



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
800 NE 136th Ave Ste 200, Vancouver, WA 98684

EMERITUS CORPORATION
Brookdale Olympia East
616 LILLY RD NE
OLYMPIA, WA 98506

RE: Brookdale Olympia East License # 2275

Dear Administrator:

This letter addresses Compliance Determination(s) 60380 (Completion Date 05/30/2025) and 51933 (Completion Date 04/18/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/30/2025 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-2462-2, WAC 388-78A-2462-2-b, WAC 388-78A-2468-3, WAC 388-78A-2468-4

The Department staff who did the on-site verification:
Anissa Bearden, Licensors

If you have any questions, please contact me at (360)450-1218.

Sincerely,

Clinton Fridley, Adult Family Home Nurse Field Manager
Region 3, Unit E
Residential Care Services

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



Residential Care Services Investigation Summary Report

Provider/Facility: Brookdale Olympia East **Provider Type:** Assisted Living Facility
License/Cert.#: 2275 **Intake ID:** 156006
Compliance Determination #: 51933 **Region/Unit #:** RCS Region 3 / Unit E
Investigator: Maria Salas
Investigation Date(s): 12/17/2024 through 04/18/2025
Complainant Contact Date(s):

Allegation(s):
Facility report of potential staff to resident abuse

Investigation Methods:

Sample:	Total residents: 67 Resident sample size: 3 Closed records sample size: 0
Observations:	Identified resident Residents Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Medical records State reporting log Incident investigation Facility policies Personnel files

Investigation Summary:

Based on record review and interview the facility failed to ensure qualified person had access to vulnerable adults. Failed practice identified.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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Statement of Deficiencies	License #: 2275	Compliance Determination # 51933
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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 12/17/2024 of:

Brookdale Olympia East
616 LILLY RD NE
OLYMPIA, WA 98506

This document references the following complaint number(s): 156006, 158706

The following sample was selected for review during the unannounced on-site visit: 3 of 67 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Maria Salas, ALF Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit E
800 NE 136th Ave Ste 200
Vancouver, WA 98684

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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.

Cory Cisneros

Residential Care Services

04/24/2025

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.

Bob Cb

Administrator (or Representative)

5.2.2025

Date

WAC 388-78A-2462 Background checks Who is required to have.

(2) The assisted living facility must ensure that the administrator and all caregivers employed directly or by contract after January 7, 2012 have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on record review and interviews, the facility failed to ensure staff had required national fingerprint background checks for 3 of 3 sampled employees (Staff A, Staff B, and Staff C). This failure placed 67 of 67 residents at risk for being cared for by staff members with a potentially disqualifying history.

Findings included...

Record review of the personnel file of Staff A, caregiver, on 12/18/2024, showed their hire date was 07/09/2024. Staff A's personnel file showed there was no National Fingerprint check completed for review.

Record review of email from Staff D, Executive Director, dated 01/07/2025, showed the hire date for Staff B, caregiver, was 07/01/2024.

Record review of Staff B's personnel file on 12/18/2024, showed there was no National Fingerprint background check completed for Staff B.

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Record review of email from Staff D, dated 01/07/2025, showed the hire date for Staff C, caregiver, was 03/08/2024.

Record review of Staff C's personnel file on 12/18/2025, showed there was no National fingerprint background check completed for Staff C.

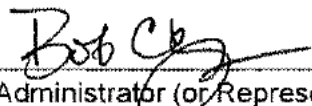
In an interview on 12/18/2024 at 1:08 pm, Staff D stated that Staff E, Business office manager, was the staff person responsible for managing staff personnel files and background check completion.

In an interview on 12/18/2024 at 1:13 pm, Staff E stated that she was responsible for managing compliance with background checks for staff. Staff E stated that she was aware that national fingerprint background checks were to be completed within 120 days after a person was hired. Staff E stated that Staff A had not completed a national fingerprint background check. In an interview on 12/18/2024 at 2:20pm Staff E stated that she had provided all available documents. Staff E stated that if the document was not available it had not been completed.

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 Olympia East is or will be in compliance with this law and / or regulation on (Date) 5.18.25.

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



Administrator (or Representative)

5.2.25

Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

- (3) Has received three positive references for the person;
- (4) Does not allow the person to have unsupervised access to any resident;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to complete requirements for conditional hire for 1 or 3 sampled employees (Staff C). This failure resulted in 67 of 67 residents receiving unsupervised access and care by a potentially unqualified person.

Findings included...

Washington Administrative Code (WAC) 388-113-0109

"May an individual have unsupervised access to minors or vulnerable adults pending the outcome of the fingerprint check?

(1) Individuals who are required to complete a fingerprint-based background check may have unsupervised access for a one hundred twenty-day provisional period when both:

(a) The individual is not disqualified by the name and date of birth background check which is also known as the interim result letter; and

(b) A fingerprint-based background check is pending, which means fingerprint appointment has been scheduled.

(2) If this section conflicts with any other provision of the WAC, this section takes precedence."

Record review of email from Staff D, Executive director, dated 01/07/2025, showed the hire date for Staff C, caregiver, was 03/08/2024.

Record review of Washington State Name and Date of Birth Background check for Staff C on 12/17/2024, dated 4/17/2024, showed that additional information was needed from the applicant. The document stated that the Background Check Central Unit (BCCU) could not complete the background check without additional information from the applicant. BCCU mailed the applicant a request for additional information on 04/17/2024 and would complete the background check when information was received and reviewed by their office. Document stated that "based on your program rules, the applicant may not be allowed to have unsupervised access to children or vulnerable individuals until the background check is complete and the results are reviewed by your office."

Record review of facility Working Staff Schedule, dated 09/01/2024 through 12/17/2024, showed Staff C worked nine of 30 days during September 2024, 12 of 31 days during October 2024, six of 30 days during November and four of 18 days during December 2024.

In an interview on 12/17/2024 at 1:08pm Staff D stated that Staff E, Business office Manager, was responsible for ensuring completion and management of all background checks.

In an interview on 12/17/2024 at 2:23pm Staff E stated that she had only read on the

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Washington State Name and Date of Birth background check that a review was need, and she stated that she gave the form to the former Executive Director who no longer was with the company to complete. Staff E stated that she was aware that the former Executive Director had requested further information from Staff C but had no further information about the completion of the request by BCCU regarding Staff C's background check.

In an interview on 12/17/2024 at 2:32pm, Staff E stated that she did not date reference checks when completed. Staff E stated that the reference checks provided for Staff C were all that were completed. Staff E stated no other reference checks were available.

Record review of Reference Checks for Staff C, undated, showed the person contacted for a reference check was Staff E. Item line- Reference Check Completed By and Date of Reference Check was not filled in. Was unable to determine who had filled out form and when reference check was completed.

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 Olympia East is or will be in compliance with this law and / or regulation on (Date) 5.18.25.

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



Administrator (or Representative)

5.2.25

Date