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 Vancouver Stonebridge
7900 NE Vancouver Mall Dr
Vancouver, WA 98662

RE: Brookdale Vancouver Stonebridge License # 2308

Dear Administrator:

This letter addresses Compliance Determination(s) 31065 (Completion Date 10/13/2023) and 27805 (Completion Date 08/16/2023).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/13/2023 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-2320-1, WAC 388-78A-2320-1-a, WAC 388-78A-2320-1-b, WAC 388-78A-2320-2-a, WAC 388-78A-2320-2-b

The Department staff who did the off-site verification:
Jennifer Siharath, ALF Licensor
Kyle Gehlen, ALF Licensor - LTC

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

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

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

Statement of Deficiencies	License #: 2308	Compliance Determination # 27805
Plan of Correction	Brookdale Vancouver Stonebridge	Completion Date
Page 1 of 3	Licensee: EMERITUS CORPORATION	08/16/2023

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 off-site follow-up on 08/08/2023 and 08/15/2023 of:
Brookdale Vancouver Stonebridge
7900 NE Vancouver Mall Dr
Vancouver, WA 98662

This document references the following SOD dated: 08/16/2023

The following sample was selected for review during the unannounced off-site verification: 9 of 69 current residents and 2 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor

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

As a result of the off-site verification(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 — 08/26/2023 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.

Statement of Deficiencies	License #: 2308	Compliance Determination # 27805
Plan of Correction	Brookdale Vancouver Stonebridge	Completion Date
Page 2 of 3	Licensee: EMERITUS CORPORATION	08/16/2023

Administrator (or Representative), HWD

9/8/2023
Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a registered nurse (RN) had delegated nursing tasks as required when 5 of 5 sampled facility medication technicians administered insulin injections to 1 of 2 residents (Resident 5 [R5]) prior to being delegated and were not supervised and evaluated at least weekly for the first four weeks for insulin administration. This failure placed residents at risk for harm and injury due to untrained and unsupervised care staff.

WAC 246-840-930, Criteria for delegation. (19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

Findings included...

During an unannounced follow up revisit for a full inspection on 08/08/2023 at 5:19 PM, R5's records showed that R5 admitted to the facility on 03/23/2022 with various diagnoses including dementia (a disease that affects memory and cognition), hypertension (elevated blood pressure), and diabetes (an impairment in the way the body regulates and uses sugar (glucose) as a fuel).

On 08/09/2023 at 10:40 AM, the department requested nurse delegation nursing visit documentation for R5.

Statement of Deficiencies	License #: 2308	Compliance Determination # 27805
Plan of Correction	Brookdale Vancouver Stonebridge	Completion Date
Page 3 of 3	Licensee: EMERITUS CORPORATION	08/16/2023

On 08/15/2023 at 12:30 PM, during an interview with Staff A, Executive Director, and Staff B, Health and Wellness Director, the department again requested nurse delegation nursing visit documentation for R5.

On 08/15/2023 at 1:56 PM, the department received nurse delegation visit documentation for R5. Review of R5's nurse delegation nursing visits dated 04/29/2022, 05/18/2022, 06/04/2022 and 06/20/2022, showed that evaluation and supervision of insulin injections did not occur weekly for the first four weeks as required.

During an exit interview on 08/16/2023 at 11:08 AM, Staff A acknowledged that they did not have the documentation to show that nurse delegation nursing visits occurred weekly for the first four weeks for the evaluation and supervision of insulin injections.

This is an uncorrected deficiency previously cited on 06/12/2023

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 Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 9/5/23 .

