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) 69274 (Completion Date 11/26/2025) and 64251 (Completion Date 09/25/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 11/26/2025 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-2210-1-b, WAC 388-78A-2210-1, WAC 388-78A-2450-1-a, WAC 388-78A-2450-2-d

The Department staff who did the on-site verification:
Pamela Horlick, NCI RN Complaint Investigator

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

Sincerely,

Clinton Fridley RN

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Olympia East
Provider Type: Assisted Living Facility

License/Cert.#: 2275
Intake ID: 187707
Compliance Determination #: 64251
Region/Unit #: RCS Region 3 / Unit E
Investigator: Pamela Horlick
Investigation Date(s): 08/18/2025 through 09/25/2025
Complainant Contact Date(s):

Allegation(s):

1. Resident/Patient/Client Neglect: Report of showers and medications not being given to residents, facility being understaffed and med techs are pre-popping medications.
2. Administration/Personnel- Report of staff not being paid correctly and not receiving breaks.
3. Physical Environment- Report of slugs in the kitchen.
4. Misappropriation of Property- Report of thefts occurring in the facility.

Investigation Methods:

Sample:
Total residents: 66
Resident sample size: 6
Closed records sample size: 0

Observations:
Residents
Resident rooms
Staff to resident interactions
Resident to resident interactions
Medication administration

Interviews:
Residents
Nursing staff
Family members
Kitchen staff

Record Reviews:
Hospital records
State reporting log
Incident investigation
Facility policies
CarePlan
Progress Notes
Shower cards
Staff working Schedules
Staff time sheets
Medication Administration Records (MAR)

Investigation Summary:

1. Resident/Patient/Client Neglect: Based on record review and interview, residents report receiving showers and deny not getting medications. Unable to substantiate failed practice. Based on observation, interview and record review, facility failed to follow standard of practice and not pre-pop medications. Based on interview and record review the facility failed to maintain adequate staff to provide the care and services for the residents. Failed practice identified.
2. Administration/Personnel- The department has no jurisdiction over breaks/timecards.
3. Physical Environment- Based on interview and observation, no insects/slugs were observed and staff had no complaints of an issue. Unable to substantiate failed practice.
4. Misappropriation of Property- This concern has been investigated. See statement of deficiency dated 09/11/2025.

Conclusion / Action:

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

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800 NE 136th Ave Ste 200, Vancouver, WA 98684

Statement of Deficiencies	License #: 2275	Compliance Determination # 64251
Plan of Correction	Brookdale Olympia East	Completion Date
Page 1 of 7	Licensee: EMERITUS CORPORATION	09/25/2025

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 08/18/2025 and 08/28/2025 of:

Brookdale Olympia East
616 LILLY RD NE
OLYMPIA, WA 98506

This document references the following complaint number(s): 187707

The following sample was selected for review during the unannounced on-site visit: 6 of 66 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Pamela Horlick, NCI RN 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

Statement of Deficiencies	License #: 2275	Compliance Determination # 64251
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Page 2 of 7	Licensee: EMERITUS CORPORATION	09/25/2025

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.

Clinton Fridley
Residential Care Services

10/07/2025
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 Cy
Administrator (or Representative)

10.17.2025
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 ensure staff followed professional standards of practice for medication administration. This failure placed all residents at risk for medication errors, potentially resulting in resident health complications.

Findings included...

Record review of facility policy titled, "Medication and Treatment- General Guidelines for Medication Administration/Assistance," documented pre-pouring of any medication is not an acceptable or safe practice and that medications and treatments should be prepared for the resident immediately before administration, or assistance, unless otherwise permitted per state regulation.

