STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

07/26/2024

SILVER LAKE ASSISTED LIVING LLC
Brookdale Arbor Place
12806 BOTHELL EVERETT HWY
EVERETT, WA 98208

RE: Brookdale Arbor Place License # 2278

Dear Administrator:

This letter addresses Compliance Determination(s) 44707 (Completion Date 07/25/2024) and 41656 (Completion Date 06/06/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/25/2024 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-3090-1-a, WAC 388-78A-3090-1-c, WAC 388-78A-2474-2-d, WAC 388-112A-0710, WAC 388-112A-0720-2, WAC 388-112A-0720-2-a, WAC 388-78A-24701-1, WAC 388-78A-24681-1, WAC 388-78A-24681-2, WAC 388-78A-24681, WAC 388-78A-2480-1, WAC 388-78A-2620-2-a, WAC 388-78A-2620-2-b, WAC 388-78A-2100-2-a, WAC 388-78A-2100-2-b-ii, WAC 388-78A-2240, WAC 388-78A-2600-2-n, WAC 388-78A-2090-6-e

The Department staff who did the on-site verification:
Cristina Gonzalez, ALF Licensor
Allison Nunn, Long Term Care Surveyor

If you have any questions, please contact me at (360)651-6846.

Sincerely,

Kim Ripley

Kimberley Ripley, Field Manager
Region 2, Unit A

Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Statement of Deficiencies	License #: 2278	Compliance Determination # 41656
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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 the unannounced on-site full inspection on 05/22/2024, 05/23/2024, 05/24/2024 and 05/29/2024 of:
Brookdale Arbor Place
12806 BOTHELL EVERETT HWY
EVERETT, WA 98208

The following sample was selected for review during the unannounced on-site visit: 9 of 87 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Cristina Gonzalez, ALF Licensor
Roger Harrington, Assisted Living Facility Licensor
Allison Nunn, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit A
3906-172nd St NE, Suite #100
Arlington, WA 98223

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.

Kim Ripley
Residential Care Services

06/21/2024
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.

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Administrator (or Representative) 6/24/2024 Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to provide a safe, sanitary, well-maintained environment for 3 of 3 floors (Floor 1, 2, and 3). This failure resulted in unsanitary and unsafe conditions for all 87 residents and placed all residents at risk for injury and a decreased quality of life.

Findings included...

The ALF consisted of three floors. The following observations were made during a tour with Staff A, Executive Director, on 05/22/2024.

First Floor

At 10:35 AM, in the dining room, two large metal ceiling vents were dirty.

At 10:38 AM, two metal ceiling vent covers in the dining room had an edge hanging down.

At 10:39 AM, a metal grate in the ceiling activities room was loose.

At 10:42 AM, the freezer portion of the refrigerator in the multipurpose room was unlocked and had spilled juice stains inside.

At 10:46 AM, the industrial washer in the laundry room had two filters filled with dust. Next to the filters were signs posted "clean filter daily".

At 10:50 AM, electrical panel "M" across from room 101 was blocked with boxes.

On 05/22/2024 at 10:50 AM, Staff A, stated that they will ensure the appropriate staff understand the importance of not blocking electrical panels.

At 10:54 AM, the mechanical room floor was cluttered with debris.

At 10:55 AM, the floor inside the sprinkler room was cluttered with debris.

Second Floor

At 10:56 AM, a ceiling vent in the resident laundry room was covered with dust.

At 11:03 AM, three small oxygen bottles approximately 16.5" tall by 4.5" in diameter were not secured and leaned against other.

At 11:04 AM, electrical panel "D2" across from room 236 had boxes in front of the panel.

At 11:06 AM, in the hallway next to the TV room, one of the ceiling tiles next to a light had a large crack running through it.

On 05/22/2024 at 11:06 AM, Staff A stated that the ceiling tile was on their list of items to fix, but they hadn't had an opportunity to do so yet.

At 11:17 AM, an electrical panel in the maintenance room across from room 232 had boxes blocking it.

Third Floor

At 11:20 AM, an electrical panel in the maintenance room across from room 333, had boxes blocking it.

At 11:23 AM, electrical panel "H" had boxes blocking it.

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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 Arbor Place is or will be in compliance with this law and / or regulation on (Date) 7/21/2024

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

Administrator (or Representative) [signature] Date 6/26/2024

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(2) Assisted living facilities.

(a) Assisted living facility administrators who provide direct care and long-term care workers must have and maintain a valid CPR and first-aid card or certificate within thirty days of their date of hire.