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

Administrator (or Representative) — Date: 9/5/23

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

Statement of Deficiencies	License #: 2308	Compliance Determination # 24591
Plan of Correction	Brookdale Vancouver Stonebridge	Completion Date
Page 1 of 21	Licensee: EMERITUS CORPORATION	06/12/2023

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 06/05/2023 and 06/08/2023 of:
Brookdale Vancouver Stonebridge
7900 NE Vancouver Mall Dr
Vancouver, WA 98662

The following sample was selected for review during the unannounced on-site visit: 11 of 70 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Kyle Gehlen, ALF Licensor - LTC
Jennifer Siharath, ALF Licensor
Yvonne Chitekwe
Richard Westom, NCI, ALF Complaint Investigator

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

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 — 06/16/2023 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 6/29/23

WAC 388-78A-2466 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 2 of 5 sampled staff (Staff A and Staff G) had a current Washington State name and date of birth background check completed within the required timeframe. This failure placed all residents and staff at risk for danger by possibly employing staff with a disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

During an unannounced licensing inspection on 06/07/2023 at 11:00 AM, review of staff roster showed that Staff A, Executive Director, was hired on 08/10/2020 and Staff G, Caregiver, was hired on 09/09/2019. Review of Staff A and Staff G's Washington State Name and Date of Birth Background Check showed that they were completed on 06/07/2023.

During an interview on 06/08/2023 at 12:15 PM, Staff B, District Director of Operations, acknowledged that the Washington State name and date of birth background check were completed after Staff A and Staff G were hired.

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 Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 7/21/23.

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

Administrator (or Representative) 6/23/23 Date

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

(2) After receiving the results of the national fingerprint background check the assisted living facility must not employ, directly or by contract, an administrator or caregiver who has a disqualifying criminal conviction or pending charge for a disqualifying crime under chapter 388-113 WAC, or that is disqualifying under WAC 388-78A-2470 .

(3) The assisted living facility may accept a copy of the national fingerprint background check results letter and any additional information from the department's background check central unit from an individual who previously completed a national fingerprint check through the department's background check central unit, provided the national fingerprint background check was completed after January 7, 2012.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a national fingerprint background check and ensure the results of the fingerprint background check were documented in their employee records for 1 of 5 sampled staff (Staff F). This failure placed all residents and staff at risk for harm by employing staff with potentially disqualifying criminal conviction(s) or pending charge(s) for a disqualifying crime(s).

Findings included...

On 06/07/2023 at 11:00 AM, during an unannounced licensing inspection, staff record review showed no national fingerprint background check was in the staff file provided by the facility for Staff F, Caregiver, hired on 02/15/2023.

During an interview on 06/08/2023 at 12:15 PM, Staff B, District Director of Operations, acknowledged that the national fingerprint background check was not documented in Staff F's personnel file.

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 Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 7/21/23.

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

Administrator (or Representative) — Date: 6/29/23

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 facility failed to ensure that 2 of 3 sampled staff (Staff E and Staff F) had current first aid and cardiac pulmonary resuscitation (CPR) training certifications. This failure placed all residents at risk for emergency care being provided by untrained staff.

Findings included...

On 06/07/2023 at 11:00 AM, during an unannounced licensing inspection, staff record review showed no certificate of first aid and CPR training was in the staff file provided by the facility for Staff E, Medication Technician, hired on 01/16/2023 and Staff F, Caregiver, hired on 02/15/2023.

During an interview on 06/08/2023 at 12:15 PM, Staff B, District Director of Operations, acknowledged that Staff E and Staff F did not have a certificate of first aid and CPR training.

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 Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 7/27/23.

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

Administrator (or Representative) — Date: 6/29/23

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 facility failed to complete tuberculosis (TB) (an infectious bacterial disease that often attacks the lungs) testing on 2 of 3 sampled staff (Staff E and Staff F) within the required three-day time frame from hire date. This failure placed all staff and residents at risk for possible exposure and harm from a communicable disease.

Findings included...

On 06/07/23 at 11:00 AM, during an unannounced licensing inspection, staff record review showed that Staff E, Medication Technician, was hired on 01/16/2023 and had their two step TB test initiated on 02/02/2023. Staff record review showed that Staff F, Caregiver, was hired on 02/15/2023 and had their two step TB test initiated on 02/27/2023.

During an interview on 06/08/2023 at 12:15 PM, Staff B, District Director of Operations, acknowledged that Staff E and Staff F's two step TB testing were initiated well over the three-day required time frame from hire date.

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 Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 7/27/23.

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

Administrator (or Representative) 6/29/23 Date

WAC 388-78A-2320 Intermittent nursing services systems.