In an observation and interview on 08/28/2025 at 4:33, Staff H, medication technician, observed standing in front of the medication cart located in the medication room. On top of the medication cart were five medications cups with different colored/shaped pills and capsules in each cup and three empty cups spread out on top the medication cart. Staff H stated that they do not pre-pour medications and that they were told by Staff C, Health and Wellness Director, that pre-pouring was when you pour the medications into cups and then leave them in the cart to give to residents later. Staff H stated staff are

supposed to take the medication carts out to the floor to deliver medication to the residents. Staff H stated they find it impossible to take all three carts to all floors by themself and get the medication pass done timely. Staff H stated they pour multiple residents pills into separate cups and stack them up, after labeling each cup, and then run the stack up to the floor and deliver them to the correct residents. Staff H was asked what the cups on the medication cart were, they stated the cups are the 5:00 PM medication delivery. Staff H stated that in the five different medication cups were blood pressure medications, Tylenol, vitamins, blood thinners, cholesterol medication and diabetic medications. Staff H stated that the most medication cups they take in one delivery is medication cups for six residents. Staff H stated they were not taught to do that, that they were taught to take the carts out to the floor and then deliver the medications to one resident at a time. Staff H was asked why it is important to do only one resident's medication at a time, they stated to avoid medication errors. Staff H stated having one med tech to pass all the medications is insufficient and impossible to do and residents complain when they don't get their medications on time. Staff H stated they brought their concerns to Staff A, Executive Director, and Staff C in the past and were told they don't have the labor hours for it.

In an interview on 08/28/2025 at 5:01 PM, Staff A, Executive Director, stated staff are to review the EMAR (Electronic Medication Administration Record) to make sure they have the right resident, correct dose and medication, get the medication out of the cart, administer the medication to the resident, mark it off in the EMAR as given and then move on to the next resident. Staff A stated it is not acceptable to pre-pour medications and staff are not to administer more than one resident's medication at time. Staff A stated it is not acceptable to pre-pour medications into cups and deliver multiple residents' medications at one time. They stated it was not their policy to do that.

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) 11·9·25 .

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

Bob [signature] 10·17·25

Administrator (or Representative) Date

WAC 388-78A-2450 Staff.

(1) Each assisted living facility must provide sufficient, trained staff persons to:

(a) Furnish the services and care needed by each resident consistent with his or her negotiated service agreement;

(2) The assisted living facility must:

(d) Document and retain for twelve weeks, weekly staffing schedules, as planned and worked;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure they had sufficient staff to meet resident needs for 2 of 7 residents (Resident 1 (R1) and Resident 5 (R5)) and failed to provide 12 weeks of weekly staffing schedules as planned and worked for 1 of 1 assisted living facility. These failures resulted in the facility failing to be able to prove who worked and how it was planned as well as placed all residents at risk for unmet care needs and safety issues.

Findings included...

Staffing Issues

In an interview on 08/15/2025 at 12:44 PM, Collateral Contact 1 (CC1), stated staffing for evenings was terrible and on 07/19/2025 there was only one staff member that showed up for the evening shift because everyone had called out. CC1 stated that a few hours later, Staff A, Executive Director, showed up to assist and a resident had gotten up after being left in their wheelchair by Staff A and fell and hit their head. The resident was taken to the hospital.

R1

Record review of R1s face sheet showed R1 was admitted to the facility on [redacted]/2025.

Record review of R1's Personal Service plan (Negotiated Service agreement) dated 05/18/2025, documented that the resident needs help in the bathroom, assist with pulling pants up and down, and assist with changing protective undergarments.

Record review of hospital emergency triage note, dated 07/19/2025 1030PM showed R1 had an unwitnessed fall from chair and was brought into the hospital by ambulance from the facility

In an interview on 08/16/2025 at 09:40 AM, CC1 stated that on 07/19/2025 R1 was sent out to the hospital for evaluation after a fall. CC1 stated Staff A was just putting people in their room and leaving them. CC1 believed R1 had been laying there for a long time and that staffing is not good and 90% of the time its just two staff members on shift.

In an interview on 08/18/2025 at 4:03 PM, Staff A, Executive Director, stated that on 07/19/2025 they were in the facility to help get residents back to their apartments

because of short staffing. Staff A was asked if the staffing was adequate to meet the needs of the residents, they stated they believed it was. Staff A was asked if they were licensed or credentialed, they stated they were not. Staff A was asked about R1's fall, they stated they were not aware of the fall, and it must have happened after they left the facility that evening.

In an interview on 08/18/2025 at 5:04 PM, Staff A stated on 07/19/2025 they left the facility between 8:00 PM and 9:0 PM after Staff E, medication technician, arrived to work.

