STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

EMERITUS CORPORATION
Brookdale Admiral Heights
2326 CALIFORNIA AVE SW
SEATTLE, WA 98116

RE: Brookdale Admiral Heights License # 2306

Dear Administrator:

This letter addresses Compliance Determination(s) 44064 (Completion Date 07/12/2024) and 42412 (Completion Date 06/11/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/12/2024 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:
RCW 70.129.050.1, WAC 388-78A-2400-2, WAC 388-78A-2480-1, WAC 388-78A-2620-2-b, WAC 388-78A-2130-3-b, WAC 388-78A-2130-3-a, WAC 388-78A-2130-3, WAC 388-78A-2170-1, WAC 388-78A-3011-2-b

The Department staff who did the on-site verification:
Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 06/04/2024 and 06/06/2024 of:

Brookdale Admiral Heights
2326 CALIFORNIA AVE SW
SEATTLE, WA 98116

The following sample was selected for review during the unannounced on-site visit: 7 of 51 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Sunny Kent, Licensor
Scottie Sindora, ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Residential Care Services _____ 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 _____

RCW 70.129.050 Privacy and confidentiality of personal and medical records. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. This does not require the facility to provide a private room for each resident however, a resident cannot be prohibited by the facility from meeting with guests in his or her bedroom if no roommates object.

WAC 388-78A-2400 Protection of resident records. The assisted living facility must:

(2) Maintain resident records and preserve their confidentiality in accordance with applicable state and federal statutes and rules, including chapters 70.02 and 70.129 RCW;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility, (ALF) failed to ensure all resident information remained confidential for 1 of 1 public binder containing the results of the ALF's previous full inspection. This failure placed 51 residents at risk for a violation of personal privacy.

Findings included…

Record review of binder titled, "Results from Previous Inspection," showed the binder included the "Resident/Staff Sample List," from the 2017 full inspection. At the top of the "Resident/Staff Sample List," the document stated "Confidential – Do Not Post In The Facility."

In an interview, on 06/05/2024 at 9:10 AM, Staff A (Executive Director) stated that the document should not be posted in the binder and would remove it immediately.

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 Admiral Heights is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Administrator (or Representative) 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 5 staff members (Staff C) screened for tuberculosis (TB) within three days of employment. This placed 51 residents at risk of exposure to a communicable disease.

Findings included…

Record review of personnel files showed the ALF hired Staff C as a full-time Dishwasher on 02/12/2024. Record review showed Staff C had a first step TB test given on 06/04/2024, four months after he was hired.

In an interview, on 06/05/2024 at 12:29 PM, Staff A (Executive Director) stated that the test was just administered yesterday and will be read tomorrow.

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 Admiral Heights is or will be in compliance with this law and / or regulation on (Date)_____ .

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

Administrator (or Representative) Date

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:

(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 3 of 3 sampled pets (Pets 1, 2, and 3) were certified by a licensed veterinarian to be free of diseases transmittable to humans. This placed 51 residents at risk of exposure to communicable disease.

Findings included…

Review of records showed Pets 1, 2 and 3 were not certified by a veterinarian to be free of diseases transmittable to humans.

In an interview, on 06/05/2024 at 01:54 PM, Staff A (Executive Director) stated that she will work on getting those records.

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 Admiral Heights is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2130 Service agreement planning. The assisted living facility must:

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to develop the Negotiated Service Agreement (NSA) for 1 of 7 sampled residents (Resident 4) to include protocols to assist staff in recognizing the signs and symptoms of hyperglycemia (high blood sugar) and hypoglycemia (low blood sugar) This placed the resident at risk for falls and other harmful effects secondary to uncontrolled blood sugar. The ALF also failed to develop and document a plan to monitor and address potential side effects for Resident 4’s routine anticoagulation (blood thinning) therapy. This placed the Resident 4 at risk for bruising, bleeding, and compromised health.

Findings included…

No Safety Instructions for High and Low Blood Sugars

Note: According to the American Diabetes Association, hyperglycemia, or high blood sugar, occurs when the body has too little insulin or cannot use insulin properly. Hypoglycemia, or low blood sugar, is defined as blood sugar below 70 mg/dL (milligrams per deciliter).

