STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

12/05/2023

Emeritol Fairhaven Estates LLC
Brookdale Fairhaven
2600 Old Fairhaven Parkway
Bellingham, WA 98225

RE: Brookdale Fairhaven License # 2525

Dear Administrator:

This letter addresses Compliance Determination(s) 32121 (Completion Date 11/03/2023) and 28001 (Completion Date 09/28/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/03/2023 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-2650, WAC 388-78A-2650-3

The Department staff who did the on-site verification:
Helen Fisher, Complaint Investigator
Judith Mellon, RN, Licensor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Fairhaven
Provider Type: Assisted Living Facility
License/Cert.#: 2525
Compliance Determination #: 28001
Intake ID: 92656
Investigator: Helen Fisher
Region/Unit #: RCS Region 2 / Unit A
Investigation Date(s): 08/17/2023 through 09/28/2023
Complainant Contact Date(s): 08/16/2023

Allegation(s):
Multiple concerns about how the nurse responded to resident's falls.

Investigation Methods:

Sample:	Total residents: 49 Resident sample size: 2 Closed records sample size: 0
Observations:	Sampled residents appearance. General cleanliness of the apartment and facility Staff to resident interaction.
Interviews:	Collateral Contact (CC), sampled residents, nurse, Health and Wellness Director (HSD)
Record Reviews:	Facility records Resident records

Investigation Summary:
Fall records showed falls were assessed by the nurse, investigations were done by the facility. 3 of 3 residents stated that they were assessed by the nurse when they fell. Care plans were updated. However, during onsite visit the facility had 37 residents tested positive for COVID-19 were in isolation. The facility Executive Director stated that they were coordinating with the Local Health Jurisdiction but were unsure if the COVID-19 outbreak was reported to the Department. No report was made to the Department. A citation was written for noncompliance with WAC 388-78A-2650 Reporting fires and incidents.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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09.29.2023 08:14:31 State of Washington

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2525	Compliance Determination # 28001
Plan of Correction	Brookdale Fairhaven	Completion Date
Page 1 of 3	Licensee: Emeritol Fairhaven Estates LLC	09/28/2023

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 08/17/2023, 08/17/2023 and 08/17/2023 of:

Brookdale Fairhaven
2600 Old Fairhaven Parkway
Bellingham, WA 98225

This document references the following complaint number(s): 92656

The following sample was selected for review during the unannounced on-site visit: 2 of 49 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Helen Fisher, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

09/29/2023
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.

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09.29.2023 08:14:31 State of Washington

Statement of Deficiencies	License #: 2525	Compliance Determination # 28001
Plan of Correction	Brookdale Fairhaven	Completion Date
Page 2 of 3	Licensee: Emeritol Fairhaven Estates LLC	09/28/2023

Todd Mayer
Administrator (or Representative)

10/9/23
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 observations, interview and record review, the Assisted Living Facility (ALF) failed to report to the Department's Crisis Response Unit (CRU) when 37 residents and 15 staff tested positive for a communicable disease. This failure resulted in an interruption in the ability to provide agreed services to residents, a delay of the Infection Control and Prevention assessment and placed residents at risk for contracting the infection.

Findings included...

Review of the Assisted Living Facility Guidebook; Partners in Protection, dated 2018, page 26, Appendix D, Other Reporting Guidelines for Assisted Living Facilities showed Communicable Disease Outbreak was to be reported to the DSHS Hotline.

Resident 1
Resident 1 was admitted to the ALF on [redacted]/2022 with multiple diagnoses including [redacted]

A negotiated service agreement dated 01/25/2023 showed Resident 1 was independent with meals and can make appropriate food choices.

Resident 2
Resident 2 was admitted to ALF dated [redacted]/2019 with multiple diagnoses including [redacted]

On 08/17/2023 at 11:05 AM, 37 residents were observed to be in isolation due to COVID-19.

In an interview on 08/17/2023 at 11:20 AM, Staff A, Health and Wellness Director, stated that they had a total of 37 residents that tested positive for COVID-19. Staff A stated that they closed their dining and suspended activities momentarily until they were no longer on outbreak status.

In an interview on 08/17/2023 at 11:31 AM, Resident 1 stated that eating on a Styrofoam box was "not good".

In an interview on 08/17/2023 at 11:45 PM, Staff B, Executive Director stated that they were in coordination with the Local Health Jurisdiction. Staff B stated that they were not

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Statement of Deficiencies	License #: 2525	Compliance Determination # 28001
Plan of Correction	Brookdale Fairhaven	Completion Date
Page 3 of 3	Licensee: Emeritol Fairhaven Estates LLC	09/28/2023

sure if a report was made to the Department.

In an interview on 08/17/2023 at 12:21 PM, Resident 2 stated that they were getting "shut down again". Resident 2 stated that they were missing going to the activities and seeing friends.

Review of the Department records showed no report was made from the ALF during the COVID-19 outbreak at the facility.

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 Fairhaven is or will be in compliance with this law and / or regulation on (Date) 10/10/23 .

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

Tara Mangan — Administrator (or Representative)

10/9/23 — Date

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