(1) When an assisted living facility provides intermittent nursing services to any resident, either directly or indirectly, the assisted living facility must:

(a) Develop and implement systems that support and promote the safe practice of nursing for each resident; and

(b) Ensure the requirements of chapters 18.79 RCW and 246-840 WAC are met.

(2) The assisted living facility providing nursing services, either directly or indirectly, must ensure that the nursing services systems include:

(a) Nursing services supervision;

(b) Nurse delegation, if provided;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a registered nurse (RN) had verified that one staff member providing nurse delegated tasks (Staff L), had completed, and documented the required nurse delegation training. The facility failed to ensure two staff members providing nurse delegated tasks (Staff E and Staff L) had been evaluated and supervised for delegation as required by an RN. The facility failed to ensure a consent for nurse delegation was signed and documented in the resident's records for 1 of 7 sampled residents (Resident 3). The facility failed to ensure an RN assessed, planned, implemented, and evaluated 1 of 7 sampled residents (Resident 2) for nurse delegation prior to the resident receiving nurse delegated tasks. The facility also failed to ensure the RN had taught, supervised, and evaluated the delegated tasks to staff at least weekly for the first four weeks of delegation for insulin injections for 2 of 2 sampled residents (Resident 2 and Resident 5) and/or every 90 days for other delegated tasks. These failures placed all 70 residents at risk for harm and injury due to untrained and unsupervised care staff.

Findings included...

WAC 246-840-930
Criteria for delegation.

(1) Before delegating a nursing task, the registered nurse delegator decides the task is appropriate to delegate based on the elements of the nursing process: ASSESS, PLAN, IMPLEMENT, EVALUATE.
ASSESS
(2) The setting allows delegation because it is a community-based care setting as defined by RCW 18.79.260 (3)(e)(i) or an in-home care setting as defined by RCW 18.79.260 (3)(e)(ii).
(3) Assess the patient's nursing care needs and determine the patient's condition is stable and predictable. A patient may be stable and predictable with an order for sliding scale insulin or terminal condition.
(4) Determine the task to be delegated is within the delegating nurse's area of responsibility.
(5) Determine the task to be delegated can be properly and safely performed by the nursing assistant or home care aide. The registered nurse delegator assesses the potential risk of harm for the individual patient.
(6) Analyze the complexity of the nursing task and determine the required training or additional training needed by the nursing assistant or home care aide to competently accomplish the task. The registered nurse delegator identifies and facilitates any additional training of the nursing assistant or home care aide needed prior to delegation. The registered nurse delegator ensures the task to be delegated can be properly and safely performed by the nursing assistant or home care aide.
(7) Assess the level of interaction required. Consider language or cultural diversity affecting communication or the ability to accomplish the task and to facilitate the interaction.
(8) Verify that the nursing assistant or home care aide:
(a) Is currently registered or certified as a nursing assistant or home care aide in Washington state without restriction;
(b) Has completed both the basic caregiver training and core delegation training before performing any delegated task;
(c) Has evidence as required by the department of social and health services of successful completion of nurse delegation core training;
(d) Has evidence as required by the department of social and health services of successful completion of nurse delegation special focus on diabetes training when providing insulin injections to a diabetic client; and
(e) Is willing and able to perform the task in the absence of direct or immediate nurse supervision and accept responsibility for their actions.
(9) Assess the ability of the nursing assistant or home care aide to competently perform the delegated nursing task in the absence of direct or immediate nurse supervision.
(10) If the registered nurse delegator determines delegation is appropriate, the nurse:
(a) Discusses the delegation process with the patient or authorized representative, including the level of training of the nursing assistant or home care aide delivering care.
(b) Obtains written consent. The patient, or authorized representative, must give written, consent to the delegation process under chapter 7.70 RCW. Documented verbal consent of patient or authorized representative may be acceptable if written consent is obtained within 30 days; electronic consent is an acceptable format. Written consent is only necessary at the initial use of the nurse delegation process for each patient and is not necessary for task additions or changes or if a different nurse, nursing assistant, or home care aide will be participating in the process.
PLAN
(11) Document in the patient's record the rationale for delegating or not delegating nursing tasks.
(12) Provide specific, written delegation instructions to the nursing assistant or home care

