STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

EMERITUS CORPORATION
Brookdale Meadow Springs
770 Gage Blvd
Richland, WA 99352

RE: Brookdale Meadow Springs License # 2311

Dear Administrator:

This letter addresses Compliance Determination(s) 41982 (Completion Date 05/30/2024) and 38103 (Completion Date 04/03/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/30/2024 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-2210-2, WAC 388-78A-2210-2-a, WAC 388-78A-2210-2-b

The Department staff who did the on-site verification:
Laurel Knight, Community Complaint Investigator

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Closner

Michelle Closner, Field Manager
Region 1, Unit Z
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: Brookdale Meadow Springs **Provider Type:** Assisted Living Facility

License/Cert.#: 2311
Intake ID: 120950
Compliance Determination #: 38103
Region/Unit #: RCS Region 1 / Unit G
Investigator: Laurel Knight
Investigation Date(s): 03/12/2024 through 04/03/2024
Complainant Contact Date(s): 03/12/2024

Allegation(s):

1. Two residents are not getting their medications as ordered.

Investigation Methods:

Sample:	Total residents: 73 Resident sample size: 4 Closed records sample size: 0
Observations:	Identified resident Residents Staff to resident interactions Medication administration
Interviews:	Identified resident Nursing staff Residents Family members
Record Reviews:	Medical records including negotiated service agreement, notes, medication administration records, incident report and investigations. Physician orders Pharmacy logs

Investigation Summary:

1. Identified residents stated they thought they may have missed some of their medications. The facility staff interviews confirmed there were missed medications. The facility investigation showed delayed medication start time and missed scheduled medications. Deficient practice identified. Please see the Statement of Deficiency dated 04/03/2024 for WAC 388-78a-2210 1, 2 (a) (b).

Conclusion / Action:

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

☐ N/A

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2311	Compliance Determination # 38103
Plan of Correction	Brookdale Meadow Springs	Completion Date
Page 1 of 4	Licensee: EMERITUS CORPORATION	04/03/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for an unannounced on-site complaint investigation on 03/12/2024, 03/12/2024 and 03/12/2024 of:

Brookdale Meadow Springs
770 Gage Blvd
Richland, WA 99352

This document references the following complaint number(s): 120950, 122459

The following sample was selected for review during the unannounced on-site visit: 4 of 73 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Laurel Knight, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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.

Gwin Kaercher
Residential Care Services

04/11/2024
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.

Administrator (or Representative)

4/19/2024
Date

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 Assisted Living Facility (ALF) failed to ensure a safe medication system was implemented for 2 of 3 residents (Resident 1, 2) reviewed for medication services. These failures resulted in residents not receiving their medications as prescribed and placed Resident 1 at risk of delayed wound healing and worsening infection.

Findings included...

Review of the facility's policy titled, "Medication and Treatment Administration Assistance," revised on 03/31/2022, showed that medication assistance and administration would be in accordance with the prescriber's order. Staff would perform the checks to ensure that the right medication, and right dosage was given at the right time to the right resident by the right method prior to giving the medication.

Review of the facility's policy titled "Medication and Treatment-Storage, Handling, Disposition and Payment," dated 11/15/2015 showed that new physician/healthcare provider orders would be obtained by the facility and accepted into the community using a consistent procedure. The accepted medication would be immediately stored in accordance with their storage directions and by route of administration in the medication cart in preparation for medication delivery to the resident.

Resident 1

Review of Resident 1's Negotiated Service Agreement (NSA) dated 10/04/2023 showed that the facility managed and assisted Resident 1 with their medications. Resident 1's diagnoses included [redacted] ([redacted]) and [redacted].

Review of a Physician's Order dated 02/26/2024 at 2:24 PM showed that Resident 1 was to be given Augmentin (antibiotic for treatment of bacterial skin infection) 875 milligrams (mg)/125 mg, one tablet every 12 hours (twice daily) by mouth for seven days.

Review of Resident 1's February Medication Administration Record (MAR) showed an order entered on 02/27/2024 by Staff C, Medication Technician (MT) that showed the resident was to receive their first dose of Augmentin on 02/27/2024 at 8:00 PM. The MAR also showed no signatures as given for the 8:00 PM doses on 02/29/2024 and 03/02/2024.

In an interview on 03/12/2024 at 1:40 PM, Staff C stated that they had entered the 02/26/2024 order onto the MAR just after 9:00 AM on 02/27/2024 and that it was too late to give the morning medication dose, so they scheduled it for the next regularly scheduled time which was 8:00 PM that evening. Staff C stated that they did not understand the importance of starting the medication as soon as the medication arrived.

During an interview on 03/12/2024 at 10:51 AM, Staff A, Executive Director stated that on 02/26/2024, Resident 1 had a new antibiotic ordered. They stated that the medication was not correctly stocked in the medication cart when received from the pharmacy on 02/27/2024. Staff A stated that the medication electronic order receipt had arrived at the facility at 8:53 PM to alert staff that the newly ordered medication would be arriving. Staff A stated that the medication arrived at 1:31 AM on 02/27/2024 from the pharmacy. Staff A stated that the facility's investigation of the unsigned MAR doses for the Augmentin on 02/29/2024 and 03/02/2024 showed that they were not given as ordered.

During an interview on 03/12/2024 at 12:50 PM, Resident 1 stated that they had a recent wound that was slowly healing. They stated that they had thought they missed some of their antibiotic medications.

During an interview on 03/12/2024 at 3:52 PM, Staff B, Regional Nurse stated that the medication should have been accepted then signed into the medication cart. The medication then would have been signed into the medication cart and scheduled for 8:00 AM on 02/27/2024. Staff B stated that there is a way to change the time of the medication to reflect the first dose if it is not at the scheduled time and that the next doses would be on the scheduled time.

Resident 2

Review of Resident 2's NSA dated 11/21/2023, showed that the facility managed and assisted Resident 2 with their medications. Resident 2's diagnoses included [redacted] ([redacted]) and [redacted] ([redacted]).

Review of Resident 2's February 2023 MAR showed an order dated 02/20/2024 for albuterol sulfate inhalation nebulization (aerosol treatments to treat asthma in which the albuterol liquid is converted to a mist) one vial every eight hours.

Statement of Deficiencies	License #: 2311	Compliance Determination # 38103
Plan of Correction	Brookdale Meadow Springs	Completion Date
Page 4 of 4	Licensee: EMERITUS CORPORATION	04/03/2024

Review of the facility's Incident Report dated 02/28/2024 showed the albuterol nebulizer treatment was not given on 02/27/2024 as scheduled at 11:00 PM by Staff D, MT on duty.

In an interview on 03/12/2024 at 12:40 PM Resident 2 stated that they did not remember if they missed any respiratory treatments.

In an interview on 03/12/2024 at 10:55 AM. Staff A stated that they had been made aware of an allegation that Resident 2 did not receive their albuterol nebulizer treatments as ordered on 02/26/2024 and 02/27/2024. Staff A stated that the facility investigation showed that the nebulizer equipment did not appear to have been used on 02/27/2024 at 11:00 PM as documented by Staff D. Staff A stated that Resident 2 and their representative stated that they received their medication on 02/26/2024 but they were unsure if the resident received their medication on 02/27/2024.

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 Meadow Springs is or will be in compliance with this law and / or regulation on (Date) ~~6/4/2024~~ 5/18/2024

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

Administrator (or Representative) — 4/19/2024

Date 4/24/2024