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) 58269 (Completion Date 04/22/2025) and 53131 (Completion Date 03/04/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/22/2025 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2150-2, WAC 388-78A-2150-1

The Department staff who did the on-site verification:
Elaine Lopez, Licensor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Residential Care Services
Investigation Summary Report

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

License/Cert.#: 2311
Intake ID: 161302
Compliance Determination #: 53131
Region/Unit #: RCS Region 1 / Unit G
Investigator: Elaine Lopez
Investigation Date(s): 01/21/2025 through 03/04/2025
Complainant Contact Date(s): 01/30/2025, 03/03/2025

Allegation(s):

1. The named resident's spouse was to move into the facility with their spouse and had an understanding with the facility administrator that the spouse would leave when and if the named resident moved out.
2. The named resident had so many falls that their spouse felt they had to move them.
3. The named resident's spouse had not received a refund from the facility for the spouse that was moved out.
4. The facility continued to bill the named resident's spouse for their stay.

Investigation Methods:

Sample:	Total residents: 79 Resident sample size: 5 Closed records sample size: 1
Observations:	The facility common areas, sampled resident apartments, resident to resident and resident to staff interactions were observed.
Interviews:	Facility staff, sampled residents, others not associated with the facility.
Record Reviews:	The facility's characteristic roster, resident records (assessments, care plans, progress notes), incident investigations, and staff roster.

Investigation Summary:

1. Interviews showed that the named resident's spouse was to move in if their spouse stayed at the facility. Record review showed that the named resident oved out, therefore the spouse did not move in. Record review and interviews showed that the spouse had signed a rental agreement to move in.
Interview with the facility administrator stated that the named resident's spouse signed a contract to move in. Although the named resident's spouse did not move in, the contract prevented the facility from being able to rent it out to someone else. Record review also showed the named resident's signature on their rental agreement. No facility practice identified.

2. Interview with the facility administrator stated that the named resident had been moved out by the spouse due to having had fall incidents. Record review showed the falls. The facility investigated the fall incidents. Interview with the named resident's family showed that the named resident was moved for higher level of care needs. Record review showed that the facility failed to involve the resident/representative in the process of developing the named residents negotiated service agreement. Failed practice identified Washington State Administrative Code 388-78-2150(1)(2) Signing Negotiated Service Agreements.
3. Interview with the facility administrator stated that they had refunded and credited the named resident's account. Record review showed the named resident's facility bill was $0. No facility failed practice identified.
4. Interview with the facility administrator stated that the named resident's spouse signed a rental agreement and was going to move in. Further interview with the administrator stated that the signed rental agreement prevented the facility from moving anyone into the apartment. Record review of the spouse's billing invoice showed that the facility charged the spouse for the base rate. No facility failed practice identified.

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

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 01/21/2025 and 01/27/2025 of:

Brookdale Meadow Springs
770 Gage Blvd
Richland, WA 99352

This document references the following complaint number(s): 160392, 162054, 161700, 161723, 161302

The following sample was selected for review during the unannounced on-site visit: 5 of 79 current residents and 1 former residents.

The department staff that investigated the Assisted Living Facility:

Elaine Lopez, Licensor

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

Statement of Deficiencies	License #: 2311	Compliance Determination # 53131
Plan of Correction	Brookdale Meadow Springs	Completion Date
Page 2 of 3	Licensee: EMERITUS CORPORATION	03/04/2025

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Laura Williams-Davis
Residential Care Services

03/12/2025
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

03/23/2025
Date

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;

(2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure the negotiated service agreement was agreed to and signed by the resident or their representative for 1 of 1 former resident (Resident 1) and 1 of 5 current residents (Resident 2). This failure placed residents at risk for not being part of decision making and care planning.

Findings included...

<Resident 1>

Review of Resident 1's record, undated demographic page, showed that Resident 1 moved into the facility on [redacted]/2024. The demographic page showed that Resident 1 had a diagnosis of [redacted].

Review of Resident 1's record showed an initial Negotiated Service Agreement (NSA), dated [redacted]/2024 which showed that the resident had dementia. The [redacted]/2024 NSA did not have the resident or their representative's signature on the form.

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.

Laura Williams-Davis
Residential Care Services

03/12/2025
Date

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Findings included...

<Resident 1>

Review of Resident 1's record, undated demographic page, showed that Resident 1 moved into the facility on [redacted]/2024. The demographic page showed that Resident 1 had a diagnosis of [redacted].

Review of Resident 1's record showed an initial Negotiated Service Agreement (NSA), dated [redacted]/2024 which showed that the resident had dementia. The [redacted]/2024 NSA did not have the resident or their representative's signature on the form.

In an interview on 02/12/2025 at 1:05 PM Staff A, Administrator, stated that the facility had a copy of the NSA that the facility nurse and administrator signed but that they did not get Resident 1 or their spouse to sign the service agreement.

In an interview with Collateral Contact 1 on 03/03/2025 at 12:47 PM, Resident 1's representative, stated that they did not sign the resident's NSA when Resident 1 moved into the facility.

<Resident 2>

Review of Resident 2's record, undated demographic page, that showed they moved into the facility on [redacted]/03. The demographic page showed that Resident 3 had a diagnosis of [redacted] and [redacted].

Review of Resident 2's record showed an NSA dated 08/28/2024. The 08/28/2024 NSA did not have any signatures on the signature page.

In an email correspondence on 03/04/2025 at 1:33 AM, Staff A stated that they could not find the signed 08/28/2024 NSA on Resident 2.

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) ~~04/21/2025~~

04/18/2025

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

Administrator (or Representative) — 03/23/2025 Date

Per facility Administrator, Bo Phillipy, via telephone on 03/25/2025 the BIC date has been changed to 04/18/2025. ME

In an interview on 02/12/2025 at 1:05 PM Staff A, Administrator, stated that the facility had a copy of the NSA that the facility nurse and administrator signed but that they did not get Resident 1 or their spouse to sign the service agreement.

In an interview with Collateral Contact 1 on 03/03/2025 at 12:47 PM, Resident 1's representative, stated that they did not sign the resident's NSA when Resident 1 moved into the facility.

<Resident 2>

Review of Resident 2's record, undated demographic page, that showed they moved into the facility on [redacted]/03. The demographic page showed that Resident 3 had a diagnosis of [redacted] and [redacted].

Review of Resident 2's record showed an NSA dated 08/28/2024. The 08/28/2024 NSA did not have any signatures on the signature page.

In an email correspondence on 03/04/2025 at 1:33 AM, Staff A stated that they could not find the signed 08/28/2024 NSA on Resident 2.

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)_____ .

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

_____ _____

Administrator (or Representative) Date