aide with a copy maintained in the patient's record that includes:
(a) The rationale for delegating the nursing task;
(b) The delegated nursing task is specific to one patient and is not transferable to another patient;
(c) The delegated nursing task is specific to one nursing assistant or one home care aide and is not transferable to another nursing assistant or home care aide;
(d) The nature of the condition requiring treatment and purpose of the delegated nursing task;
(e) A clear description of the procedure or steps to follow to perform the task;
(f) The predictable outcomes of the nursing task and how to effectively deal with them;
(g) The risks of the treatment;
(h) The interactions of prescribed medications;
(i) How to observe and report side effects, complications, or unexpected outcomes and appropriate actions to deal with them, including specific parameters for notifying the registered nurse delegator, health care provider, or emergency services;
(j) The action to take in situations where medications and/or treatments and/or procedures are altered by health care provider orders, including:
(i) How to notify the registered nurse delegator of the change;
(ii) The process the registered nurse delegator uses to obtain verification from the health care provider of the change in the medical order; and
(iii) The process to notify the nursing assistant or home care aide of whether administration of the medication or performance of the procedure and/or treatment is delegated or not;
(k) How to document the task in the patient's record;
(l) Document teaching done and a return demonstration, or other method for verification of competency; and
(m) Supervision shall occur at least every 90 days. With delegation of insulin injections, the supervision occurs at least weekly for the first four weeks, and may be more frequent.
(13) The administration of medications may be delegated at the discretion of the registered nurse delegator, including insulin injections. Any other injection (intramuscular, intradermal, subcutaneous, intraosseous, intravenous, or otherwise) is prohibited. The registered nurse delegator provides to the nursing assistant or home care aide written directions specific to an individual patient.
IMPLEMENT
(14) Delegation requires the registered nurse delegator teach the nursing assistant or home care aide how to perform the task, including return demonstration or other method of verification of competency as determined by the registered nurse delegator.
(15) The registered nurse delegator is accountable and responsible for the delegated nursing task. The registered nurse delegator monitors the performance of the task(s) to assure compliance with established standards of practice, policies and procedures and appropriate documentation of the task(s).
EVALUATE
(16) The registered nurse delegator evaluates the patient's responses to the delegated nursing care and to any modification of the nursing components of the patient's plan of care.
(17) The registered nurse delegator supervises and evaluates the performance of the nursing assistant or home care aide, including direct observation or other method of verification of competency of the nursing assistant or home care aide. The registered nurse delegator reevaluates the patient's condition, the care provided to the patient, the capability of the nursing assistant or home care aide, the outcome of the task, and any problems.
(18) The registered nurse delegator ensures safe and effective services are provided.

Reevaluation and documentation occur at least every 90 days. Frequency of supervision is at the discretion of the registered nurse delegator and may be more often based upon nursing assessment. (19) The registered nurse must supervise and evaluate the performance of the nursing assistant or home care aide with delegated insulin injection authority at least weekly for the first four weeks. After the first four weeks the supervision shall occur at least every 90 days.

During resident record review on 06/05/2023 and 06/06/2023, no current nurse delegation nursing visits were found for any of the sampled residents.

In an interview on 06/06/2023 at 2:30 PM, Collateral Contact 1 (CC1), Registered Nurse Delegator (RND), stated that the nursing visits had been completed but that the visiting nurse delegator had not printed them out to put in the resident's records.

On 06/07/2023, upon the department's arrival, additional nurse delegation documents had been provided.

Resident 1 (R1)
During an unannounced full inspection on 06/05/2023 at 2:00 PM, R1's records showed that R1 admitted to the facility on 02/09/2022 with various diagnoses including dementia (a disease affecting memory and cognition), Parkinson's disease (a progressive disorder that affects the nervous system and the parts of the body controlled by the nerves), and hypertension (elevated blood pressure).

Record review of R1's Personal Service Plan (PSP) dated 03/23/2023 documented R1 requires assistance with medication administration and has topical medications.

Record review of R1's Medication Administration Record's (MAR) dated 03/01/2023 through 06/05/2023 documented R1 received a topical medication daily to treat a rash and has orders for other topical medications to be applied as needed by staff.

