and 1 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 # 58927
Plan of Correction	Brookdale Hearthstone Moses Lake	Completion Date
Page 2 of 6	Licensee: Emeritol Hearthstone Inn LLC	05/13/2025

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.

Residential Care Services — 05/28/2025 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) — 5/28/2025 Date

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(3) Circumstances which threaten the assisted living facility's ability to ensure continuation of services to residents.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to report to the department, an incident that affected food preparation and kitchen sanitization in 1 of 1 facility location (Kitchen). This failed practice precluded the department's ability to initiate a timely investigation and placed residents at risk of foodborne illness.

Findings included...

Review of the facility's undated Timeline showed that on 04/16/2025, a water leak was found in the bathroom behind the kitchen.

Review of an environmental test result, dated 05/01/2025, showed that multiple fungi, including stachybotrys (a genus of black mold fungi that can produce toxic chemicals), was found in the facility's kitchen.

Observation of the facility's kitchen on 05/02/2025 at 11:11 AM, showed there were solid plastic panels with doors built around the dish pit area of the kitchen. No three-compartment sinks or dishwashers were observed in the usable area of the kitchen.

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-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(3) Circumstances which threaten the assisted living facility's ability to ensure continuation of services to residents.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to report to the department, an incident that affected food preparation and kitchen sanitization in 1 of 1 facility location (Kitchen). This failed practice precluded the department’s ability to initiate a timely investigation and placed residents at risk of foodborne illness.

Findings included…

Review of the facility's undated Timeline showed that on 04/16/2025, a water leak was found in the bathroom behind the kitchen.

Review of an environmental test result, dated 05/01/2025, showed that multiple fungi, including stachybotrys (a genus of black mold fungi that can produce toxic chemicals), was found in the facility’s kitchen.

Observation of the facility's kitchen on 05/02/2025 at 11:11 AM, showed there were solid plastic panels with doors built around the dish pit area of the kitchen. No three-compartment sinks or dishwashers were observed in the usable area of the kitchen.

Statement of Deficiencies	License #: 2524	Compliance Determination # 58927
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In an interview on 05/02/2025 at 11:13 AM, Staff B, Dishwasher, stated that the kitchen had been in "chaos" since the dishwashing area was closed off. Staff B stated the dish pit was torn out on 04/21/2025. Staff B stated they had to wash dishes in the food preparation sink because there was nowhere else to wash them. Staff B further stated they had no way of checking the temperature of the water in the double sinks they used to wash dishes.

In an interview on 05/02/2025 at 12:59 PM, Staff A, Executive Director, stated that the dish pit area, the bathroom, and the pots and pans storage area had been enclosed behind a barrier wall since 04/21/025 or 04/22/2025, after mold was found in the bathroom behind the kitchen.

Review of the department's reporting database showed that no facility reports related to mold in the facility's kitchen, resulting in the inaccessibility of the dishwashing area, were made until 05/02/2025, ten days after the mold was found.

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) 6/13/2025.

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

Jennie Thomas — Administrator (or Representative)

5/28/2025 — Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that dietary staff received their Washington State food worker cards prior to working in the facility's kitchen for 2 of 6 staff (Staff C and Staff D). This failed practice placed residents at increased risk of foodborne illness and decreased quality of life.

Findings included...

In an interview on 05/02/2025 at 11:13 AM, Staff B, Dishwasher, stated that the kitchen had been in "chaos" since the dishwashing area was closed off. Staff B stated the dish pit was torn out on 04/21/2025. Staff B stated they had to wash dishes in the food preparation sink because there was nowhere else to wash them. Staff B further stated they had no way of checking the temperature of the water in the double sinks they used to wash dishes.

In an interview on 05/02/2025 at 12:59 PM, Staff A, Executive Director, stated that the dish pit area, the bathroom, and the pots and pans storage area had been enclosed behind a barrier wall since 04/21/025 or 04/22/2025, after mold was found in the bathroom behind the kitchen.

Review of the department's reporting database showed that no facility reports related to mold in the facility's kitchen, resulting in the inaccessibility of the dishwashing area, were made until 05/02/2025, ten days after the mold was found.

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

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure that dietary staff received their Washington State food worker cards prior to working in the facility's kitchen for 2 of 6 staff (Staff C and Staff D). This failed practice placed residents at increased risk of foodborne illness and decreased quality of life.

Findings included…

Statement of Deficiencies	License #: 2524	Compliance Determination # 58927
Plan of Correction	Brookdale Hearthstone Moses Lake	Completion Date
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Review of an undated staff roster showed that Staff C was the dining services manager and that Staff D was a cook

On 05/02/2025 at 11:17 AM, Staff C was observed preparing chicken in the kitchen.

Review of Staff D's food worker card showed that it was issued by a non Washington state entity and was dated 09/18/2024.

Review of Staff C's food worker card showed that it was issued by a non Washington state entity and was dated 09/19/2024.

Review of food worker cards, dated 05/07/2025, showed that Staff C and Staff D had not obtained their Washington State food worker cards until after the initiation of the department's on-site visit.

In an email communication sent on 05/08/2025 at 8:57 PM, Staff A, Executive Director, stated that Staff C had worked at the facility since 02/23/2021 and Staff D had worked at the facility since 09/18/2023.

This is a recurring citation previously cited on 12/28/2022.

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) 6/13/2025 .

