STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

EMERITUS CORPORATION
Brookdale Canyon Lakes
2802 W 35TH AVE
KENNEWICK, WA 99337

RE: Brookdale Canyon Lakes License # 2263

Dear Administrator:

This letter addresses Compliance Determination(s) 25060 (Completion Date 06/08/2023) and 22818 (Completion Date 04/18/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/08/2023 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-2600-2, WAC 388-78A-2600-2-I, WAC 388-78A-2600

The Department staff who did the on-site verification:
Robin Rainville, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Gwin Kaercher

Gwin Kaercher, Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Canyon Lakes **Provider Type:** Assisted Living Facility
License/Cert.#: 2263
Compliance Determination #: 22818 **Intake ID:** 77743
Investigator: Ronald Harris **Region/Unit #:** RCS Region 1 / Unit G
Investigation Date(s): 04/18/2023 through 04/18/2023
Complainant Contact Date(s):

Allegation(s):
1. Missing medications

Investigation Methods:

Sample:	Total residents: 39 Resident sample size: 3 Closed records sample size: 0
Observations:	Med room Med tech changing shift procedures Staff medication procedures
Interviews:	Facility nurse medication technicians
Record Reviews:	Facility's Policy and Procedure Controlled substance log book MARs Incident report Incident investigation

Investigation Summary:
1. Interviews confirmed staff were not following the policies and procedures for counting controlled substances correctly and consistently. Review on controlled substance log book was not completely filled out and no entry for for the missing pills. The facility failed to follow the policy and procedure for handling controlled substances.

Conclusion / Action:

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

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

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 04/18/2023, 04/18/2023 and 04/19/2023 of:

Brookdale Canyon Lakes
2802 W 35TH AVE
KENNEWICK, WA 99337

This document references the following complaint number(s): 77743

The following sample was selected for review during the unannounced on-site visit: 3 of 39 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Ronald Harris
Jessica Salquist, Regional Administrator
Craig Prinn
Nancy Taylor
Curtis Bruer Jr

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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.

Gwin Kaercher
Residential Care Services

05/10/2023
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.

Administrator (or Representative) — Date: 5/11/23

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:

(l) To manage residents' medications, consistent with WAC 388-78A-2210 through 388-78A-2290 ; sending medications with a resident when the resident leaves the premises;

This requirement was not met as evidenced by:

Based on record reviews and interviews, the facility failed to develop and implement systems that support and promote safe medication service for 1 of 3 residents (Resident 1). This failure resulted in a resident's missing controlled medication to go unnoticed.

Findings included...

The facility's "Medication &Treatments Controlled Substances Count" policy referred to the Controlled Substance/MAR Change of Shift Audit Form to be completed. Medication keys will also be tracked at the end of the shift when passed to oncoming associate.

During an interview on 04/18/2023 at 11:00 AM, Staff A, Med Tech stated, "We are supposed to count the narcotics before we start and then at the end of the shift, but that wasn't happening. We started to do counts in the beginning, we became short staffed and started working doubles, so we ended up turning in our keys. We were just doing shift change and not the counts."

During an interview on 04/18/2023 at 1:00 PM, Staff B, Med Tech stated, "I don't think we were counting correctly. I have been here 6 months. I've counted this way at another facility so I just thought that was how we counted. We were trained on how to count the correct way. When I was working with another med tech that was how she did it, so I did it her way."

During an interview on 04/18/2023 at 10:00 AM, Staff C, Health and Wellness Director stated, "I noticed a card (of 30 Oxycodone) missing Easter morning. We had a staff member walk off shift two days prior at 2:30 AM because the had a sick child. They were a no show for her next shift. Staff were counting all the cards and then all the bottles. This was not how they were supposed to count the medications. I was cleaning out the cart and I

checked all the cards to make sure all the meds were correct and I noticed page 20 was missing from the narcotics log book. It had to have been missing since 03/24/2023 until 04/09/2023. It was discovered on 04/09/2023. Staff were not counting consistently or correctly."

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 Canyon Lakes is or will be in compliance with this law and / or regulation on (Date) 5/19/2023.

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

Administrator (or Representative) — 5/11/23 Date