Record review of R1's nurse delegation nursing visit dated 05/24/2023 showed Staff I, Staff J, Staff K, and Staff O had been delegated to administer topical medications to R1. There was no current nurse delegation nursing visit found for Staff D. The last nursing visit found for Staff D was dated 03/08/2023. There were no nurse delegation visits found at all for Staff E, who had documented administering the topical medications to R1 on the MAR's.

Resident 2 (R2)
During an unannounced full inspection on 06/05/2023 at 2:00 PM, R2's records showed that R2 admitted to the facility on 03/31/2023 with various diagnoses including dementia, hypertension, and diabetes (an impairment in the way the body regulates and uses sugar (glucose) as a fuel).

Record review of R2's PSP, dated 03/31/2023, showed R2 requires assistance with medication administration by staff and documented that R2 receives insulin.

Record review of R2's MAR's, dated 03/01/2023 through 06/05/2023, documented R2 had received insulin injections at least daily for their diabetes by Medication Technicians, Staff D, Staff E, Staff H, Staff I, and Staff K.

Review of R2's records showed no nurse delegation documents found other than a consent signed on 03/31/2023.

Resident 3 (R3)
During an unannounced full inspection on 06/06/2023 at 10:45 AM, R3's records showed that R3 admitted to the facility on 04/28/2022 with various diagnoses including congestive heart failure (CHF), a disease affecting the heart and dementia (a disease affecting memory and cognition).

Review of R3's records showed no consent for nurse delegation in R3's chart.

Resident 5 (R5)
During an unannounced full inspection on 06/06/2023 at 10:45 AM, R5's records showed that R5 admitted to the facility on 03/23/2022 with various diagnoses including dementia, hypertension, and diabetes.

Record review of R5's PSP dated 08/17/2022 documented R5 requires medication administration by staff and stated "[R5] does have insulin which is a delegated task."

Record review of R5's MAR's, dated 03/01/2023 through 06/05/2023, documented R5 received insulin injections twice a day for her diabetes by Medication Technicians and Caregivers, Staff D, Staff E, Staff H, Staff I, Staff J, Staff K, Staff M, Staff N, and Staff L.

Review of nurse delegation credentials on 06/06/2023 at 1:50 PM, showed no nurse delegation certification for Staff L, Caregiver.

Record review of R5's nurse delegation nursing visit dated 05/24/2023 showed Staff I, Staff J, Staff K, and Staff O had been delegated to administer topical medications, inhalers, and insulin to R5. There was no current nurse delegation nursing visit found for Staff D. The last nursing visit found for Staff D was dated 03/08/2023.

There were no nurse delegation visits found at all for Staff E or L, who had documented administering insulin to R5 on the MAR's.

Record review of R5's nurse delegation documents showed no weekly supervisory visits for the first four weeks of nurse delegation for insulin injections for any of the staff that had administered insulin injections to R5.

During an exit interview on 06/08/2023 at 12:15 PM, Staff B, District Director of Operations, acknowledged the department's findings regarding the facility's nurse delegation system and documentation.

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 Vancouver Stonebridge is/or will be in compliance with this law and / or regulation on (Date) 7/27/23.

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

Administrator (or Representative) — Date: 6/29/23

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the Negotiated Service Agreement (NSA) was agreed to and signed by the responsible party at least annually for 3 of 9 sampled residents (Resident 3, Resident 4, and Resident 7). This failure placed these residents and their responsible party at risk for not being involved in their care decisions and the services being provided.

Findings Included...

Resident 3 (R3)
During an unannounced full inspection on 06/06/2023 at 10:45 AM, R3's records showed that R3 admitted to the facility on 04/28/2022 with various diagnoses including congestive heart failure (CHF) (a disease affecting the heart) and dementia (a disease affecting memory and cognition).

Review of R3's NSA, dated 05/15/2023, showed no signature from R3 or R3's responsible party.

Resident 4 (R4)
During an unannounced full inspection on 06/06/2023 at 11:30 AM, R4's records showed that R4 admitted to the facility on 01/27/2023 with various diagnoses including dementia (a disease affecting memory and cognition) and history of cerebral infraction (or stroke, is a brain lesion in which a cluster of brain cells die when they don't get enough blood).