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

Jamie Ahmann — Administrator (or Representative)

6/28/2025 — Date

WAC 388-78A-2560 Administrator responsibilities. The licensee must ensure the administrator:

(1) Directs and supervises the overall twenty-four-hour-per-day operation of the assisted living facility;

Review of an undated staff roster showed that Staff C was the dining services manager and that Staff D was a cook.

On 05/02/2025 at 11:17 AM, Staff C was observed preparing chicken in the kitchen.

Review of Staff D's food worker card showed that it was issued by a non Washington state entity and was dated 09/18/2024.

Review of Staff C's food worker card showed that it was issued by a non Washington state entity and was dated 09/19/2024.

Review of food worker cards, dated 05/07/2025, showed that Staff C and Staff D had not obtained their Washington State food worker cards until after the initiation of the department's on-site visit.

In an email communication sent on 05/08/2025 at 8:57 PM, Staff A, Executive Director, stated that Staff C had worked at the facility since 02/23/2021 and Staff D had worked at the facility since 09/18/2023.

This is a recurring citation previously cited on 12/28/2022.

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

WAC 388-78A-2560 Administrator responsibilities. The licensee must ensure the administrator:

(1) Directs and supervises the overall twenty-four-hour-per-day operation of the assisted living facility;

(4) Complies with the assisted living facility's policies;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the administrator failed to direct the overall operation of the facility’s kitchen and failed to comply with the facility's policy regarding dishwashing for 1 of 1 staff (Staff A). This failed practice placed residents at increased risk for food borne illness and decreased quality of life.

Findings included…

Review of a facility policy, titled, “Washing and Sanitizing Dishes (Manual Wash), last revised on 12/2024, showed that a suitable thermometer should be made available for checking the temperature of the water used for sanitizing, washing, and rinsing. Review of the policy showed that the first tank in a three-compartment sink used for washing, should be filled with water between 110 degrees and 120 degrees Fahrenheit. Review of the policy showed that the second tank was to be filled with clear, hot water used for rinsing. The policy showed that rinsed items were to be submerged in the third tank for sanitizing. The policy showed that the third tank must contain water and an approved sanitizing agent at a proper concentration according to the manufacturer’s direction. The policy showed that the effectiveness of the sanitizing solution must be tested and documented on the temperature log at each meal, using a chemical strip designed for that purpose.

Review of a facility document titled Timeline, showed that panels installed in the facility’s kitchen on 04/21/2025 prevented the use of the three-sink unit.

Observation on 05/02/2025 at 11:11 AM showed there was no three-compartment sink available in the kitchen for staff to use for dishwashing.

In an interview on 05/02/2025 at 11:13 AM, Staff B, Dishwasher, stated that the kitchen had been in "chaos" since the dishwashing area was closed off. Staff B stated the dish pit was torn out on 04/21/2025. Staff B stated they had to wash dishes in the prep sink because there was nowhere else to wash them. Staff B stated they had no way of checking the temperature of the water in the double sinks they used to wash dishes. Staff B stated they voiced their concerns about how they had been doing dishes to Staff A, Executive Director, but Staff A brushed the concerns off and told them to "figure it out."

In an interview on 05/02/2025 at 11:30 AM, Staff A stated that the staff were using double sinks to wash dishes. Staff A stated they did not know how the kitchen staff were checking the dishwater temperatures. Staff A stated they did not know what the staff were using to sanitize the dishware.

Statement of Deficiencies	License #: 2524	Compliance Determination # 58927
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In an interview on 05/12/2025 at 2:18 PM, Staff B stated they did not have the test strips they were supposed to use to check the sanitizer concentration. Staff B stated they mixed one tablespoon of bleach per gallon of water to make their sanitizing solution but did not know if that was what the manufacturer's directions called for. Staff B stated that no one ever specified how they were supposed to do the dishes, so they just came up with their own way. Staff B stated they voiced their concerns to Staff A two to three times and that Staff A said they would check with the health department but they never did. Staff B stated Staff A would just say, "We're just going to have to make do."

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) 6/13/2025 .

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

Jamie Ahmann
Administrator (or Representative)

5/28/2025
Date

In an interview on 05/12/2025 at 2:18 PM, Staff B stated they did not have the test strips they were supposed to use to check the sanitizer concentration. Staff B stated they mixed one tablespoon of bleach per gallon of water to make their sanitizing solution but did not know if that was what the manufacturer's directions called for. Staff B stated that no one ever specified how they were supposed to do the dishes, so they just came up with their own way. Staff B stated they voiced their concerns to Staff A two to three times and that Staff A said they would check with the health department but they never did. Staff B stated Staff A would just say, "We're just going to have to make do."

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

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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 # 2524

Dear Administrator:

The Department completed a complaint investigation of your Assisted Living Facility on 05/13/2025 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Return the Plan/Attestation Statement and report with signatures to:

Stephanie Jenks, Community Field Manager
Residential Care Services

Region 1, Unit B
Preferred methods:
eFax: (509) 921-2426
Email: rcsregion1email@dshs.wa.gov
Optional method:
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

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 facility was placed in pending stop placement after mold was found in the facility's kitchen which required the placement of panels that prevented staff use of necessary equipment to maintain food safety. The facility had a safety plan to order food from outside the facility until a mobile dishwashing unit arrived. Revisit of the facility showed that the facility's safety plan was implemented. Failed practice identified and consultation provided under WAC 388-78A-3090 Maintenance and housekeeping (1)(a).

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.

o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:

- Please contact me at (509)993-7821.

Sincerely,

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

Enclosure

o Send your request to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

If You Have Any Questions:
• Please contact me at (509)993-7821.

Sincerely,

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

Enclosure