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.

(d) Cardiopulmonary resuscitation and first aid; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 4 of 6 staff members (Staff B, C, E, and F) had valid Cardiopulmonary Resuscitation (CPR) training that included a first aid education component and hands-on CPR skill development within 30 days of their date of hire. This failure resulted in Staff B, Staff C, Staff E, and Staff F not having the necessary training related to their job duties and expectations and placed all 87 residents at risk for compromised care and safety.

Findings included..

Review of the ALF's employee files showed the following:

Staff B, Med Tech, was hired on 04/01/2024. There was no documentation that Staff B had completed any first aid training.

Staff C, Med Tech, was hired on 11/08/2023. Review of Staff C's CPR card showed Staff C was accredited by nationalCPRfoundation.com, a company that offers online CPR training and certification. Review of the company's site showed they do not offer any hands-on CPR training. There was no documentation that Staff C had completed any first aid training.

Staff E, Caregiver, was hired on 01/19/2017. There was no documentation that Staff E had completed any CPR or first aid training.

Staff F, Med Tech, was hired on 09/14/2022. There was no documentation that Staff F had completed any first aid training.

On 05/22/2024 at 2:30 PM, Staff I, Business Office Coordinator, stated that they don't know what happened with staff not having the appropriate CPR and/or first aid training. Staff I stated that they would work with the ALF's CPR/first aid trainer to get a class scheduled.

On 05/24/2024 at 12:15 PM, Staff B stated that they took a basic life support class that included CPR training, but no first-aid was taught during the class.

On 05/29/2024 at 3:59 PM, Staff C stated that they did CPR renewal training online. Staff C stated that there was no mannequins or any hands-on training required with this class.

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WAC 388-78A-24701 Background checks Employment Nondisqualifying information.

(1) If the background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not a disqualifying crime under chapter 388-113 WAC, then the assisted living facility must determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care.

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This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to complete a character, competence and suitability review when 1 of 6 staff, (Staff C) had a background check that required a review of their criminal history. This failure resulted in Staff C working with vulnerable adults without their criminal history being reviewed and placed all residents at risk of receiving care from a person that may not be suitable to work with vulnerable adults.

Findings included...

Review of staff files on 05/22/2024 showed Staff C, Med Tech, was hired on 11/08/2023.

Review of Staff C's background check dated 11/07/2023 showed a character, competence and suitability (CCS) review was required based on Staff C's criminal history. There was no documentation of a completed CCS found in Staff C's file.

On 05/22/2024 at 2:44pm Staff I, Business Office Coordinator, stated that a character, competence and suitability review was not completed for Staff C.

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Administrator (or Representative) 6/24/2024 Date

WAC 388-78A-24681 Background checks Employment Provisional hire Pending results of national fingerprint background check. The assisted living facility may provisionally employ a caregiver and an administrator hired after January 7, 2012 for one hundred and twenty-days and allow the caregiver or administrator to have unsupervised access to residents when:

(1) The caregiver or administrator is not disqualified based on the results of the Washington state name and date of birth background check; and

(2) The results of the national fingerprint background check are pending.

This requirement was not met as evidenced by:

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Based on interview and record review the Assisted Living Facility (ALF) failed to ensure that 2 of 6 staff, (Staff D and F) completed a national fingerprint background check within 180 days of employment. This failure resulted in Staff D and F having unsupervised access to vulnerable adults without a completed background fingerprint check and placed all residents at risk of being cared for by staff with potentially disqualifying crimes.

Findings included...

Review of staff files on 05/22/2024 showed Staff D, Caregiver, was hired on 06/27/2023.

Review of Staff D's final fingerprint background check showed it was completed on 04/26/2024, 304 days after Staff D was hired.

On 05/22/2024 at 2:55pm Staff I, Business Office Coordinator, stated that when the ALF noticed that Staff D did not have fingerprints done, they had Staff D re-do the entire background check process because the first one was expired.

Review of staff files on 05/22/2024 showed Staff F, Med Tech, was hired on 09/14/2022.

Review of Staff F's final fingerprint background check showed it was completed on 12/20/2023, 462 days after Staff F was hired.

On 05/22/2024 at 4:03pm Staff I stated that they did not know why Staff F completed the fingerprint check late.

Plan/Attestation Statement

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Administrator (or Representative) 6/26/2024 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 Assisted Living Facility (ALF) failed to ensure 1 of 6 staff (Staff D) was screened for Tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects the lungs) within three days of employment. This failure placed all 87 residents at risk of possible exposure to a communicable disease.