Review of R4's NSA, dated 02/03/2023, showed no signature from R4 or R4's responsible party.

Resident 7 (R7)
During an unannounced full inspection on 06/06/2023 at 10:45 AM, R7's records showed that R7 admitted to the facility on 08/19/2021 with various diagnoses including Alzheimer's Disease (a disorder affecting cognition and memory), hypertension (elevated blood pressure), and gastroesophageal reflux disease (GERD), when stomach acid repeated flows back into the tube connecting your mouth and stomach (esophagus).

Review of R7's NSA, dated 04/12/2023, showed no signature from R7 or R7's responsible party.

During an interview on 06/08/2023 at 12:15 PM, Staff B, District Director of Operations, admitted to not having signatures for the NSA's for R3, R4 and R7.

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 Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 7/21/23

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

Administrator (or Representative) 6/29/23 Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences,

including the following:

(1) The care and services necessary to meet the resident's needs, including:

(c) The plan to provide necessary intermittent nursing services, if provided by the assisted living facility;

(d) The plan to provide necessary health support services, if provided by the assisted living facility;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to document in the resident's Negotiated Service Agreements (NSA), the plan to provide necessary health support services from outside providers and specific resident identified care and service needs for 6 of 9 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 6, and Resident 9). Failure to develop a complete NSA placed residents at risk for unmet care needs and for care and services not being provided per the NSA.

Findings included...

Resident 1 (R1)
During an unannounced full inspection on 06/05/2023 at 2:00 PM, R1's records showed that R1 admitted to the facility on 02/09/2022 with various diagnoses including dementia (a disease affecting memory and cognition), Parkinson's disease (a progressive disorder that affects the nervous system and the parts of the body controlled by the nerves), and hypertension (elevated blood pressure).

Record review of R1's personal service plan (PSP) showed that R1 was receiving physical therapy. There was no additional information regarding the home health company providing the physical therapy on the PSP.

Resident 2 (R2)
During an unannounced full inspection on 06/05/2023 at 2:00 PM, R2's records showed that R2 admitted to the facility on 03/31/2023 with various diagnoses including dementia (a disease affecting memory and cognition), hypertension (elevated blood pressure), and diabetes (an impairment in the way the body regulates and uses sugar (glucose) as a fuel).

Review of R2's progress notes date 05/18/2023 stated that there was a hospice admission and that R2 was being followed by hospice. Review of R2's PSP dated 03/31/2023 showed no information of hospice or of R2 receiving hospice services.

Resident 3 (R3)
During an unannounced full inspection on 06/06/2023 at 10:45 AM, R3's records showed that R3 admitted to the facility on 04/28/2022 with various diagnoses including congestive heart failure (CHF), a disease affecting the heart and dementia (a disease affecting memory

and cognition).

Review of the facility's resident characteristic roster showed that R3 was receiving hospice services. Review of R3's PSP dated 05/15/2023 showed no information of hospice or of R3 receiving hospice services.

Resident 4 (R4)
During an unannounced full inspection on 06/06/2023 at 11:30 AM, R4's records showed that R4 admitted to the facility on 01/27/2023 with various diagnoses including dementia (a disease affecting memory and cognition) and history of cerebral infraction (or stroke, is a brain lesion in which a cluster of brain cells die when they don't get enough blood).

Review of the facility's resident characteristic roster showed that R4 was receiving home health services. Review of R4's PSP dated 02/03/2023 showed no information of home health or of R4 receiving home health services.

Resident 6 (R6)
During an unannounced full inspection on 06/06/2023 at 12:15 PM, R6's records showed that R6 admitted to the facility on 02/22/2023 with various diagnoses including dementia (a disease affecting memory and cognition), hypertension (elevated blood pressure), and history of transient ischemic attack (TIA), a brief disruption of blood flow to part of the brain.

Review of R6's records showed a home health provider note dated 05/23/2023. Review of R6's PSP dated 03/23/2023 showed no information of home health or of R6 receiving home health services.