In an interview on 08/18/2025 at 5:27 PM, Staff E, stated on 07/19/2025 they came in for their shift and there were only Staff D and Staff A there. Staff E stated when they arrived the paramedics were at the facility to evaluate R1 and take them to the hospital. Staff E stated staffing has been rough and they are in desperate need of evening shift employees.

In an interview on 08/18/2025 at 10:28AM, R1 stated they fell when trying to use the restroom. R1 stated they didn't have their pendant on, so they were yelling for help and banging on the walls. R1 stated they used the door to bang it on the wall in hopes someone would hear them and call for help. R1 stated they laid there "forever" until someone came. R1 stated there are not enough staff to help. The facility is always shorthanded.

R5

Record review of R5's face sheet showed R5 was admitted to the facility on [redacted]/2022 with diagnoses including [redacted]

Record review of R5's document titled, "Personal Service plan", dated 07/19/2025, showed R5 is incontinent of both bowel and bladder, requires two-person assistance for transfers, dressing and grooming, bathing and bathroom and hygiene activities. R5 also requires two to three-person staff assistance with transfers using a Hoyer-lift (a mechanical device used to safely transfer individuals with limited mobility).

In an interview on 08/18/2025 527 PM, Staff E stated there are residents who require two-person assist and identified R5 as needing two-person assist. Staff E stated R5 also required the use of a Hoyer lift to transfer from their chair to their bed. Staff E stated any care R5 needs requires two-person assist including changing their brief and repositioning in bed.

In an interview on 08/18/2025 at 4:20 PM, R5 stated that it takes two staff to help get them up using the Hoyer and to change their brief.

In an interview on 08/21/2025 at 2:08 PM, Staff A stated evening shift is typically staffed with one medication technician and one to two qualified caregivers. Staff A stated that they were not a caregiver. Staff A stated that only having one qualified staff member in the building for evening shift did not align with their staffing guidelines. Staff A stated that two qualified staff are required to use a Hoyer lift and that they (Staff A) are not qualified to assist. Staff A stated that the facility is required to provide the care listed on the care plan and that if R5 needed to be transferred they weren't sure how they would be able to help the residents, and that one qualified staff would not have been enough to help R5. Staff A stated that staffing was insufficient on 07/19/2025.

In an interview on 08/21/2025 at 1:21PM, Staff A was asked who worked the night shift on 06/22/2025, they stated Staff G. Staff A stated they can't find any evidence that anyone else worked. Staff A was asked if there was only one person in the building for night shift, they stated yes. Staff A was asked what the process was if there was a fall on NOC (night) shift, they stated the caregiver would call the med tech to help them. Staff A was asked if there was a fall on 06/22/2025 on NOC shift who would Staff G have called to help them, they stated they couldn't answer that.

Staffing schedules – worked

Records request was made on 08/18/2025 for July 2025's actual worked staff schedule.

On 08/18/2025 at 9:39 AM, Staff B, Health and Wellness Coordinator, provided the requested July 2025 actual work staff schedule and validated that the schedule provided included call outs and no shows and Staff B stated it should.

In an interview on 08/18/2025 at 12:32 PM Staff C, Health and Wellness Director, was asked if July 2025's schedule was accurate, they stated no it is not. Staff C stated that the August 2025 schedule was correct but stated they didn't know who worked on 07/19/2025 and they would have to review time punches.

Record review of July 2025's schedule showed that on 07/19/2025, Staff D, medication technician, was the only staff scheduled to work on evening shift from 2:00 PM till 10:00 PM.

On 08/18/2025 at 1:00 PM, the facility provided time sheets for all staff who worked on 07/19/2025.

Record review of June 2025 working schedule showed from 6/15/2025 through 06/17/2025 and 06/22/2025 through 06/24/2025 pink high lighter used on the schedule for Staff F.

In an interview on 08/21/2025 at 2:08 PM, Staff A stated that the pink highlighted area on the schedule indicated that that is the person who worked that shift. Staff A stated that Staff F did not work on 06/16/2025, and that the June 2025 working schedule provided was not the actual worked schedule and that the schedule was inaccurate.

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) 11.9.25 .

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

Bob [signature] 10.17.25

Administrator (or Representative) Date