STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
***20425 72nd Avenue S, Suite 400, Kent, WA 98032***

Emeritol Evergreen Lodge LLC
Brookdale Federal Way
31002 14th Ave S
Federal Way, WA 98003

RE: Brookdale Federal Way License # 2526

Dear Administrator:

This letter addresses Compliance Determination(s) 35920 (Completion Date 02/07/2024) and 27813 (Completion Date 08/31/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 02/07/2024 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-2210-1-b

The Department staff who did the on-site verification:
Holly George, Nursing Consultant Institutional

If you have any questions, please contact me at (253)234-6020.

Sincerely,

Laurie Anderson, Field Manager
Region 2, Unit D
Residential Care Services

# Residential Care Services
## Investigation Summary Report

**Provider/Facility:** Brookdale Federal Way
**Provider Type:** Assisted Living Facility
**License/Cert.#:** 2526
**Compliance Determination #:** 27813
**Intake ID:** 92832
**Investigator:** Kailash Sharma
**Region/Unit #:** RCS Region 2 / Unit D
**Investigation Date(s):** 08/09/2023 through 08/31/2023
**Complainant Contact Date(s):** 08/09/2023

**Allegation(s):**
Medication Management Error

**Investigation Methods:**

| | |
|---|---|
| **Sample:** | Total residents: 93<br>Resident sample size: 3<br>Closed records sample size: 0 |
| **Observations:** | General tour of the facility, common areas, nurse station, medication storage, Med-Carts, residents apartment. |
| **Interviews:** | Public Complainant, Executive Director, Health and Wellness Director, Business Office Manager, Med-Tech, Named Resident, Health Care Provider. |
| **Record Reviews:** | Incident report, characteristic roster, Medication Administration Records, Progress Notes, Assessments, Service Plan, Medication Management Policy. |

**Investigation Summary:**
Facility cooperated with investigation regarding medication omission. Executive Director stated they were unsure about specific responsibility related process and transcription of new medication order. Health Wellness Director stated both Nurse and Med-Techs were responsible for entering new medication orders in electronic medication administration record. Named Resident's medication order was sent directly to pharmacy which lead to omission on medication record. Health Care Provider (HCP) stated that medication was ordered and delivered by pharmacy one month ago. HCP stated the medication was placed in the medication cart. HCP stated the medication was not given to Named Resident. Facility failed administration of medication in timely manner. Facility failed practice identified. Citation issued.

**Conclusion / Action:**

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

☐ N/A

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***20425 72nd Avenue S, Suite 400, Kent, WA 98032***



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 08/09/2023, 08/09/2023, 08/30/2023 and 08/10/2023 of:

Brookdale Federal Way
31002 14th Ave S
Federal Way, WA 98003

This document references the following complaint number(s): 92832

The following sample was selected for review during the unannounced on-site visit: 3 of 93 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Kailash Sharma, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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-2210 Medication services.**

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the facility failed to administer medications as ordered for 1 of 3 residents (Resident 1). This failure placed Resident 1 at risk of increased mental health issues and a diminished quality of life.

Findings included…

RESIDENT 1
Review of Resident 1's assessment showed a diagnosis of [redacted]. The assessment showed Resident 1 was prescribed medication to treat the depression.

On 08/09/2023 at 12:35 PM, observation of Resident 1's medications stored on the facility's medication cart showed a bubble pack card of Bupropion (medication used to treat depression) was prescribed to Resident 1. Each Bupropion tablet was packaged by the pharmacy in individually sealed bubble packs (system used to provide safe and convenient way to administer medication). Observation showed the facility received 30 tablets of the medication from the pharmacy on 07/08/2023.

Review of Resident 1's July 2023 Electronic Medication Administration Record (eMAR) showed no documentation of the new medication order for Bupropion SR, 150 milligrams (mg), one tablet daily. The order was not transcribed for administration. There was no documentation on the July 2023 eMAR that showed Resident 1 received the medication as ordered.

Review of Resident 1's August 2023 eMAR showed Resident 1 received only two doses of Bupropion. One dose on 08/08/2023 and the second dose on 08/09/2023. There was no other documentation to show Resident 1 received the medication from 08/01/2023 through 08/07/2023, the week before the first dose was given.

During an interview on 08/09/2023 at 10:00 AM, Collateral Contact 1 (Resident's Health Care Provider, HCP) stated that on 07/08/2023, the HCP prescribed a new medication for Resident 1. The new order was for Bupropion SR (sustained release) 150 mg tablet, once per day for Depression. The HCP stated that, after a month, on 08/07/2023, they visited Resident 1 at the facility. The HCP stated that they were informed that Resident 1 never received the medication as ordered on 07/08/2023. The HCP stated that no order was written onto Resident 1's eMAR. The HCP stated that the medication was stored in the

facility's medication cart, unopened.

During an interview on 08/09/2023 at 11:30 AM, Staff A (Executive Director) stated that usually the nurses are responsible to enter any new physician orders on the eMAR. Staff A stated they were unaware of the medication errors. Staff A stated that Staff B (Health Wellness Director) was the person to ask about the process.

During an interview on 08/09/2023 at noon, Staff B stated that on 08/08/2023, the HCP sent an email to the facility that informed Staff B of the medication omission for Resident 1. Staff B stated that the HCP placed the order directly with the pharmacy. Staff B stated that they were unaware of the new order. Staff B stated that this resulted in the medication error.

**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 Federal Way 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