Resident 9 (R9)
During an unannounced full inspection on 06/06/2023 at 12:36 PM, R9's records showed that R9 admitted to the facility on 03/07/2017 with various diagnoses including Alzheimer's Disease (a disorder affecting cognition and memory), hypertension (elevated blood pressure), hypothyroidism (when the thyroid gland doesn't produce enough thyroid hormones to meet your body's needs), and congestive heart failure (CHF), a disease affecting the heart.

Review of the facility's resident characteristic roster showed that R9 was receiving hospice services. Review of R9's PSP dated 07/15/2022 showed no information of hospice or of R9 receiving hospice services.

During an interview on 06/08/2023 at 12:15 PM, Staff B, District Director of Operations, acknowledged that the PSP's provided lacked the necessary information regarding resident's needs and services.

Statement of Deficiencies	License #: 2308	Compliance Determination # 24591
Plan of Correction	Brookdale Vancouver Stonebridge	Completion Date
Page of 21	Licensee: EMERITUS CORPORATION	06/12/2023

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 Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 7/27/23

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

Administrator (or Representative) — 6/29/23 Date

WAC 388-78A-2665 Resident rights Notice Policy on accepting medicaid as a payment source. The assisted living facility must fully disclose the facility's policy on accepting medicaid payments. The policy must:

(6) Be signed and dated by the resident and be kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Medicaid policy was signed on or before admission and kept in the resident's records for 3 of 9 sampled residents (Resident 1, Resident 3, and Resident 9). This failure placed these residents at risk of not being aware of their rights as they pertain to Medicaid.

Findings included...

On 06/05/2023 at 12:25 PM, signed Medicaid policies were delivered by Staff P, Business Office Coordinator. Staff P stated that they are missing three, but that they have "placed calls" to find them.

Resident 1 (R1)
During an unannounced full inspection on 06/05/2023 at 2:00 PM, R1's records showed that R1 admitted to the facility on 02/09/2022 with various diagnoses including dementia (a disease affecting memory and cognition), Parkinson's disease (a progressive disorder that affects the nervous system and the parts of the body controlled by the nerves), and hypertension (elevated blood pressure).

Review of R1's records showed that there was no Medicaid policy present in the resident's chart or provided by Staff P.

Resident 3 (R3)
During an unannounced full inspection on 06/06/2023 at 10:45 AM, R3's records showed that R3 admitted to the facility on 04/28/2022 with various diagnoses including congestive

heart failure (CHF), a disease affecting the heart and dementia.

Review of R3's records showed that there was no Medicaid policy present in the resident's chart or provided by Staff P.

Resident 9 (R9)
R9's records showed that R9 admitted to the facility on 03/07/2017 with various diagnoses including Alzheimer's Disease (a disorder affecting cognition and memory), hypertension, hypothyroidism (when the thyroid gland doesn't produce enough thyroid hormones to meet your body's needs), and CHF.

Review of R9's records showed that there was no Medicaid policy present in the resident's chart or provided by Staff P.

During an exit interview on 06/08/2023 at 12:15 PM, Staff B, District Director of Operations, acknowledged the missing Medicaid policies. No additional Medicaid policies were provided at that time.

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 Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 7/27/23.

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

Administrator (or Representative) — Date 6/29/23

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:

(1) Individual's recent medical history, including, but not limited to:

(a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;

(b) Chronic, current, and potential skin conditions; or

(c) Known allergies to foods or medications, or other considerations for providing care or services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

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

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(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.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within fourteen days of the resident's move-in date for 1 of 6 sampled residents (Residents 8) and failed to complete an assessment for other safety considerations that may pose a danger to the resident, such as medical devices, for 1 of 1 sampled resident (Resident 1). These failures placed these two residents at risk of their care needs not being met.

Findings included...

Resident 1 (R1)
During an unannounced full inspection on 06/05/2023 at 2:00 PM, R1's records showed that R1 admitted to the facility on 02/09/2022 with various diagnoses including dementia (a disease affecting memory and cognition), Parkinson's disease (a progressive disorder that affects the nervous system and the parts of the body controlled by the nerves), and hypertension (elevated blood pressure).

Review of the facility's resident characteristic roster showed that R1 requires a medical device. Review of R1's personal service plan (PSP) dated 03/23/23 documented that R1 uses a transfer pole. Review of R1's assessments showed no assessment for the use of a transfer pole.