Findings included...

Review of the ALF's employee files showed Staff D, Caregiver, was hired on 08/27/2023. There was no documentation showing Staff D was tested for TB.

On 05/22/2024 at 2:54 PM, Staff I, Business Office Coordinator, stated that they did not have Staff D's TB test available for review.

On 05/29/2024 at 1:02 PM, Staff A, Executive Director, stated that staff should typically be tested for TB during their first couple days of training at the ALF.

On 05/30/2024 at 3:52 PM, Staff D stated that they were never tested for TB upon hire at the ALF.

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Administrator (or Representative) — Date 6/24/2024

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

(b) Are certified by a veterinarian to be free of diseases transmittable to humans;

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure 4 of 5 Pets, (Pets 1, 2, 3 and 5) living in the ALF were examined by a licensed veterinarian on a regular basis. This failure resulted in Pets 1, 2, 3 and 5 not having up to date vaccinations and placed all residents at risk for exposure to communicable diseases.

Findings included...

Review of the ALF's Pet Policy dated 10/2021 showed the resident's pet must have regular examinations and current vaccinations by a licensed veterinarian upon move into the community and be certified by a veterinarian to be free of diseases transmittable to humans.

On 05/24/2024 at 2:39pm, Staff A, Executive Director, stated that they were not able to locate any records for Pets 1, 2, 3 and 5.

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WAC 388-78A-2100 Ongoing assessments.

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to complete a full assessment for 2 of 9 residents (Resident 1 and 5) at least annually that fully addressed Resident 1 and 5's current needs including their medication management ability. This

failure resulted in the ALF staff using an assessment with outdated information to care for Resident 1 and 5 and placed all residents at risk of not having up to date assessments and not receiving medications as prescribed.

Findings included...

Review of the ALF's policy titled, "Medication & Treatment–Administration/Assistance" dated 03/31/2022 showed residents who desire to self-administer medication should be permitted to do so if the admitting physician verifies it is appropriate, the Nurse has confirmed the resident's abilities in this regard, and any applicable state requirements are met. The evaluation will be completed using the Self-Administration of Medications Review form initially, quarterly, or as per state regulation and with change in resident condition.

Resident 1

Resident 1 was admitted to the ALF on [redacted]/2022 with multiple diagnoses including [redacted]

Review of an assessment dated 05/29/2024 showed that Resident 1 managed their medication independently with family available for back up and support.

Review of a negotiated service agreement dated 01/16/2024 showed that Resident 1 self-managed their medications including self-administering and ordering their own medications.

On 05/24/2024 at 10:45 AM, Resident 1 stated that they don't do their own medications. Resident 1 stated that their daughter takes care of all their medication.

On 05/29/2024 at 12:15 PM, Staff G, Health and Wellness Director, stated the daughter does all of Resident 1's medications including ordering their medications and setting up the medisets and that the resident is not involved with this process.

Resident 5

Resident 5 was admitted to the ALF on [redacted]/2012 with multiple medical diagnoses including [redacted] and [redacted]

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Review of a Negotiated Service Agreement (NSA) dated 11/22/2024 showed Resident 5 requires medication assistance.

Review of a Healthcare Provider Order Sheet dated 03/07/2021 and signed by a physician showed Resident 5 was able to self-administer an anti-itch topical cream and Acetaminophen 500mg every four hours as needed for pain. No other medications were approved for the resident to self-administer.

Review of the Medication Assistance Record (MAR) dated March, April and May 2024 showed Resident 5 was to self-administer a shampoo for dry scalp every Monday, Wednesday and Friday; eye drops for allergies, 1 drop in both eyes two times per day, and an inhaler for shortness of breath and wheezing, 2 puff inhales twice per day.

Review of the self-administration of medication review dated 05/14/2021 showed Resident 5 was able to self-manage their medicated shampoo and topical medications only.

On 05/29/2024 at 9:29 AM Resident 5 stated that they have acetaminophen in their apartment and they take it occasionally. Resident 5 stated that they will use the eye drops only when they have allergies, not daily as prescribed. Resident 5 stated that they have an inhaler for wheezing and shortness of breath but they don't use it.

On 05/24/2024 at 2:59 PM Staff G, Health & Wellness Director, stated that the ALF did not have an updated assessment for Resident 5 to self-administer medications.