Note: According to the Davis's Drug Guide for Nurses, January 2019, adverse reactions from anticoagulation therapy include unusual bleeding of the gums, bruising, black, tarry stools, nosebleeds, and vomiting blood.

Record Review of an undated Resident Characteristic Roster showed the facility admitted Resident 4 on [redacted]/2023. Review of a Personal Service Plan (PSP- a combination Assessment and NSA), dated 01/17/2024, showed diagnoses including [redacted], and [redacted]. The PSP also showed staff assisted Resident 4 with medication administration, including set-up of their insulin pens so Resident 4 could self-inject the medication. The PSP did not show any information about recognizing and managing symptoms of hypoglycemia or hyperglycemia. Record review of electronic Medication Administration Records (eMARs) for March through June 2024 showed Resident 4 used two insulins to treat their diabetes.

Observation, on 06/06/2024 at 12:15 PM, showed Resident 4 wore a continuous glucose monitor to record blood sugars. The eMARs contained an order to “Hold insulin if blood sugar below 100”. Medications Technicians (MTs) assisted Resident 4 with their insulin and documented the blood sugar readings on the eMARs. MTs would hold the insulin for blood sugar readings below 100.

Review of email, received 06/06/2024 at 12:34 PM, from Staff B (Health & Wellness Director) showed they were not aware the PSP did not contain instructions for recognizing and treating hypoglycemia and hyperglycemia.

Anticoagulation

Record review of electronic Medication Administration Records (eMARs) for March through June 2024 showed Resident 4 took a twice daily dose of anticoagulation medication. Record review of the PSP showed no safety instructions to guide staff if Resident 4 showed or expressed any side effects consistent with anticoagulation therapy.

Review of email received, 06/06/2024 at 12:34 PM, from Staff B showed they were not aware the PSP did not contain instructions for recognizing side effects of anticoagulation therapy.

During an exit interview, on 06/06/2024 at 1:20 PM, Staff B acknowledged the PSP lacked blood sugar and anticoagulation therapy safety instructions.

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 Admiral Heights is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date

WAC 388-78A-2170 Required assisted living facility services.

(1) The assisted living facility must provide housing and assume general responsibility for the safety and well-being of each resident, as defined in this chapter, consistent with the resident's assessed needs and negotiated service agreement.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure 1 of 1 sampled resident (Resident 3) who used an Adult Portable Bed Rail (APBR) participated in assessments to identify the need and ability of the resident to safely use the APBR, that the ALF reviewed risks and benefits, and ensured proper and safe installation of the APBR. This failure placed Resident 1 at potential risk for serious bodily harm, including death from entrapment due to a bed mobility device.

Findings included…

Review of the ALF's Bedside Mobility Aids-AL (Assisted Living) policy, last revised 03/2020, showed, "All residents utilizing bedside mobility aids should have a Negotiated Risk Agreement…or other state required form completed, making sure all risks are fully disclosed in the resident record", and, "A…prescriber order for the use of any bedside mobility aid should be obtained prior to its use…" and, "Specific instructions related to bedside mobility aids…should be documented on the resident's Service Plan…"

Note: Washington Administrative Code (WAC) 388-78A-2700 - Emergency and disaster preparedness. (1) The assisted living facility must: (a) Maintain the premises free of hazards.

Note: According to the Food and Drug Administration (FDA.gov), Adult Portable Bed Rails are a type of bed rail also known as a halo, bed handle, bed cane, assist bar or grab bar that is attachable and removeable from a bed. They differ from side rails that are attached to the bed's frame, such as the side rails on a hospital bed.

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 3 on [redacted]/2018. Review of a Personal Service Plan (PSP - a combination Assessment and Negotiated Service Agreement), dated 01/09/2024, showed Resident 3 was diagnosed with [redacted]). The PSP also showed Resident 3 required two-person assistance with transfers, max assist with bed mobility, and required help with dressing and using the restroom.

Review of documents addressing mobility equipment showed an undated Mobility Device Evaluation, signed by an occupational therapist on 10/17/2023, covered the use of transfer poles. A Risks and Benefits statement, signed 10/26/2023, also covered transfer pole use. The documents did not show an assessment or a risks and benefits statement addressing the APBR.