Resident 8 (R8)
During an unannounced full inspection on 06/06/2023 at 11:30 AM, R8's records showed that R8 admitted to the facility on 04/18/2023 with various diagnoses including heart failure (a disease affecting the heart), hypertension (elevated blood pressure), and dementia (a disease affecting memory and cognition).

Review of R8's assessments showed the 14-day assessment was completed on 05/17/2023, nearly a month after the resident had moved into the facility.

During an exit interview on 06/08/2023 at 12:15 PM, no additional assessments were provided for R1 and Staff B, District Director of Operations, acknowledged that a full assessment was not completed with the required 14-day time frame.

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 Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 7/27/23

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

Administrator (or Representative) — Date 6/29/23

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

(b) If the assisted living facility provides medication administration services, each resident who requires medication administration and his or her negotiated service agreement indicates the assisted living facility will provide medication administration.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 9 sampled residents (Resident 1 and Resident 9) received their medications as prescribed. This failure placed these two residents at risk of harm from adverse reactions due to medications not being given as prescribed.

Findings included...

Resident 1 (R1)
During an unannounced full inspection on 06/05/2023 at 2:00 PM, R1's records showed that R1 admitted to the facility on 02/09/2022 with various diagnoses including dementia (a disease affecting memory and cognition), and hypothyroidism (when the thyroid gland doesn't produce enough thyroid hormones to meet your body's needs).

Review of R1's medication administration records (MARs) dated 03/01/2023 – 06/05/2023 showed R1 was receiving a medication to treat hypothyroidism called Levothyroxine. The order read "give one tablet by mouth one time a day." MARs showed no documentation entries for 05/15/2023 and 05/21/2023.

Resident 9 (R9)
During an unannounced full inspection on 06/06/2023 at 12:36 PM, R9's records showed that R9 admitted to the facility on 03/07/2017 with various diagnoses including Alzheimer's Disease (a disorder affecting cognition and memory), and hypothyroidism.

Review of R9's MARs dated 03/01/2023 – 06/05/2023 showed R9 was receiving Levothyroxine. The order read "give one tablet by mouth in the morning." MARs showed no documentation entries for 03/25/2023 and 04/02/2023.

During an interview on 06/06/2023 at 12:05 PM, Collateral Contact 2, Health and Wellness Director (HWD) for a sister facility, stated that holes or blanks in the MAR mean that there is no documentation. Staff B, District Director of Operations, stated that blanks should be marked as an error.

During the exit interview on 06/08/2023 at 12:15 PM, Staff B, District Director of Operations, acknowledged the missing documentation on R1 and R9's MAR's and that the medication was ordered to be given daily.

Plan/Attestation Statement

Statement of Deficiencies	License #: 2308	Compliance Determination # 24591
Plan of Correction	Brookdale Vancouver Stonebridge	Completion Date
Page of 21	Licensee: EMERITUS CORPORATION	06/12/2023

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 Vancouver Stonebridge is or will be in compliance with this law and / or regulation on (Date) 7/27/23 .

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

Administrator (or Representative) — Date 6/29/23

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

06/16/2023

CERTIFIED MAIL

7018 0680 0000 1157 5694

EMERITUS CORPORATION
Brookdale Vancouver Stonebridge
7900 NE Vancouver Mall Dr
Vancouver, WA 98662

RE: Brookdale Vancouver Stonebridge # 2308

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 06/12/2023 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Michael Burdick, Field Manager
Residential Care Services
Region 3, Unit I
800 NE 136th Ave Ste 200

Vancouver, WA 98684

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(2) Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC; and

The facility failed to ensure 1 of 3 sampled staff (Staff G) had a current food handler's card. Before the full inspection was completed, the facility provided the department a copy of Staff G's current food handler's card.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:
• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  o What specific deficiency or deficiencies you disagree with;
  o Why you disagree with each deficiency; and
  o Whether you want an IDR to occur in-person, by telephone or as a paper review.
  o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:
• Please contact me at (360)450-1218.

Sincerely,

Michael Burdick, Field Manager
Region 3, Unit I
Residential Care Services

Enclosure