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

BLC FEDERAL WAY LH LLC
Brookdale Foundation House
32290 FIRST AVE SOUTH
FEDERAL WAY, WA 98003

RE: Brookdale Foundation House License # 1917

Dear Administrator:

This letter addresses Compliance Determination(s) 42090 (Completion Date 06/03/2024) and 38501 (Completion Date 04/02/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/03/2024 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-2450-2-c, WAC 388-78A-2450-2-e, WAC 388-78A-2474-2-b, WAC 388-78A-2474-2-e, WAC 388-78A-2480-1

The Department staff who did the on-site verification:
Claudia Allis, Community Complaint Investigator
Steven Garrett, LTC Licensor

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

Sincerely,

Laurie Anderson

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

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

Statement of Deficiencies	License #: 1917	Compliance Determination # 38501
Plan of Correction	Brookdale Foundation House	Completion Date
Page 1 of 5	Licensee: BLC FEDERAL WAY LH LLC	04/02/2024

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 the unannounced on-site full inspection on 03/20/2024 and 03/25/2024 of:
Brookdale Foundation House
32290 1st Ave S
Federal Way, WA 98003

The following sample was selected for review during the unannounced on-site visit: 11 of 98 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Steven Garrett, LTC Licensor
Claudia Allis, Community Complaint Investigator

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.

Laurie Anderson — Residential Care Services

04/05/2024 — 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)

4/5/2024
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(c) Verify prior to hiring that staff persons have the required licenses, certification, registrations, or other credentials for the position, and that such licenses, certifications, registrations, and credentials are current and in good standing;

(e) Ensure all resident care and services are provided only by staff persons who have the training, credentials, experience and other qualifications necessary to provide the care and services;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 1 of 6 staff (Staff F) had the training, qualifications and required credentials when hired, to provide care and services for vulnerable adults. This failure placed all residents at risk for potential injury, neglect, and abuse from a caregiver with no credentials.

Findings included...

Review of Staff F's personnel records showed that between 02/23/2021 and 03/25/2024, Staff F, Medication technician/caregiver, worked a total of 1,127 days providing direct care and services for residents. There was no documentation that showed Staff F obtained the required credentials as a long-term care worker prior to providing care and services to residents.

During an interview on 03/21/2024 at 10:25 AM, Staff I, Administrative Assistant, stated that there was no documentation in the personnel records that showed Staff F obtained the required credentials prior to providing care to residents. Staff I stated that there was no documentation in Staff F's personnel record that showed Staff F was enrolled in the training and certification class for a Home Care Aide.

During an interview on 03/21/2024 at 3:05 PM Staff A, Executive Director, stated that the facility hired Staff F as a medication technician/caregiver. Staff A stated that when the facility hired Staff F, they were unaware that Staff F was an unqualified long-term caregiver.

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 Foundation House is or will be in compliance with this law and / or regulation on (Date) 5\10\2024

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

Administrator (or Representative) Date 4/3/24

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(b) Basic;

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 2 of 6 staff (Staff E and Staff F) completed all required training to perform their job duties and responsibilities. This failure placed all the residents at risk of unmet care needs from staff with incomplete training.

Findings included...

Review of facility's undated personnel records showed the facility hired Staff E, personal care associate, on 12/09/2021 and Staff F, medication tech/personal care associate, on 02/23/2021.

Basic training
Review of Staff F's personnel records showed that between 02/23/2021 and 03/25/2024, Staff F worked a total of 1,127 days providing direct care and services for residents. There was no documentation that showed Staff F completed the required basic training for long-term care workers.

Continuing Education
Review of facility's undated personnel records showed Staff E's date of birth as [redacted] and Staff F's date of birth as [redacted].

Review of Staff E's personnel records showed no documentation that Staff E completed 12

hours of continuing education between 10/19/2022 and 10/19/2023, as required.

Review of Staff F's personnel records showed no documentation that Staff F completed 12 hours of continuing education between 10/17/2022 and 10/17/2023, as required.

During an interview on 03/22/2024 at 11:25 AM, Staff A, Executive Director, stated that they were unaware that Staff E and F did not complete all required trainings.

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 Foundation House is or will be in compliance with this law and / or regulation on (Date) 5/10/2024

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

Administrator (or Representative) 4/5/24 Date

WAC 388-78A-2480 Tuberculosis Testing Required.

(1) The assisted living facility must develop and implement a system to ensure each staff person is screened for tuberculosis within three days of employment.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to ensure 3 of 6 staff (Staff A, Staff B, and Staff D) were screened for Tuberculosis (TB) as required. This failure placed all the residents at risk of exposure to Tuberculosis, an infectious disease.

Findings included...

Review of facility's personnel records showed the facility hired Staff A, Executive Director, on 03/28/2022; Staff B, Caregiver, on 01/09/2024; and Staff D, Caregiver, on 04/24/2023.

Review of the facility's staff schedule showed that from 03/28/2022 through 03/25/2024, Staff A worked at the facility providing oversight of staff who provided care and services for residents. Review of Staff A's personnel records showed Staff A completed one-step of the two-step TB skin test on 03/28/2022. There was no documentation that showed Staff A completed a second test one to three weeks after the first test.

Review of the facility's staff schedule showed that from 01/09/2024 through 03/25/2024, Staff B worked at the facility providing care and services for residents. Review of Staff B's personnel records showed Staff B completed one-step of the two-step TB skin test on 04/11/2023, 274 days prior to employment with a positive test result. Review of Staff B's personnel records showed no documentation that Staff B completed a chest x-ray following the positive test result from 04/11/2023. Review of Staff B's personnel record showed no documentation of medical evaluation or treatment following the positive test result from 04/11/2023. Staff B's personnel record showed no documentation that the facility had been screened for TB within 3 days of the date of employment.

Review of the facility's staff schedule showed that from 04/24/2023 through 03/25/2024, Staff D worked at the facility providing care and services for residents. Review of Staff D's personnel records showed no documentation that Staff D completed any testing to be screened for TB.

During an interview on 03/22/2024 at 10:30 AM, Staff A stated that they were not screened as required for TB when hired. Staff A confirmed that Staff B and Staff D were not screened for tuberculosis within three days of employment.

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 Foundation House is or will be in compliance with this law and / or regulation on (Date) 5/16/24 .

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

Administrator (or Representative) 4/5/2024 Date

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

04/05/2024

BLC FEDERAL WAY LH LLC
Brookdale Foundation House
32290 FIRST AVE SOUTH
FEDERAL WAY, WA 98003

RE: Brookdale Foundation House # 1917

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 04/02/2024 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 many deficiency listed on the enclosed report; and
- May inspect your program 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 Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager
Residential Care Services
Region 2, Unit D
20425 72nd Avenue S, Suite 400

Kent, WA 98032

• 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-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(i) A current assisted living facility license, including any related conditions on the license;

The assisted living facility license was not located in a conspicuous area of the facility. During the inspection, facility staff located and posted the current assisted living facility license next to the front desk to meet the regulatory requirements.

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(f) Make sure first-aid supplies are appropriate for:

(i) The size of the assisted living facility;

(ii) The services provided;

(iii) The residents served; and

The location of first aid kit supplies throughout the facility were not identified. The kits were not readily available. During the inspection, the facility staff placed several first aid kits throughout the facility with identifier signs posted with each kit.

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:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

• Please contact me at (253)234-6020.

Sincerely,

Laurie Anderson

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

Enclosure