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Administrator (or Representative) 6/24/2024 Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

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Based on interview and record review, the Assisted Living Facility (ALF) failed to obtain prescribed medications in a timely manner for 1 of 9 residents (Resident 9). This failure resulted in Resident 9 not having their prescribed medications available and placed them at risk of worsening health conditions.

Findings included...

Review of the ALF's policy titled, "Medication & Treatment - Administration/Assistance," dated 3/31/2022, showed that all medication assistance shall be provided in a safe and timely manner, and as prescribed by the resident's physician/healthcare provider.

Resident 9 was admitted to the ALF on [redacted]/2020 with multiple diagnoses including [redacted].

Review of the Negotiated Service Agreement dated 04/15/2024 showed Resident 9 required medication services from the ALF.

Review of April's Electronic Medical Administration Record (EMAR) showed Resident 9 was to be given Mirtazapine (a medication used to treat depression) once daily at bedtime. April's EMAR showed that Resident 9 missed their prescribed antidepressant for nine days from 04/04/2024 to 04/13/2024.

On 05/29/2024 at 10:35 AM, Staff H, Med Tech, stated that when the facility is responsible for a resident's medication, they contact the pharmacy eight days before the medication runs out and follows up on the status of medication order.

On 05/29/2024 at 10:41 AM, Staff G, Health and Wellness Director, stated that medication is usually ordered through EMAR seven days prior to it running out.

On 05/29/2024 at 12:30 PM, Staff G, stated that the ALF took over Resident 9's medication services on 01/10/2024.

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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:

(n) Related to food services consistent with chapter 246-215 WAC and WAC 388-78A-2300 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to follow their policy on monitoring and documenting food temperatures for 80 of 134 meals served to residents in the months of April and May 2024. This failure resulted in food that was not temperature checked to assess whether they were maintained at safe temperatures being served to residents and placed all 87 residents who received food services at risk for foodborne illnesses.

Findings included...

Review of the ALF's policy titled, "Food and Beverage Temperature Control," dated 02/01/2024, showed food temperatures should be taken at the beginning of the meal service and again 30 minutes into the service to ensure potentially hazardous foods are maintained at safe temperatures for the safety of the residents. The policy showed that these temperatures should be documented in the ALF's temperature logbook.

On 05/24/2024 at 12:00 PM, the lunch meal service observation in the kitchen showed shrimp, rice, steamed peas, and egg salad sandwiches being prepared and served to residents.

On 05/24/2024 at 12:07 PM, Staff J, Cook, stated that the food temperature logbook needs to be filled out throughout the meal service, but that they didn't have time to do the required temperatures for today's lunch.

On 05/24/2024 at 12:27 PM, Staff J was observed preparing approximately 10-15 resident plates for lunch. No temperature checks were observed.

Review of the food temperature logbook for the months of April and May 2024 showed no documentation that any temperature checks were conducted for 36 of the 134 meals served. The logbook showed no documentation that the second required temperature check 30 minutes into the service was completed for an additional 44 meals served.

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On 05/29/2024 at 10:45 AM, Staff K, Dining Services Coordinator, stated that kitchen staff are to check food temperatures at the beginning of meals, halfway through, and document these temperatures in the food temperature logbook.

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WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to complete a full assessment for 1 of 9 residents (Resident 3) that addressed any safety considerations that may pose a danger to the resident such as the use of medical devices. This failure resulted in Resident 3 not being assessed on their ability to safely use a bed cane and placed Resident 3 at risk for injury via strangulation and entanglement.

Resident 3 was admitted to the ALF on [redacted]/2023 with multiple diagnoses including [redacted]

On 05/24/2024 at 10:54 AM, a bed cane (a medical mobility device shaped like a handle that attaches to a bed allowing users to get in and out of bed independently) was observed attached to Resident 3's bed.

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On 05/24/2024 at 10:55 AM, Resident 3 stated that they use the bed cane to get themselves out of bed without any help from staff.

Review of an assessment dated 11/20/2023 showed Resident 3 did not have any bedside mobility devices.

On 05/29/2024 at 10:12 PM, Staff G, Health and Wellness Director, stated that they did not know about Resident 3's bed cane. Staff G stated that assessments for bed rails and other bed mobility devices need to be completed initially when the device is first implemented, but that they were unable to find any documentation of a completed assessment for Resident 3's bed cane.

On 05/29/2024 at 1:02 PM Staff A, Executive Director, stated that Resident 3 has had a bed cane in place since they moved in.

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Administrator (or Representative) 6/24/2024 Date