During an observation of care in Resident 3's apartment on 06/06/2024 at 7:36 AM, observation also showed two transfer poles and the APBR. One transfer pole was positioned at the right lower corner of the bed. A second transfer pole was positioned adjacent to Resident 3's recliner chair. The APBR was positioned on the right side (facing) of the bed. Further observation showed the APBR was made of aluminum and measured 12 ½ inches wide by 15 inches long. The top of the APBR curved into an upside down "U" shape and formed an opening that measured 6 ½ inches long by 12 ½ inches wide. The entire APBR was shaped like an "L", with the lower leg of the "L" positioned under Resident 3's mattress. The APBR was not secured to the bed frame and easily came away from the mattress with minimal pressure applied to the device.

During an observation and interview, on 06/06/2024 at 12:35 PM, with Staff A (Executive Director) and Staff F (Maintenance Manager), the Department Representative (DR) demonstrated the APBR was not secured to the bed frame. Staff A and Staff F acknowledged the observation. The DR also showed Staff A and Staff F the APBR was lacking a cloth cover.

During an exit interview, on 06/06/2024 at 1:20 PM, Staff B acknowledged the PSP and other mobility device documentation did not address the APBR.

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 Admiral Heights is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____
Administrator (or Representative) Date

WAC 388-78A-3011 Resident unit furnishings.

(2) The assisted living facility may use or allow use of carpets and other floor coverings only when the carpet is:

(b) Kept clean and free of hazards, such as curling edges or tattered sections.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure the environment in 3 of 7 sampled resident apartments (Resident 3, 5 & 6) received as-needed maintenance when observation showed significant areas of dirt and staining on the carpeting. This left the residents without carpeting maintained in a clean and sanitary manner and detracted from a homelike atmosphere.

Findings included…

Resident 3

Record review of an undated Resident Characteristic Roster showed the ALF admitted Resident 3 on [redacted]/2018.
An observation, on 06/05/2024 at 2:50 PM, showed Resident 3 seated in a recliner chair. The carpeting in Resident 3's apartment was covered in dark spots that resembled spills and drips. One large carpet stain, observed on the right side (facing the bed) of the bedroom floor, measured 14 inches x 11 inches.

During an interview, on 06/05/2024 at 2:50 PM, Resident 3 was asked about the condition of the carpeting. They replied the housekeepers vacuumed the carpeting every Tuesday, but it had remained dirty since before the COVID epidemic. Resident 3 also stated that the dirty carpet bothered them, and they would like to have it cleaned.

During an observation and interview, on 06/06/2024 at 12:35 PM, with Staff A (Executive Director) and Staff F (Maintenance Manager), Staff A and Staff F acknowledged the

condition of Resident 3's carpeting. Staff F stated that the carpet was last shampooed January of 2024, and it was cleaned on an annual basis. Staff F then stated that they booked an appointment with Resident 3 to shampoo the carpet at 2:00 PM later the same day.

Resident 5

Record review of an undated RCR showed the ALF admitted Resident 5 on [redacted]/2024.

An observation, on 06/05/2024 at 1:35 PM, showed Resident 5 lying in her bed, in her apartment. Observation showed her carpet was unclean to sight, with over eight dark stains in the common area. The largest stain measured over 6 inches x 6 inches.

In an interview, on 06/06/2024 at 10:30 AM, Resident 5 stated "[the carpet] does bother me. It should be cleaner."

Resident 6

Record review of an undated RCR showed the ALF admitted Resident 6 on [redacted]/2021.

An observation, on 06/05/2024 at 11:45 AM, showed Resident 6 in her chair, in her apartment. Observation showed the carpet had two large, dark stains. One stain was in front of the couch and measured 7 inches x 5 inches. The second stain was next to Resident 6's bed and measured 8 inches x 6 inches.

In an interview, on 06/05/2024 at 11:45 AM, Resident 6 stated the housekeepers visited once a week. Resident 6 stated "they vacuum, but they don't do anything with the stains."

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 Admiral Heights is or will be in compliance with this law and / or regulation on (Date)_____ .

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

_____ _____

Administrator (or Representative) Date